Getting started – Getting better
Triple P for every parent
A guide to implementation in Ireland

What we learned
activity doesn’t equal achievement
change doesn’t equal progress
quality implementation leads to better outcomes
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This Guide is available for you to print, copy and use freely, as long as the Midlands Area Parenting Partnership is acknowledged as your source. It is available as a .pdf from www.mapp.ie

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Introduction

Is this guide for you?

Do you want to improve quality of life for children and parents at a population level in your area? Developing, building and sustaining an evidence-based, population approach to family support using Triple P Positive Parenting Programme has been shown to:

• reduce the prevalence rate of children showing emotional and behavioural problems
• reduce risk factors and increase protective factors related to child abuse and neglect
• help parents to become more confident and competent
• help parents to feel more supported in their role
• reduce parental anxiety and depression
• increase parental satisfaction with parenting services.

This guide will help you consider:

• why you would embark on this initiative (Implementation of Triple P Population Approach)
• what difference it can make to the parents and children in your area
• what you need to do to get the results that you want
• who needs to be involved
• what goes into setting up, running and sustaining it.

The guide is written for a number of different audiences, including individual organisations, partnerships, service managers, coordinators, practitioners. It is for anyone who has an interest in or is already involved in the implementation of a Triple P Population Approach in their area.

Who wrote the guide and why

The management and staff of the Midlands Area Parenting Partnership (MAPP) wrote this guidebook in collaboration with the Centre for Effective Services. Our intention is to offer learning from our own experience of developing, building and sustaining a Triple P Population Approach over the past six years. We hope this will be helpful to others embarking on this important, exciting and challenging journey.

MAPP is a collaboration of 18 organisations from the public, community and voluntary sector in the four counties of Longford, Westmeath, Laois and Offaly. Our aim is to increase parenting confidence and competence, to improve the lives of children and families and to
reduce the prevalence rates of childhood social, emotional and behavioural problems. This can be achieved through the implementation of the evidence-based Triple P Population Approach for children and families.¹ ² ³

MAPP works to enable partners, practitioners and parents to self-manage, feel confident, accept responsibility for positive change and sustain effective implementation of Triple P across a population. Delivery of Triple P, free of charge to parents, using a partnership approach began in 2010 in Longford and Westmeath (with an initial target age group of 3-7) and expanded into Laois and Offaly in 2013. We found that a population approach to parenting resulted in significant reductions in childhood social, emotional and behavioural problems and also significant reductions in parental stress, which have been maintained.³

MAPP implementation of Triple P Population Approach worked, it lasted and there was a ripple effect in the community, according to the evaluation 2010-2013³. Outcomes for parents and children were measured two ways:

1 A population survey pre and post intervention examined outcomes for a large sample of parents in the delivery population and in a control area (1,500 in each area at each time point).

2 A parenting study examined outcomes for the parents who attended.

By the end of the evaluation period 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.

See www.mapp.ie for all reports.
How to use the guide

This guide suggests questions for consideration; your local area will determine your own answers and these answers will change over time. For the sake of clarity we have divided the work of implementing the Triple P Population Approach into five distinct Phases; in reality there is lots of overlap and moving back and forth across the Phases according to the particular circumstances of each area. Usually Phases 1 to 3 will take about six to nine months, Phase 4 will go on for the next year to eighteen months and Phase 5 goes on into the long-term. Your Triple P Programme will grow organically and you will need to adapt as you go along, while respecting fidelity, i.e. the extent to which the programme is delivered as intended and supported by the evidence base. There will be ups and downs along the way, which we hope this guide will help you to navigate.

There is a list of review questions at the end of each Phase. We recommend that everyone involved in planning, implementing and evaluating the initiative takes time to respond to these questions. The initiative driver and, subsequently, the coordinator can draw together and write up the responses. The answers to these questions will inform your ongoing implementation and your evaluation and dissemination of learning from the programme. You may find it useful to be able to refer back to these questions and answers as the programme develops. In addition this documentation will be used for your Phase 5 implementation review.
What is Triple P?

Triple P is an evidence-based, multi-level positive parenting programme for parents of children aged 0-16. It incorporates five levels of intervention of increasing strength, each designed to suit a more narrowly defined target population. Levels 3-5 include either group or individual delivery options. The five levels of intervention are:

**Level 1** (Media & Communication L1) involves a social marketing campaign to promote positive parenting and increase receptivity to parenting programmes.

**Level 2** (Seminar L2) is a series of three 90-minute open seminar presentations promoted among the whole population.

**Level 3** (Workshop L3) comprises a choice of four two-hour workshops, offered as a deeper engagement and including practice skills. These are called ‘discussion groups’ in the original Triple P Programme and were renamed workshops for MAPP delivery to avoid confusion.

**Level 4** (Group L4) 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. MAPP proposes that this level of delivery is best sited within existing clinical services where a range of supports is available.

Choosing the right option

- intensive family intervention
- broadly focused parenting skills training
- narrow focused parenting skills training
- brief parenting advice
- media and communication strategy

<table>
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<th>Level</th>
<th>Intensity of Intervention</th>
<th>Breadth of Reach</th>
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<td>1</td>
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8 GETTING STARTED GETTING BETTER
What is an evidence-based programme?

An evidence-based programme is one that has been consistently shown to produce positive results by independent research studies. The increased use of evidence-based programmes is in keeping with developments in national policies.4,5,6,7

MAPP has gathered substantial evidence that this Triple P Population Approach can work and that its benefits ripple through the population. However these outcomes can only be achieved if Triple P is implemented effectively in your area.

What is a population approach?

By a population approach we mean offering access to different levels of the Triple P Programme to all families in the area who have children in the target age range. It gives these parents the opportunity to:

• reassure themselves that what they are doing is working for their family
• learn how to prevent or cope better with the inevitable challenges that life brings
• develop proven strategies for dealing with existing problems.

Within this approach, groups with higher levels of need will be prioritised. Self-selection is important, i.e. parents decide which level they want to do depending on their resources, commitment, time, need, etc. There will be occasions, based upon parental need, that parents may be directed or mandated to attend specific programmes.

The reasons for using a population approach

Parenting questions, concerns and difficulties are spread across all social classes. MAPP conducted a survey in 2010 (3,000 parents completed face to face interviews) which showed that 20% of child social, emotional and behavioural problems were connected with families in the lower socio-economic grouping and that the majority of children with these problems, i.e. 80%, were in the other socio economic groupings. If you want to improve the quality of life of children and parents you have to reach out to all families and the way to do that is through the population approach.

‘An economically advantaged child exposed to low-quality parenting is more disadvantaged than an economically disadvantaged child exposed to high-quality parenting’.8

Because it is offered to all parents, the idea of participating in Triple P becomes the norm and is seen as a relevant and valued resource for parents. A population approach helps acceptance of the programme and decreases any sense of stigma as parents see that it is helpful for all families.
**Proportional universalism**

Proportional universalism 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 can self-select the support they require. Both universal and targeted supports are provided. This is to facilitate equality of participation and to reduce the risk of further increasing inequality between parents with different levels of need.

**What is distinctive about the implementation of Triple P Population Approach**

From the MAPP experience of developing and implementing this Triple P Population Approach, we have identified seven distinctive and essential features:

1. evidence-based programme
2. population approach
3. initiation by an initiative driver
4. partnership and the reorientation of existing resources
5. core team (regional) consisting of coordinator, core team practitioners and administrator and local area practitioners; the latter forming local area teams with at least one of the core team practitioners acting as mentor
6. key roles for implementation
7. three key principles to guide implementation: self-regulation, minimal sufficiency and outcome focus.

**What is a partnership approach?**

A key feature of the Triple P Population Approach is that it can be developed and overseen by a partnership, i.e. a collaboration of committed organisations that pool resources for delivery of the programme to achieve a collective impact. This gives the Triple P Population Approach credibility and authority within the area and outside. What any one organisation can achieve is multiplied through the opportunity for collaboration and cooperation offered by the partnership. This facilitates the mainstreaming of local resources.

In our experience partnership has many benefits, including:

- giving both large and small organisations the opportunity to be part of an evidence-based initiative with a large-scale and long-term impact, in line with national policy
- facilitating the different organisations in an area to work together on a common agenda to improve the lives of children and families
- supporting individual organisations to achieve their goals more efficiently by maximising delivery, reducing duplication and increasing access to families
- allowing organisations who are not in a position to commit funds to contribute through providing other resources e.g. reconfiguring the use of staff time, providing facilities etc.
• allowing large organisations to work with and have access to other groups in the community which it may be difficult for them to access otherwise
• facilitating networking and alliance building among multiple agencies and services in the area
• facilitating learning from and with other organisations.

The partners

In the case of the Midands Area Parenting Partnership, the partners are Tusla, HSE Health & Wellbeing and Primary Care Directorates, Athlone Community Services, Athlone Education Centre, Barnardos, Carrick on Shannon Education Centre, Longford Community Resources, Longford Vocational Education Committee, Westmeath County Childcare Committee, Westmeath Community Development, Laois Offaly Parents First, Arden View Family Resource Centre, Laois Offaly Education Training Board, Laois Partnership Company, Offaly Local Development Company, Foroige.

The functions of the partners

The functions of partners can include:
• providing funding, mainly through the reorientation of resources
• providing staff who will be trained to work on the management and delivery of the programme
• sourcing funding and other resources
• advising and supporting the strategy and management of the initiative
• contributing to the initiative support, communications and evaluation hub by committing administration and research resources and providing for the development of an implementation and outcome monitoring system i.e. database.

The collaboration of the partner organisations involved gives the initiative credibility and authority in the delivery area and beyond.

The various partners are expected to commit resources, which may include the reorientation of staff who will be trained to deliver Triple P. They also commit free access to facilities, access to contact lists, and use of their communication systems. Most importantly of all, the partners allow for association with their good name thus helping to maximise reach in different communities.

Links will also be established with other organisations and services in the community, such as family resource centres, community development projects, childcare facilities, primary schools and GPs.
What is meant by the reorientation of existing resources?

What we mean by the reorientation of existing resources is that the programme will be supported and implemented by the existing organisations in your area from within their existing budgets and staff. This may mean that organisations have to make choices about letting other pieces of work go, in favour of an evidence-based population approach to parenting.

Implementing the Triple P Population Approach

The effectiveness of an evidence-based programme will always depend on the interplay of the programme, how it is implemented and the enabling environment. The enabling environment refers to all the factors that support Triple P Population Approach, including staff, local managers, national policies, community and voluntary organisations and crucially, readiness of parents.

Based on our experience, MAPP is of the view that the optimum general population unit size is approximately 100,000 to 300,000. This allows the initiative to be large enough to get efficiencies and to be small enough to adapt readily to change and to allow all involved to be an integral part of planning and decision-making. This model can be easily adapted for a larger population.

Key principles to guide implementation of the programme

The three key principles of the Triple P Population Approach are self-regulation, minimal sufficiency and outcomes focus. It is important to try to ensure that these principles are mirrored in programme delivery, practitioner supports and partnership development.

The aim of self-regulation is for the partnership, community, practitioner and parent to be able to self-manage, feel confident, accept responsibility for positive change and to sustain this without significant ongoing support.

Minimal sufficiency means that the level of support is selected by the partners, practitioners or parents to match the current needs and available resources. Minimal sufficiency will be different for each parent, practitioner or partner organisation.

Outcomes focus means that you establish commonly agreed upon, measurable outcomes for children and families that you want to achieve when planning the programme and throughout implementation.

For parents, partners and staff these principles are reflected in their progress through information, skills and practice, which allows them to:

• reflect on and learn from experience
• develop problem-solving skills
• generate solutions and make changes at their own pace.
The MAPP implementation structure

- Initiative driver
- Partnership organisations
- Partnership

**Core team**
- Coordinator
- Core team practitioners ↔ Admin. support
  - 3+ days a week

**Local area teams**
- Core team mentor + Local practitioners
- Core team mentor + Local practitioners
- Core team mentor + Local practitioners

Parents with children in target age range
Help getting the initiative off the ground

To start with, you will need an initiative driver, someone from one of the local organisations who has the authority and the capacity to assess and develop interest in the Triple P Population Approach among relevant services in the area.

The initiating organisations identify an individual who will have the authority and capacity to assess and develop levels of interest in the Triple P Population Approach both within their organisations and subsequently within other potential partner organisations. The function of the initiative driver is to identify fit between the Triple P Population Approach and current policy, service priorities for children and families and the needs in the area.

This function will be incorporated into the role of the coordinator who will coordinate the initiative. This may or may not be the same person.

Key roles for programme management and delivery

MAPP has found that to run and deliver the programme effectively the following roles are needed:

• a coordinator who has responsibility for planning and management of the Programme in conjunction with the core team
• an administrator
• a core team* which includes all the practitioners who work on a three to five day basis, as well as the coordinator and administrator. This team is responsible for day to day management and delivery
• local area practitioners who deliver the programme on a one or two day a week basis and who meet once a quarter with the core team practitioners in local area teams.

See further details of these roles under Phases 2, 3 & 4 below.

Given that gathering and analysing data is a core function in the work of providing an evidence-based programme, MAPP recommends that this work is included in implementation plans and provision is made for regular access to evaluation expertise and support.

The importance of sustainability

Sustainability means being able to continue the initiative in the long-term. The Triple P Population Approach introduces sustainability from the very beginning because of the reorientation of resources and the development of the core team. We recommend planning for sustainability from day one, aiming to have a viable and vibrant Triple P Population Approach in your area for as long as children and parents need it.

* In the case of MAPP, Tusla and the Health Service Executive, (Health and Wellbeing and Primary Care Directorates), provided staff for a core team.
# MAPP Triple P Population Approach

Five Phases of implementation

<table>
<thead>
<tr>
<th>Phase</th>
<th>Description</th>
<th>0-9 months</th>
<th>9 months - 2 years</th>
<th>2 years - 4 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Getting together</td>
<td>inform and consult with potential partners</td>
<td>build partnership</td>
<td>ensure quality delivery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>explore outcomes to be achieved</td>
<td>develop MoU</td>
<td>maintain partnership</td>
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<td></td>
<td>needs analysis &amp; service audit</td>
<td>identify scope for reorientation of resources</td>
<td>continue evaluation</td>
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<td>organisational readiness</td>
<td>recruit coordinator</td>
<td>document and disseminate learnings</td>
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<tr>
<td>2</td>
<td>Getting started with structures</td>
<td>set targets</td>
<td>recruit practitioner and administration staff</td>
<td>continue to promote Triple P</td>
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<tr>
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<td></td>
<td>develop implementation plan</td>
<td>induction and training</td>
<td>deal with external pressures</td>
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<td></td>
<td>develop evaluation plan</td>
<td>staff support systems</td>
<td>assess scope for development</td>
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<td></td>
<td></td>
<td>focus on fidelity</td>
<td>establish core team</td>
<td>work on sustainability</td>
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<td></td>
<td></td>
<td>focus on communication</td>
<td>develop database</td>
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<td></td>
<td></td>
<td>focus on team building</td>
<td>develop policies and procedures</td>
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<tr>
<td>3</td>
<td>Getting ready for delivery</td>
<td>initiate communication strategy</td>
<td>develop communication plan</td>
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<tr>
<td>4</td>
<td>Getting going with delivery</td>
<td>recruit parents</td>
<td>set up delivery</td>
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<td>develop area teams</td>
<td>develop area teams</td>
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<td>manage performance</td>
<td>manage performance</td>
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<tr>
<td>5</td>
<td>Delivering well, delivering better</td>
<td>develop communication plan</td>
<td>develop communication plan</td>
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see pp 17-25
see pp 26-37
see pp 38-49
see pp 50-59
see pp 60-65

0-9 months
9 months - 2 years
2 years - 4 years
Practical supports to help you implement the Triple P Population Approach

Triple P International (TPI) provides guidance, support and tools that will assist you in effectively preparing for and implementing Triple P. This includes communication strategy and materials, training, accreditation, delivery materials, website and access to a Triple P International implementation consultant. The support extends from the initial contract of training for practitioners to support through Skype calls regarding the roll-out and development of the initiative through to ongoing advice, support, presentations at events and facilitating the dissemination of what you have learned at various conferences and through a range of forums.

MAPP core team can provide implementation support specific to the Triple P Population Approach in Ireland.
Phase 1
Getting together

In Phase 1 the initiative driver meets the organisations in the area who have an interest in working with children and families, for the purpose of:

• explaining what Triple P is and what is involved in this population approach
• helping them assess whether there is a good fit between an organisation’s values and goals and those of the Triple P Population Approach
• supporting interested organisations to identify the factors they need to consider before making a joint commitment to develop a work plan and a partnership agreement.

Outcomes to be achieved by the end of Phase 1

• Interested organisations will have an increased understanding of the Triple P Population Approach.
• Key organisations will be engaged.
• A number of partners will have confirmed their interest in participating, will have assessed their organisations’ readiness for getting involved and will have agreed to proceed together into Phase 2.

What the information and consultation meeting involves

The initiative driver will host one or more community information and consultation meetings for the managers of the voluntary, community and statutory services in the area who are working with parents and children. The purpose of the meetings is three-fold: to give comprehensive and concise information about Triple P Population Approach; to discuss the programme, including potential benefits and any questions and concerns; and to agree the next steps. In advance of the meeting it can be helpful to think about the possible concerns of managers and to collect data to help answer them.

The information needed

The initial driver will need to prepare the following information:

• an overview of the needs of parents and children in your area and what services are currently provided
• the benefits of early intervention and evidence-based programmes and the rationale for choosing Triple P, in particular how Triple P is aligned with key national strategies and policies, e.g. Healthy Ireland,4 Investing in Families,5 High Level Policy Statement on Parenting and Family Support,6 Better Outcomes Brighter Futures, National Policy Framework for Children and Young People, 2014 – 2020.7
• an outline and explanation of the 5 levels of the Triple P Programme
• an outline of the Triple P Population Approach
• an explanation of all the work that goes in before and after practitioner training to ensure that the programme is effective, i.e. recruitment of parents, advertising, organising venues, data collection, evaluation, follow-up, support and supervision, ongoing professional development
• an explanation of the key roles and teams in the initiative, i.e. partners, coordinator, administrator, core team and local area practitioners
• clarity about the requirements of partner organisations, explaining that involvement requires reorienting staff to work within the Triple P Population Approach which will probably mean changing work priorities and/or letting go of other work
• an overview of the supports available from Triple P International (TPI) and MAPP core team.

The importance of needs analysis

A needs analysis will give you a picture of the area in terms of the needs of parents and children. It identifies what is already provided, what is working well, what more is needed or what needs to be provided differently. This is crucial in deciding whether there is a need for an evidence-based parenting programme and if so what programme is most suitable for your area.

The needs analysis should include:
• an area profile which describes the area in demographic, social, economic and educational terms. There may already be an up-to-date area profile and/or health profile (e.g. www.trutzhaase.eu www.lenus.ie) developed by one of the local statutory or community and voluntary organisations. Data can be obtained from the Central Statistics Office and data specific to the needs of children can be obtained from Growing Up in Ireland, http://www.growingup.ie. There is supporting data nationally which shows that within counties you can expect a prevalence rate of 17% for childhood emotional, social and behavioural problems9. These variables need to be understood as they can impact on implementation.
• an audit of existing services, capacity, outcomes and resources for supporting parents including formal parenting programmes and broader family support. It is useful to establish the number of people who have been trained to deliver programmes, the number of programmes that are being delivered annually and the number of parents who sign up and complete these programmes. It is also useful to gather data about the demands on services in the area, e.g. waiting lists for social work and psychology services as well as pressures on voluntary and community groups. Outcome results should also be included where available. This audit will also be useful in determining partner capacity.

How to decide your target age range

It is important to consider carefully the target age range for the programme. Where resources are limited there is a strong rationale for restricting the age range to facilitate a true population reach, i.e. representative delivery based on social economic status and need, rather than maximising delivery numbers. While Triple P provides for children aged 0-16, it may be useful to focus on one or both of the key transitions for children, i.e. moving into primary school, (3-7) and moving into post-primary school, (11-14). MAPP initially delivered to parents of children aged 0-7 (and evaluated 3-7) and subsequently to parents of children in sixth class, first and second year. Whatever target age range is decided, it is advisable to have a clear, agreed policy with an explicit rationale for the decision.

How much it will cost

The partnership will need to consider whether there is potential within the partners’ budgets to fund the programme internally or if external funding must be sourced. To do this the partnership should develop a realistic assessment of the budget and resources required to deliver the Triple P Programme for the outcomes they want to achieve. It is important to have a good understanding of your local population so that the partnership can plan the roles and teams required to implement Triple P in your area. With this information you can identify costs for staffing, administration, materials, training and evaluation etc. over a 2.5 - 3 year period.

An outline of the costs to achieve a population effect within 2.5 to 3 years, for a general population of 300,000* is given overleaf. The proposed allocation is based upon the results and experiences of the evaluation of MAPP Triple P Population Approach. While staff and associated costs may be reorientated from existing services, there will still be a need to cover the costs of training, materials, evaluation and implementation support.
MAPP Triple P Population Approach
Outline costs*

**Staffing**

1 coordinator
6 W.T.E. core team practitioners
10 local area practitioners (recruited from partners’ organisations, minimum one day a week)
1.5 W.T.E. administrators

Some ongoing costs, including phone, mileage, office space etc., are covered by reorientation of existing staff and their work related costs. Allocation will need to be made for a database, website, ongoing monitoring and evaluation of implementation, printing and postage.

**Programme Delivery Materials (2.5 – 3 years)**

- Seminar sheets (L2) x 6,500
- Workshop (L3) x 3,000
- Group manuals (L4) x 2,000

**Training**

Group (L4) and workshop (L3) training followed six months later by seminar (L2) training.

**Media Strategy**

Fliers, posters, website and Tippaper (newsletter) are available from Triple P International. These should be considered as an integral part of the normalising, destigmatising and recruitment strategies.

---

* For a general population of 300,000; for a larger population roll-out, mentoring will be more of a priority for the core team with accompanying resource implications.

**Materials and training are ordered and booked through Triple P International. Current prices can be obtained directly from them trainingenquiries@triplep.uk.net
The value of further information and consultation meetings

After the initial information and consultation meeting there will be further meetings with interested organisations, so that they can ask for more information, talk out detailed queries or discuss what has emerged from working through the organisational readiness questions, see below. It is better for the initiative in the long-term that organisations engage in this kind of serious consideration of the benefits and requirements and their own capacity for involvement. Some organisations may realise at this point that the Triple P Population Approach is not for them.

Questions to help organisations assess their readiness

When an organisation is interested in pursuing the idea of being involved in the Triple P Population Approach, it is useful to work through the following questions, which are fundamental to commitment and starting the planning process. It will help assess readiness for involvement by identifying and discussing areas of strength and areas requiring more development. In MAPP we found it useful to ask ourselves these questions regularly as we progressed through implementation and as circumstances changed. It not only helps with the development of the partnership and programme delivery; it also highlights strengths and challenges that need to be addressed for sustainability.

Organisational readiness checklist for partner organisations

The organisational readiness checklist shown over the page is not an exhaustive reckoning of all that should be in place for all Phases of implementation, but rather, a preliminary consideration of key areas that are fundamental to commitment and starting the planning process.

The checklist should be completed initially by each potential partner organisation individually, and then by the partnership as a whole. This partnership checklist can be revisited at each Phase to assess progress, identify priorities for action and consider what additional questions are arising.
Organisational readiness for implementing the MAPP Triple P Population Approach

**FIT**

The programme aligns with the culture and values of the potential partner organisation and the needs of the parents it serves.

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Existing services have identified potential efficiencies and improved outcomes from the Triple P Population Approach.

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Service delivery partners are identified.

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Referral sources are identified.

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**Feasibility**

There is capacity to implement the Triple P Population Approach, i.e. infrastructure of a coordinator, administration, core team and local area practitioners is agreed.

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The policies and procedures of potential partner organisations can facilitate implementation of the programme.

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The recommended staff criteria, time to implement the programme and programme resources are feasible.

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There is capacity to monitor and evaluate the programme, including fidelity.

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Buy-in from the services working with children and families in the area is planned.

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**Partnership Commitment**

The potential partners have a shared understanding of the core principles of the Triple P Population Approach, as well as fidelity and sustainability.

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A commitment to delivering the Triple P Population Approach has been secured throughout the potential partner organisation and is included in their plans for the following year.

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The potential partner organisation has committed to facilitate the roles and responsibilities of Triple P practitioners. There is a commitment to re-orientating work and staff to the programme.

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There is capacity and willingness to deliver within a partnership model.

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**Implementation Support**

The number of staff to be trained in each level has been identified.

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Implementation planning expertise is available.

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Knowledge and expertise in evaluation is available.

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Contact has been made, as needed, with external support.

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**Resources**

Funding for practitioner training and service delivery for year 1 and subsequent years is available.

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Recruitment strategies for parents have been considered.
Organisational readiness
your comments on work in progress

FIT

FEASIBILITY

PARTNERSHIP COMMITMENTS

IMPLEMENTATION SUPPORT

RESOURCES
Getting ready for Phase 2

Here are a number of questions to help you assess if you are ready to move on to Phase 2.

1. Have you achieved the identified outcomes for Phase 1?

2. Have all of the questions in Phase 1 been addressed? Which ones do you consider essential to have fully in place before moving forward?

3. Have you drafted your overall partnership readiness checklist based on those completed by each partner organisation?

4. Have you reflected on what you did well during this Phase?

5. Have you reflected on what you need to do differently?

6. Have you identified the ongoing and future challenges?

7. Have you a plan for addressing these and is external support needed?

8. Have you identified what you have learned from the process so far?
Phase 2

Getting started with structures

In this Phase the partnership is established. The participating organisations come together to agree what they want to achieve and how they are going to work together to achieve it.

Outcomes to be achieved by the end of Phase 2

By the end of Phase 2 the partnership will have:

• agreed to adopt the Triple P Population Approach for their area
• a common understanding and agreement about what is being implemented and why
• clarified the relevance of the Triple P Population Approach for their area and the scope for reorientation of services
• formalised their commitment to work together through the development of a Memorandum of Understanding (MoU)
• an understanding of the roles and teams that will support implementation
• appointed a coordinator
• drawn up a logic model
• agreed an implementation plan and an evaluation plan, in keeping with the logic model
• commenced the development of a communication process
• continued to focus on planning for sustainability
• identified the expertise and resources required to support implementation.
What helps to build and sustain the partnership

MAPP has identified eight key steps for getting the partnership off to a good start and sustaining it in the long-term:

1. clarify the commitment required of partner organisations
2. develop a Memorandum of Understanding (MoU)
3. develop a logic model
4. develop an implementation plan
5. develop an evaluation plan
6. focus on communication
7. focus on team building
8. focus on review.

The commitment required of partner organisations

It is important to be explicit with organisations from the start about what commitment will be required for involvement in the partnership. Each organisation needs to:

• commit to assign staff for at least three days per week (core team practitioners) and at least one day per week (local area practitioners)
• commit to their staff’s adherence to the required data protection process as outlined by the programme and in accordance with current Data Protection Legislation
• commit to their staff’s adherence to fidelity in the content and process of delivering the programme
• commit to their staff’s co-delivery initially with a core team practitioner to build up confidence and competence in delivery
• commit as an organisation to promote, advocate for and advertise Triple P within their own organisation (e.g. on their own website) and in other forums or to other databases/networks with whom they have contact.

The partners commit to:

• interviewing and selecting practitioners in accordance with the programme recruitment and selection policy, procedures and criteria
• providing the training for practitioners
• supporting the new practitioners
• providing ongoing support and supervision and resources for delivery as needed.
When partners are committing to and drawing up their annual programme of activities and action plans it is essential that the Triple P Population Approach is explicitly named as part of the ongoing work of the organisation.

**A Memorandum of Understanding**

A Memorandum of Understanding (MoU) is a written, formal agreement which organisations often use to establish official partnerships. A MoU is not legally binding but it carries a level of mutual commitment and respect.

MAPP found that the process of developing the MoU was pivotal in building a foundation for the long-term work of the partnership. We recommend that all new partnerships develop a MoU, which will articulate:

- vision and mission
- goals and objectives
- values and principles
- governance and accountability
- conduct of business, including financial management, decision-making
- communication, internal to the programme and external
- ground rules by which the partnership will operate, including communication and conflict resolution
- a process for monitoring and review of the partnership and the MoU.

**How to develop a Memorandum of Understanding**

It is beneficial to take at least one day or two half days with an independent external facilitator to work through and come to an agreement on these issues. This time will be an important contribution to building the partnership as a team with a coordinated, collaborative approach.

It is likely that one or two organisations will become key partners and provide most of the staff and funding. However the process of developing the MoU ensures that a collaborative partnership is established with shared ownership and commitment regardless of how much different organisations are investing in the programme. Many of the partners will have already worked together in other area networks and partnership companies and they will bring their learning from this experience to this partnership.
Appointing a coordinator

The post of coordinator will be reorientated from existing staff of one of the partner organisations. This coordinator will take the strategic lead in the co-ordination and roll out of Triple P delivery, in collaboration with the partnership. The coordinator will be the link between the partners and the core team. The role of coordinator will include the functions carried out by the initiative driver up to this point with the following additional functions:

- overseeing the strategic planning, development of progress reports, evaluation and co-ordination required for the roll out and expansion of Triple P delivery in the area
- managing the co-ordination, training and delivery of a multi-level evidence based Triple P Programme, delivered by core team and local area practitioners
- supporting the establishment, development and work of the partnership, which facilitates the roll out of Triple P
- facilitating and supporting core and local area team development and meetings
- taking responsibility for evaluation and the day-to-day elements of planning and delivery
- taking responsibility for governance, in collaboration with the partnership
- networking with relevant partners, statutory and community and voluntary, at both at a local and national level to support the initiative.

Developing a Logic Model and Theory of Change

A Logic Model maps the inputs (what you will invest), the activities you will undertake, the outputs (an account of activities provided) and the outcomes (the changes you expect to see for children and parents). The Logic Model is a visual representation of the overall plan for the programme. We recommend that you keep it as simple as possible and on one page.

The logic model is the expression of your theory of change. The theory of change specifies the outcomes, i.e. the changes you expect to see for individual children, parents, families or communities, or for the wider system and explains the structures, process and linkages that are required to bring about this change.

Developing the logic model helps partners to:

- agree a shared view of what they are trying to achieve, together with the resources and activities they will each contribute to make this happen
- design and plan the Triple P Population Approach by providing a framework to develop vision and goals, balance priorities and allocate resources
- plan implementation by identifying the systemic nature of work as well as key linkages
- plan evaluation by showing what questions to ask
- plan communication as it facilitates explaining the programme readily to stakeholders, funders, etc.
## Sample Logic Model for Triple P

<table>
<thead>
<tr>
<th>inputs</th>
<th>outputs</th>
<th>activities</th>
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</thead>
<tbody>
<tr>
<td>Access to evidence-based Triple P Positive Parenting training, materials (e.g. TPI Implementation Framework)</td>
<td>Independent facilitation process among partners to develop Memorandum of Understanding</td>
<td>Agreed Memorandum of Understanding (MoU)</td>
</tr>
<tr>
<td>Access to a social media outlets and engagement approaches</td>
<td>Robust implementation planning (utilise guidebook)</td>
<td>Completion and actioning of a comprehensive implementation plan for Programme delivery, evaluation, and partnership</td>
</tr>
<tr>
<td>High quality Implementation Infrastructure (fidelity &amp; coaching)</td>
<td>Recruitment of suitably experienced personnel for (1) core team; and (2) Local area practitioners.</td>
<td>Appropriate governance systems / processes and operational structures of core team</td>
</tr>
<tr>
<td>Commitment to identify core team members with access to technical support from (MAPP or Triple P International)</td>
<td>Fidelity and Quality Promoting Practices</td>
<td>Coherent and continuous communication to all stakeholders</td>
</tr>
<tr>
<td>Ready partnering organisations with expertise and staff to be local area practitioners</td>
<td>Continuous marketing and engagement</td>
<td>Appropriately trained and accredited workforce</td>
</tr>
<tr>
<td>External bodies of expertise and funding</td>
<td>Continuous engagement with key stakeholders</td>
<td>Monitoring for continuous improvement of programme delivery and support</td>
</tr>
<tr>
<td>Learning from Irish Evidence base</td>
<td>Routine collection of datasets and performance indicators</td>
<td>Reorientation resources (sustainability)</td>
</tr>
<tr>
<td></td>
<td>Monitoring and evaluation</td>
<td></td>
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## Outcomes

<table>
<thead>
<tr>
<th>Short-term (years 1 &amp; 2)</th>
<th>Medium-term (years 3 &amp; 4)</th>
<th>Long-term (years 5 &amp; 6)</th>
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</thead>
<tbody>
<tr>
<td>Development of strong partnership</td>
<td>Sustained, well-functioning partnership and delivery system</td>
<td>Sustained, well-functioning partnership and delivery system</td>
</tr>
<tr>
<td>Efficient use of resources through effective governance and operational structures</td>
<td>Sustainability of programme secured</td>
<td>Five year report of the partnership, programme, and implementation</td>
</tr>
<tr>
<td>Develop a resourced sustainability and expansion plan</td>
<td>Systematic review of capacity building with workforce</td>
<td>Influence national policy and be actively engaged in producing standards for evidence-based parenting programmes</td>
</tr>
<tr>
<td><strong>Staff</strong></td>
<td><strong>Parent</strong></td>
<td><strong>Child</strong></td>
</tr>
<tr>
<td>Increase awareness of parenting issues, Triple P, evidence based programmes and the benefit of a population approach</td>
<td>Increase acceptability of Triple P</td>
<td>Improve social &amp; emotional behaviour</td>
</tr>
<tr>
<td>Increase positive parenting skills / strategies</td>
<td>Increase psychological health and confidence</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Decrease in child maltreatment risk factors at population level</td>
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</table>
Agreeing an Implementation Plan

The implementation plan translates your logic model into a detailed plan of the essential milestones to be achieved with a clear timeline and defined roles and responsibilities. It will ensure that all of those involved are clear about what is required of them and how they are going to deliver the programme. It will detail the necessary structures and processes together with associated accountability and authority. The implementation strategy outline shows the practical steps MAPP used to action activities outlined in the logic model. You will need to check if each of these steps is useful, practical and feasible in your area. Each step should only be there if it contributes to outcomes.

MAPP’s outline implementation strategy

Outcome: improved quality of life for all children and families at a population level

<table>
<thead>
<tr>
<th>Goal 1</th>
<th>Goal 2</th>
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<tr>
<td><strong>Objective</strong></td>
<td><strong>Objective</strong></td>
</tr>
<tr>
<td>to sustain growth and the quality of programming</td>
<td>to sustain a well-functioning partnership</td>
</tr>
<tr>
<td>quality implementation of Triple P in area</td>
<td>develop an implementation infrastructure</td>
</tr>
<tr>
<td><strong>Strategy</strong></td>
<td><strong>Strategy</strong></td>
</tr>
<tr>
<td>collaborative leadership</td>
<td>effective internal relationships</td>
</tr>
<tr>
<td>ongoing communication and regular meetings between coordinator and core team</td>
<td>effective external relationships</td>
</tr>
<tr>
<td>training and accreditation by Triple P International</td>
<td>detailed and evolving Memorandum of Understanding</td>
</tr>
<tr>
<td></td>
<td>regular meetings and networking</td>
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<tr>
<td></td>
<td>media relations</td>
</tr>
<tr>
<td></td>
<td>marketing</td>
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<tr>
<td></td>
<td>strategic and effective communication</td>
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<td></td>
<td>policies and procedures</td>
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Overall strategies include feedback loops providing information to parents, practitioners and partners, ongoing evaluation of implementation processes and quality monitoring.
The importance of evaluation

The purpose of evaluation is to measure the effectiveness of what you are doing in meeting the outcomes your partnership has set for parents and children. It tells you what is working and what you need to do differently. For evaluation to aid implementation it is essential to plan for it at the outset and to feed information from it back through partnership, management and core team meetings on a regular basis.

Evaluation results can also help your communication with stakeholders by showing how the programme is meeting the outcomes for parents and children. This helps increase understanding of and support for what you are doing.

Monitoring is the process of gathering and recording information about what work is actually going on. Monitoring gives you the raw material, which you then analyse in the process of evaluation, i.e. what does this information tell us? It also documents the outputs at regular intervals, which may then be considered by the core team prior to formal analysis. It provides readily accessible information in a timely fashion. Feedback loops will get this information back to all relevant audiences i.e. client information to practitioners, aggregate information about outputs, outcomes and processes to management and the partnership. Evaluation involves more interpretation and generally takes longer to produce results.

You will need to decide whether the evaluation is external or internal or a combination of both. External evaluation is generally seen as more objective as it is less likely to be influenced by organisational factors and/or management and may produce fresh interpretations of data because the evaluators are less involved in the initiative. Where evaluation is undertaken internally, it will provide more context for the interpretation of data and may well produce insights that would not emanate from external evaluation. The advantages of both can be combined with an internal evaluator doing a lot of the work under the guidance of an external expert. Costs may be minimised by doing at least some of the work internally, e.g. data collection and management, even where an external evaluator is used.

**What is an evaluation plan?**

An evaluation plan is a roadmap that identifies how you will evaluate the programme, including which information you will collect, and how, where and when you’ll collect it. It identifies those responsible for carrying out the plan as well as timelines and budget. It is important to include the questions that the evaluation will be structured to answer. It will include:

1. evaluation audience, e.g. funders, partners, parents, practitioners
2. key evaluation questions
3. extent and scope of monitoring
information required on implementation, outputs and process
information required on programme impact and outcomes
selection of the methods to collect and analyse the data
responsibility and timelines
ethical considerations
dissemination of results
budget and other resources required.

The evaluation plan helps to establish a culture of evaluation within your organisation whereby people are always thinking about how to make sure the necessary information is being gathered to improve programmes. It helps if you take a positive approach to evaluation, emphasising what has been achieved and seeing all mistakes and difficulties as potential for learning.

Fidelity – and how to establish fidelity measures

Fidelity means implementing the evidence-based programme as it was intended to be implemented when it was developed. Fidelity is essential when delivering a population roll out of an evidence-based programme so that similar outcomes can be achieved wherever it is delivered. Fidelity can be compromised where content is adapted. There is some room for flexibility with how and over what time period Triple P is delivered but the content is designed to achieve the maximum benefit and outcomes for children and families and must be delivered as it is.

To promote and sustain the optimal delivery of Triple P, enhancing fidelity should be a core concern for monitoring, supporting and developing practice at the local area meetings, e.g. through the use of the Triple P fidelity checks and through co-delivery. Also sharing case reviews, participating in recorded sessions for peer review, and discussion of implementation issues at area meetings serves to monitor, support and enhance fidelity promoting practices among Triple P practitioners. Fidelity of practice can only be achieved by the practitioner if the proper supports are in place from the partner organisation.

It is recommended to include a section on fidelity, supervision and support in the practitioner job description, highlighting expected practices around co-delivery, maintaining records, responsibility to develop own knowledge and skills and participation in recorded sessions for peer review.

Focusing on communication

Two-way communication within the partnership is key to ensuring that the partner organisations feel involved and included in the ongoing work of the programme. Partners need to be fully informed of progress and also any difficulties along the way. Equally the
partnership needs to feed relevant information to the core team. This can be achieved through regular partnership meetings, emails, newsletters, sub-committee meetings, one-to-one annual reviews and teambuilding opportunities.

Two way communication with parents is also crucial. Throughout the planning and delivery of the programme you will need to provide information to parents in many different formats in order to spread understanding of the programme and its potential benefits. You will also want to elicit information from parents to inform you of their response to the programme, their thoughts on its acceptability, usefulness and development. The parent voice is complex and, for this purpose, is better captured by using many different formats at different times with a broad range of parents e.g. by using questionnaires, focus groups, interviews and conversations with practitioners.

**Focusing on team building**

Partners need to have a shared understanding of and a shared respect for each of the other partner organisations in terms of their vision, ethos and programmes at an early stage of building the partnership. Gathering partnership members for a day’s team building can be difficult but all opportunities for working together are valuable for getting to know each other and for building trust and mutual understanding.

Team building is enhanced by ensuring that all major decisions are presented, discussed, agreed and recorded at the partnership meetings. MAPP found that setting up partnership sub-committees helps increase involvement, a sense of ownership and shared responsibility. Sub-committees can focus on and progress particular tasks between meetings, e.g. finance, recruitment, policy and procedures and communication.

**The importance of the review**

It is useful to have an annual review and planning session with an independent facilitator, if possible. This supports reflection, learning and motivation through identifying achievements and challenges. It enables the partnership to consolidate, develop and at times reinvigorate their shared vision and goals.

MAPP finds it beneficial to have review meetings with each partner organisation at least once a year to reflect on both their contribution and gains in terms of delivery, and their involvement and participation in the partnership. This is an opportunity to renew or develop commitments for the coming year. Using the database, individual practitioners’ workload can be reported to the relevant partner organisation. Reports on delivery in particular areas or to particular communities can be generated which assists the partner organisation in reporting to their funders.
How will you know when you are ready for Phase 3?

1. Have you achieved the identified outcomes for Phase 2?

2. Have all of the questions in Phase 2 been addressed? Which ones do you consider essential to have fully in place before moving forward?

3. Have you reflected on any incomplete tasks from questions in Phase 1?

4. Have you completed and reviewed your overall partnership readiness checklist based on those completed by each partner organisation?

5. Have you developed an implementation plan and evaluation plan?

6. Have you started development of a communication process?

7. Have you started to develop/adopt fidelity procedures and measures?

8. Have you reflected on what you did well during this Phase?

9. Have you reflected on what you need to do differently?

10. Have you identified the ongoing and future challenges?

11. Have you a plan for addressing these and is external support needed for any of these?

12. Have you identified what you have learned from the process so far?
Phase 3

Getting ready for delivery

Phase 3 focuses on putting in place what you need for the delivery of Triple P in your area: selecting the practitioners, giving them the induction, training and support they need to prepare them for competent and confident delivery of Triple P, establishing the core team, setting up the database and developing the necessary policies and procedures to guide the work.

Outcomes to be achieved by the end of Phase 3

• The partnership has set realistic delivery targets.
• The partnership has agreed what roles are required for programme management and programme delivery.
• Best practice is implemented in the recruitment and selection of all staff, including developing job descriptions and person specifications for all roles.
• The practitioners have completed induction and training to prepare them for competent and confident delivery of Triple P.
• Ongoing systems for monitoring and evaluation and staff support systems are set up to ensure quality and fidelity.
• The core team is established and meets regularly.
• The database is set up and staff are clear about their role in data collection and management.
• Comprehensive policies and procedures are developed and implemented where needed.
• Communication with parents about Triple P has begun.

How to set delivery targets

It is important to set delivery targets while also keeping in mind the range of factors that may influence what is possible. These include the number and capacity of staff available to the programme, the socio-demographic profile of the population to be served and the acceptability of current service provision. Triple P has evolved delivery targets for each level which give an overall idea of the amount of delivery required in the first two and a half years to achieve a population effect. It is recommended to use these targets initially and then review and reset them based on actual experience.
Each local area, i.e. the sub-areas within the overall designated area, should be monitored and reviewed regularly for uptake, contacts made and promotion of the programme. Delivery targets have to be adjusted where the normalising and destigmatising process takes longer and there are greater difficulties recruiting parents, e.g. where deprivation indices are higher. Additional resources may be needed in these local areas due to higher levels of need and harder to reach target groups. This is an example of why it is important to have a knowledge of the area profile of communities within the area as well as of the area overall. Resources allocated and delivery numbers are continually being reassessed and adjusted to meet targets.

The optimum number of parents for a Group (L4) is 8-12 but generally you will need to have at least 15 booked in to result in 8-12 attending. The optimum number for a Workshop (L3) is to have 6 in attendance with 10 – 12 parents booked in. For Seminars (L2) the minimum number is 15 attending.

Over 2.5 years, our population results were achieved with the following delivery levels to parents of children 3-7 years of age in Longford Westmeath:
• 30% for Seminar (L2)
• 12% for Workshops (L3)
• 8% for Group (L4)

It is worth highlighting that the outcomes achieved were related to the interplay between reach, the competency and drive of the practitioners and partnership and the local enabling environment.

In the first 12 to 18 months you will inevitably deliver to sub-optimal numbers in Groups (L4) and Workshops (L3) which may seem inefficient. This initial work can feel frustrating for the practitioners. However it facilitates familiarity with Triple P by word of mouth and strengthens future recruitment. In year two you can start to ensure that the Groups (L4), Workshops (L3) and Seminars (L2) have optimum numbers. You will find that parents and professionals will start coming to you to enquire about the programme and/or make referrals.

As attendance at parenting programmes becomes normalised and destigmatised there will be a movement towards more efficient delivery. This may facilitate movement to main towns or other centres of population for delivery.

There needs to be flexibility in the management of core team members’ work to ensure that they are each using their time for whatever phase of implementation is appropriate, e.g. in the early phase more time is needed on destigmatising and normalising than on delivery. Experience shows that delivery is split evenly between morning and evening. While core team members work primarily in a specific local area, they also need to be available to work wherever their time is needed. This helps build a sense of interest in and commitment to the area as a whole rather than just one local area within it. It also helps share learning and experience. It is inevitable that the level of work involved in recruitment will vary across areas. An ongoing significant proportion of practitioners’ time is spent on recruitment.
The roles required to manage implementation

MAPP found that there are three main functions within the overall role of managing the Triple P Population Approach: strategic, operations and evaluation. We allocated these functions to four roles, the director, coordinator, researcher and administrator but you will do this differently in your area according to programme size and resources available. We recommend that each initiative has at the very minimum a coordinator and an administrator as well as a team of Triple P practitioners, with resources also allocated for evaluation support. All the roles will evolve according to the phase of implementation. This should be explained to partners and practitioners from the beginning so that they are prepared for development of roles.

**Strategy**

The strategic function includes the following:
- establish and support the partnership
- participate in evidence-based and outcomes-focused advocacy work, linking in with relevant local and national structures
- manage the governance, evaluation and practice elements of planning and delivery
- design and deliver presentations at a range of levels for organisations or services who may be interested in becoming involved or for organisations who may just be interested in learning more about the programme and want to link in or refer into the programme
- network with relevant statutory, voluntary and community organisations locally, regionally and nationally
- develop policies, protocols and procedures to support the implementation of Triple P
- develop communications at multiple levels, i.e. national, local, parents, and relevant organisations.

**Operations**

The operations function includes the following:
- build confidence amongst the practitioners through sharing skills, experiences and suggestions, which develops faith in the importance of the programme to parents and the competence of the practitioners to deliver it
- plan and support delivery of the training calendar
- support planning and roll out as part of a larger team
- set up mentoring and coaching as part of Peer Assisted Support and Supervision (PASS) to all practitioners
- set up systems and checks to support fidelity and adherence to the principles and content of Triple P
• ensure financial regulation and management systems are in place
• manage the office and administration, i.e. booking-in system for parents, materials and resource management, equipment and IT management etc.

**Evaluation**

The evaluation function includes the following:
• facilitate and support monitoring and evaluation
• develop appropriate reports and updates for funders and partners
• coordinate data input and analysis of questionnaires from delivery and also broader evaluation issues
• develop and manage a database system to support delivery, monitoring and evaluation
• provide feedback to facilitate data-driven decision-making
• ongoing review and design of new data collection as required.

**How to recruit and select practitioners**

It is recommended to have a process of recruitment and selection for every practitioner position in the initiative, including those reallocated from partner organisations. This will save time and resources in the longer-term as it increases the likelihood of getting and retaining suitable people in terms of commitment, motivation, support from their organisation and capacity to deliver on an ongoing basis.

You will need to develop a job description, a person specification and hold interviews for each role, e.g. coordinator, administrator, core team practitioner, and local area practitioner. The roles required for the management and delivery of Triple P are not discipline specific but ideally staff should have prior experience of working with children and families. Core team members must be available to the initiative for a minimum of three days a week and local area practitioners a minimum of one day a week.

**Job description for practitioners**

A job description is a summary of the tasks and responsibilities which make up the job. It should include fidelity, supervision, planning, working with a team and working on own initiative, data management etc. Practitioners must be available to deliver evening as well as morning programmes.

Core team practitioners will have additional responsibilities. Their job description should stipulate that the role will develop over time; as s/he develops confidence and competence the core team practitioner will take on a coaching and mentoring role, more strategic functions within the core team and will engage with partners through the development and support of sub-committees.
Person specification for practitioners

A person specification lists the essential and desirable skills, relevant experience, training and qualifications and other attributes needed to fulfil the role outlined in the job description. It will inform the development of scoring systems for the interview process to select practitioners and will help assess their suitability to deliver various levels of Triple P.

The person specification should require:
• ability to access and recruit parents
• ability to deliver Triple P
• knowledge and understanding of current parenting issues
• openness to new concepts and theories
• willingness to adapt and possibly change current practice
• motivation, commitment and openness to flexibility, including openness to evening work and travel.

It should also list as desirable:
• ability to deliver a programme to a large group
• ability to engage with an audience
• ability to create a friendly, participative environment for parents
• ability to be seen as “an authority,” confident, and enthusiastic
• commitment to professional growth learning and development within their chosen area of work.

Job description for administrator

The job description for administrators needs to include:
• first point of contact for parents booking onto programmes
• record keeping in relation to all bookings
• ordering of materials and supplies
• involvement in ongoing monitoring and evaluation
• operation of database
• administrative support for practitioners
• administrative support for core team.

Practitioner induction

It is important to have an induction process for both the core team practitioners and local area practitioners, whether they join during the set-up phase or later. Induction helps staff to integrate into their role and move to confident and competent delivery as soon as possible. Induction occurs prior to training and it is recommended to include explanations of:
• the Triple P Population Approach outcomes
• the three Triple P Population Approach principles (self-regulation, minimal sufficiency and outcomes focus) and how they fit with practitioners’ practice
• benefits of evidence-based programmes
• Triple P, why this programme, how it was developed and the research to date
• how the initiative was started and set up
• the role and membership of the partnership
• the role and membership of the core team and local area teams
• the role and responsibilities of the practitioners
• what is expected of practitioners in terms of recruitment, delivery, data collection and involvement in support and supervision and continual professional development.

Induction should also include time for reading and presenting relevant materials, developing presentation and facilitation skills through role play and feedback. Staff may be moving from very different roles; MAPP found it helpful to tease out the changes in practice that will be required for this primarily educational role.

**What is involved in Triple P training and accreditation**

In general Triple P training consists of:
• attendance at the relevant training course
• completion of a set of readings
• opportunity to practice skills and clarify understanding through pre-accreditation
• completion of accreditation, which includes assessment of competencies and a quiz.

In preparing for accreditation, practitioners are encouraged to begin delivering Triple P as soon as possible and at least within four or five weeks of completing the training. Partners and practitioners are expected to have been actively involved in recruitment from their own client base for this initial delivery.

Trainees are assessed on their skills in the targeted competencies at accreditation. They will receive coaching and feedback on their assessment which is a further opportunity to develop their skills and training. Practitioners are fully qualified as soon as they pass the accreditation process and receive their certificate.

Once practitioners have been accredited they will have access to the Triple P website which promotes and supports continuous professional development.

**The role of the core team**

For successful implementation in a population roll out, we recommend a core team for both effectiveness and efficiency. The core team comprises the coordinator and administrator as well as core team practitioners. The purpose of the core team is to:
• lead the recruitment of parents for the programme
• communicate with partners and services about the programme
• deliver the programme
• gather and reflect on learning
• enable communication with and provide support to core team members and local
• identify and solve problems and challenges of implementation
• review and adapt the programme implementation plan, as necessary
• contribute to evaluation through data collection and feedback
• network and make presentations to local services that refer into the programme
• build up contacts with local schools and childcare facilities to promote the programmes
• take lead roles on developing particular aspects within the core team.

It is preferable for the core team to meet weekly initially and move gradually to a monthly meeting as the programme becomes established. Core team meetings should be run according to best practice with decisions recorded in minutes, including responsibilities and timelines for agreed actions, which are then followed up at subsequent team meetings. The core team should aim to make participative decisions that are informed and driven by evidence. The coordinator keeps the team up to date with any changes and ensures (as much as possible) that those changes are debated, discussed, researched and agreed at core team meetings. It is recommended that the core team take time at least once a year to review how the team is working in terms of purpose and process, i.e. what is working well and what could be done differently?

For inclusion in the core team it is necessary to be working in the programme at least three days a week, which includes delivery of training, parent recruitment, other programme work, attendance at the monthly core team meetings. Ideally the majority of core team staff will be full-time as they provide the technical support for all other practitioners and they are responsible for implementation at local level.

When delivery has begun small local area teams will be established to facilitate a coordinated local area approach. The local area team includes both core team and local area practitioners in that locality. In the local area teams a core team member acts as mentor to local area practitioners and is the link back to the core team. Meetings are facilitated by the mentor and held on a quarterly basis.

**Providing practitioners with mentoring and support**

The core team practitioners have access to the coordinator and may have external support from Triple P International or MAPP. They deliver in pairs initially (co-delivery) and then deliver independently. The core team practitioners develop extensive experience in delivering the various levels of Triple P, partly due to the dedicated time and peer support involved.
Each new local area practitioner meets with their core team practitioner mentor to plan co-delivery locally. They practice delivery and role-play the main points and exercises within the programmes. They also practice inputting questionnaire data and the support phone calls with parents. When delivery is completed the mentor reflects on the session with the new practitioner. To ensure self-regulation the mentor encourages the new practitioner to identify what went well, what could be improved and any delivery issues arising. With subsequent deliveries the new practitioners and their mentor will swap the sections to ensure that the new practitioner has experience of delivering the programme in its entirety.

New practitioners are involved in advertising and recruitment for their local programmes and networking to support recruitment for Workshop (L3) or Group (L4).

**Deciding when a practitioner is ready for sole delivery**

We recommend practitioners to have co-delivered one or two Groups (L4) before being considered for sole delivery. At the end of co-delivery the mentor does a review with the new practitioner to:
- ensure that content was covered
- discuss issues arising from parents’ discussion
- assess their own delivery
- discuss what went well and areas requiring improvement
- identify observations at co-delivery to be shared with new practitioners.

The core team practitioner will then meet the coordinator with feedback on progress, possible areas for development and to discuss any areas of concern. They will make a decision as to whether the new practitioner is ready to deliver on their own. Where possible, the first sole delivery will include observation by a core team practitioner to support new practitioners and encourage fidelity.

Practitioners are encouraged to self-evaluate so that they are able to accurately monitor their performance, identify strengths and areas in need of further improvement and set personal goals for change. After an agreed period of time it is important for new practitioners who deliver on their own to link up with and co-deliver with core team member to refresh their practice, share experiences and ensure fidelity to content is being maintained.

**The value of a programme database**

Data management is a vital function in the implementation of an evidence-based programme. Its purpose is to support monitoring and evaluation by providing a method of recording, storing and retrieving data in relation to the delivery of the Triple P Parenting Programme. This needs to encompass all data required for monitoring the programme and for evaluating outcome and impact. Its main functions are to:
- support management, administration and evaluation of the Triple P Programme, requiring flexibility to accommodate ongoing changes

| PHASE 3 GETTING READY FOR DELIVERY | 45 |
• record and profile participant information, i.e. socio-demographics, parenting history, programme awareness, programme participation
• record and profile programme data, i.e. date, venue, facilitator, participants
• record and profile facilitator data, i.e. demographics, training, work history and delivery
• provide mechanism of communication with participants and facilitators, i.e. text back, mail merge, follow-up research
• generate implementation statistics to inform monitoring and evaluation.

The database is used by:
• the administrator(s) on a daily basis to monitor day-to-day implementation of the programme, create programmes, record participant details, book participants on to programmes, set up text back service etc.
• the practitioners on a periodic basis, depending on delivery schedule and always at the start and end of each programme
• the researcher on an ongoing basis for validation, on a monthly basis for follow up research and on a quarterly basis for monitoring and evaluation and to provide quarterly monitoring and bi-annual evaluation reports for the management team and for dissemination purposes. Monitoring reports provide information on implementation while the evaluation reports also provide detail on outcomes.

Data are collected from parents at a number of points:
• on booking
• the first session of the programme for all levels
• the last programme session for Group (L4)
• six weeks after the programme for Workshop (L3).

All data collected are subject to data protection legislation and it is essential to develop or adopt written procedures at each point and for entry on the database. These cover:
• materials needed
• procedure including explanation of evaluation and consent process
• return of data to administration/research
• transport and secure storage of data.

The value of data-driven decision making

Using data from a range of sources such as partnership and practitioner meetings, focus groups, surveys and the database is a crucial element of implementation. These data are used to support decision-making and effective communication and to enable feedback loops across all levels of the system. Data driven decision-making strengthens implementation as it provides evidence for decisions based on analysis of actual data gathered. This takes the guesswork out of decisions; proposals for action or change can be examined in light of what has actually happened. It may also mean that further data needs to be gathered to investigate whether a particular direction should be taken or not.
The importance of policies and procedures

Policies and procedures will be needed to support governance and implementation of the Triple P Population Approach. It is important to note that staff must continue to abide by the policies and procedures of their own organisation as well as the additional policies and procedures developed by the initiative. It is advisable that the policies and procedures are drawn up in line with those of the employer organisations. MAPP found it helpful to use the HSE Procedures as a guide for developing policies and procedures. Policies and procedures need to meet existing legislative requirements e.g. data protection, health and safety etc.

When policies and procedures are agreed they should be communicated to all staff and partners. It is good governance to build in an annual review of policies and procedures, by developing a checklist which can be used with partner organisations as well as the core team and local area practitioners to ensure that everyone is familiar and compliant.

How to start talking with parents about Triple P

During Phase 3 you need to begin work on Triple P Level 1, which is all about communicating with the general public through a media strategy. The purpose is to de-stigmatise the idea of parenting support and to pave the way for parents to be more likely to access parenting help when they need it. Level 1 Triple P also aims to counter the parent-blaming messages that often appear in the media, and to provide handy hints about child-rearing to the broader population of parents e.g. Tipparent.

Triple P International supports include a range of promotional and editorial materials, a localised Triple P website for parents, a full-colour parenting newspaper, various brochures, posters and flyers, advertising billboards, newspaper adverts, support websites for Triple P practitioners, professionally written Triple P copy for use on websites or newsletters and media releases.

Your media strategy could include regular newspaper columns on parenting issues, radio interviews, participation in current affairs programmes, news or lifestyle programmes, public service announcements on both television and radio (conveying brief messages about positive parenting), production of newsletters, brochures and posters, and a telephone information line.
How will you know when you are ready for Phase 4?

1. Have you achieved the identified outcomes for Phase 3?

2. Have all of the questions in earlier Phases been addressed? Which ones do you consider essential to have fully in place before moving forward?

3. Have you reflected on any incomplete tasks from questions in Phase 2?

4. Have you reviewed your overall partnership readiness checklist and identified priorities for the next Phase?

5. Have you reflected on what you did well during this Phase?

6. Have you reflected on what you need to do differently?

7. Have you identified the ongoing and future challenges?

8. Have you a plan for addressing these and is external support needed for any of these?

9. Have you identified what you have learned from the process so far?
Phase 4

Getting going with delivery

Phase 4 involves continuing to recruit parents, getting going with the delivery of Levels 2, 3 and 4, and ongoing communication.

Outcomes to be achieved by the end of Phase 4

- Recruitment of parents will be planned and evaluated at core team and area team meetings.
- Parents will be recruited from a wide range of backgrounds, areas and socio-economic profiles, using a range of approaches.
- Additional resources will have been allocated to families with high levels of need.
- Practitioners will have set up and delivered Seminars (L2), Workshops (L3) and Groups (L4) according to plans and timetable developed at core team and local area team meetings.
- The initiative will have regular structured processes in place for performance management.
- Your area will have developed a communications plan and will be in the process of implementing and reviewing it regularly.

How to broaden the recruitment of parents

MAPP found that the recruitment of parents requires consistent effort, commitment and time from partners, core team and local area practitioners. It involves promoting the programme locally through media and relevant organisations, communicating key messages consistently and regularly to parents and local organisations, networking with local professionals, developing relationships with potential local champions. It involves getting out and about in your area, meeting people, explaining what the programme is about, what it has to offer and what the evidence says about the difference it can make in the lives of children and parents. It also includes the creative and active use of social media. MAPP’s experience indicates that it is particularly important to build relationships with the local public health nurses and to keep them aware of upcoming programmes. It is also important to build credibility and trust with school principals as the seminars in local schools are pivotal to reaching parents.
Recruitment of parents is seasonal and it is also related to whether it is early, mid or late implementation. Initially, it depends on the amount of work needed to build acceptance for the programme in an area and subsequently on whether you have reached optimum delivery in an area. The core team and area teams will regularly review their effectiveness in reaching parents and will plan fresh approaches to recruitment.

As the programme gets underway, communicating local everyday rather than dramatic stories is essential, as are the conversations among parents who give tips and recommend Triple P to one another. The practitioners need to seek permission from parents to email podcasts and other promotional material to them.

Partner organisations may have community workers in local areas who have established trust and key contacts. MAPP has found that they can help introduce Triple P to parents in particular subgroups of the population who may be relatively marginalised and their advocacy work is crucial in promoting Triple P locally.

Triple P is a programme that works and is proven to work with a range of cultures and languages. It is delivered in over 25 countries and translated into 19 different languages. Sometimes community workers are concerned that it won’t work with their parents but significant local and international evidence suggests that it will. Our experience in MAPP is that once we can access parents from a wide range of backgrounds, they find the programme acceptable, easy to follow, clear and effective and recommend it to other parents.

Generally no strategy works everywhere or all the time. Recruitment strategies need to be renewed and refreshed on an ongoing basis so as to maintain momentum.

**Setting up Triple P Programmes**

**How to set up Seminar (L2) Triple P**

Level 2 Triple P is a series of three 90-minute Seminars (L2). The delivery of Seminars (L2) is planned at the core team meetings and subsequently at area team meetings. It is important to have an integrated plan across the area for which seminars to deliver, where, when and how to prioritise delivery and avoid duplication.

MAPP has found that the best place to deliver the Seminars (L2) is in schools. The parents who attend are introduced to Triple P through the key principles of positive parenting and the practical tips for preparing a child for primary school. As the child moves from home to crèche to school it is important that children are receiving consistent messages to reinforce positive behaviours, encourage problem solving skills and to manage misbehaviour. Seminars (L2) are also an opportunity to promote Workshops (L3) and Groups (L4).

Seminar (L2) delivery is significantly enhanced by practitioners having experience in the delivery of Workshops (L3) and Groups (L4).
How to set up Workshop (L3) & Group (L4) Triple P

Level 3 consists of a choice of four two-hour Workshops (L3) and Level 4 is an eight week programme, including five two-hour group meetings and three individual telephone sessions.

Prior to the commencement of a Workshop (L3) or a Group (L4), practitioners need to choose a date and time for delivery. MAPP has found that morning programmes (10am-12; before parents collect their children from crèche) and evening programmes (beginning at 7.30pm or 8pm) work well for parents. The time and date will depend on the group of participants and also the opening times of venues.

A case study on recruitment

MAPP is continually trying out different approaches to recruitment, many of which have been successful. There follows a case study of a particularly effective approach to recruitment in one area.

A small town with a population of 4,700 approximately is located between two main towns where Triple P events take place almost continuously. MAPP had delivered very little Triple P in this town and had minimal contact there.

We decided to try a different approach; one of the core team practitioners targeted the area in a focused and concentrated way. She met with relevant contacts in the area and put posters up in the local GP surgeries, supermarkets, library, pharmacies, schools and preschools. When she began to research the area she realised that there were a lot of schools within an 8km radius, with large numbers of children in the three junior classes. She targeted nine schools with a total of 544 pupils between the ages of four and seven, meeting the principals and explaining the benefits of Triple P.

She held seminars in each school and as a result of this effort, she was able to set up 2 groups and a workshop which were well attended. Also a good relationship now exists with all school principals and most schools later held a seminar as part of their induction programme.
How to develop local area teams

When two or more core team and local area practitioners are delivering in the same geographical area it is recommended to set up a local area team which meets quarterly. This allows for a more coordinated local approach. It also supports new practitioners to co-deliver with their peers and to move to independent delivery. Each team will contain at least one core team practitioner who acts as mentor. The purpose of the local area team meeting is to:

- provide peer support and supervision for all practitioners
- coordinate and plan for effective, consistent local delivery
- develop team work at local level
- ensure and facilitate fidelity and quality
- support practitioners’ continuous professional development, confidence and competence.

There is a certain level of population that allows for a local area team to develop. In general most of the local area teams are built around a main town with population of 20,000 plus with a hinterland population of approximately another 20,000. There are some rural areas where this is not feasible or practical to do and population will be lower.

In terms of performance management once each local area team is established and annual agreed targets set, each team delivers independently given their local knowledge and expertise. This is supported through monthly coaching calls, monthly team meetings and through PASS (Peer Assisted Supervision and Support) at the quarterly local area team meetings. PASS is the Triple P professional development and peer support model which helps practitioners assess their strengths and refine their Triple P delivery. During PASS sessions, practitioners are expected to present cases, obtain feedback from other qualified practitioners, and continue to supplement their skills with continuing education. The PASS manual and checklist are available to trained practitioners through the Triple P website. It is important to note that while the programme facilitates the PASS model, this does not affect the employer organisation’s continuing responsibility for governance and supervision.

The local area teams are also engaged in regular communication and collaboration outside of the meetings. The local meetings can be aligned with the pattern of programme delivery. There are peaks and troughs in delivering the Group (L4) programme, which tend to follow the academic school calendar. There are usually four opportunities to deliver Group (L4), starting September to October (before mid-term break), November to December (before Christmas), January to March (before Easter) and April to June (before summer). These are key times in planning programmes within a local area team to make best use of resources and to ensure that parents are given equal access geographically. It also facilitates parents so that they can choose morning or evening delivery depending on their own family circumstances. The following Gantt chart for Year 1 is an example of the training and delivery work for the first year.
# Year 1 MAPP Triple P core team - a training and delivery calendar*

<table>
<thead>
<tr>
<th>Triple P delivery</th>
<th>preparation needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>normalising, destigmatising and recruitment**</td>
<td><strong>AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN</strong></td>
</tr>
<tr>
<td>practitioner training</td>
<td>group (L4)/workshop (L3) training</td>
</tr>
<tr>
<td>practitioner accreditation</td>
<td>group (L4)/workshop (L3) accreditation</td>
</tr>
<tr>
<td>plan workshops (L3)</td>
<td>deliver groups (L4); day and night groups offered</td>
</tr>
<tr>
<td></td>
<td>public workshop (L3) delivery***</td>
</tr>
<tr>
<td></td>
<td>other delivery all year round</td>
</tr>
<tr>
<td>plan seminars (L2)</td>
<td>training for seminars (L2)</td>
</tr>
<tr>
<td></td>
<td>plan local delivery of seminars (L2) for junior infants induction</td>
</tr>
<tr>
<td>core team meetings</td>
<td>meetings initially weekly for 6 months and moving to monthly</td>
</tr>
<tr>
<td>local area team meetings</td>
<td>establish meetings and continue on quarterly basis</td>
</tr>
</tbody>
</table>

* Development of the training and service delivery calendar follows approximately six months of initial implementation activity.

** Normalising, destigmatising and recruitment are ongoing.

*** Under each Phase of Workshops (L3) there will be day and night Workshops (L3) offered in each local area. As stand-alone Workshops (L3), they can be offered all year round but planned delivery is at these three Phases.
It is helpful to develop simple terms of reference for local area team meetings. Notice of local area team meetings is sent to both the practitioner and to their line manager. One core team practitioner, who acts as mentor, needs to take the lead in the local area team meetings, i.e. plan and send notification of meetings, facilitate meetings, record and circulate minutes, feedback learning and issues to the core team.

Local area teams can work together to promote the programme and increase recruitment of parents. Practitioners may have increased access to other forums or networks where Triple P can be promoted. Joint planning for local delivery and joint advertisement of all Workshops (L3) and Groups (L4) on one poster with multiple locations allows for a more coordinated and cohesive approach.

Teamwork is developed within the local area teams. While the practitioners come from different organisations, their commitment to delivering Triple P in a locality and supporting the development of and recruitment for the programmes becomes a unifying force within the local area teams. Working together as part of a core team and/or as part of a local area team are vital elements in the role of the practitioner. The principles of self-regulation, minimal sufficiency and outcomes focus are reflected in how the core team and local area teams function. While the core team members plan together, each local area team has the autonomy to select the level and type of delivery for their locality with a general sketch of what is needed and agreed at the core team level.

**Starting performance management**

During Phase 4 you will get started with performance management which includes all activities designed to ensure that goals are consistently being met in an effective and efficient manner: team meetings, coaching, supervision, personal development planning and training. It is a continuous process where managers and staff work together to plan, monitor and review the achievement of work goals. The coordinator supports core team practitioners through a regular, minuted individual support phone call every six weeks. These also identify emerging themes and provide an opportunity for a planned collective response.

The coordinator organises a personal development plan (PDP) session with each core team member once a year. Practitioners are asked to reflect over the past year and assess their own performance and participation as part of the core team prior to this meeting, identifying successes and challenges. The coordinator also reflects on each practitioner’s role, their delivery and contribution to core team development and initiative development over that time. Together, they discuss any practical supports the practitioner needs to assist them in their work, additional responsibilities they may be required to take on, areas they could consider for future development and any other issues arising. As practitioners gain more confidence and experience, an evolution of roles can be discussed during the personal development plan (PDP) process, such as taking a lead role for specific settings: crèches, schools, prisons etc.
Developing communications

Communication is an essential aspect of the work of the Triple P Population Approach at every Phase, given that the aim is to establish a demand-led, community-owned service with access for everyone. It is vital not to underestimate the importance of communication and the amount of time it takes. We recommend that you further develop your communications process which outlines what you want to achieve in relation to communication and how you will achieve it. The process should include ongoing internal communication to keep all teams informed of progress. It may be helpful to set up an initiative newsletter as a way of communicating among practitioners and with partners.

As well as the communication involved in Level 1 Triple P and the communication involved in recruiting parents and informing them about Seminars (L2), Workshops (L3) and Groups (L4), it is essential to have ongoing communication about the Triple P Population Approach. MAPP has divided communication activities into general and strategic.

General communication about Triple P on an ongoing basis takes more time than expected. Hearing a message once is not enough, it needs to be heard repeatedly and in different formats, and even at that it has a short shelf life. It is helpful to identify local champions who will promote the programme. Their message can be refreshed regularly with new stories and new information from those involved in the initiative. You can ask parents to help communicate the message about Triple P to their friends and neighbours, e.g. by sharing their own experience, by passing on Triple P business cards and by ‘liking’ posts on Facebook.

Communication occurs against the backdrop of many parents thinking that these programmes are for other parents and not for them. To make the programme relevant and acceptable to all parents, the initiative needs to communicate that there is something in the programme for every parent. The parents who are doing a good job are given the opportunity to confirm that they were doing a good job; those with minor concerns can develop skills for dealing with these, as can parents who have major concerns. Parents need to practice the skills they are learning; the practitioners promote this self-regulation process from the beginning.

Strategic communication is related to the sustainability of the Triple P Population Approach and how lessons learned can be conveyed to other areas of service delivery. It is important to make the messages relevant and useful, to keep up to date with current implementation thinking and current Triple P outcomes and developments. Strategic communication includes focusing on the branding of Triple P Population Approach to influence key stakeholders, policy makers and senior managers so that they understand what it is that you are doing and will keep you in mind in times of change. It is important to find out what the pressure points are out in the system and to see if the Triple P Population Approach can be a
way of providing an innovative cost-saving solution for statutory, community and voluntary organisations. It is important to communicate to these organisations how the Triple P Population Approach can help them to implement their policy and meet their regional and/or national objectives.

**Making sure your communication is effective**

The communication process should be reviewed at every core team meeting. It is difficult to ensure that the programme is communicating all of the information to all of the people who need to hear it, as there are so many different groups of people with an interest in the programme. It helps to have a structured way of looking at this, e.g. using a communications check-list.

It is worth bearing in mind that you never know where the information is going to end up and you may get many useful contacts through the ripple effect of presentations and talks. Ripple effect goes from parent to parent, school and community; it also goes from parents to practitioners and from there to local area teams, the core team, the partners, and other agencies. This generates new recruitment and linkages that the initiative may not even be aware of. As the ripple effect of communication is key to normalisation, de-stigmatisation and increasing help-seeking behavior, it needs to be fostered, captured and disseminated.

MAPP found it beneficial to access the support from Triple P International, e.g. Skype calls, connections with other sites delivering Triple P, and to maintain regular communication of stories from other sites to practitioners in order to generate a feeling of being part of something bigger and to encourage and sustain motivation and belief.
How will you know when you are ready for Phase 5?

1. Have you achieved the identified outcomes for Phase 4?
2. Have all of the questions in earlier Phases been addressed? Which ones do you consider essential to have fully in place before moving forward?
3. Have you reflected on any incomplete tasks from questions in Phase 3?
4. Have you reviewed your overall partnership readiness checklist, identified priorities going forward and considered any additional questions that need to be asked now?
5. Is the recruitment of parents regularly reviewed at core team and local area team meetings?
6. Do practitioners feel adequately prepared and supported to deliver the programme?
7. Have they adequate time and resources for recruitment, delivery, fidelity assessment and evaluation?
8. Have you developed local area teams?
9. Have you a comprehensive performance management system in place, which is reviewed annually?
10. Have you developed a communication plan, which is reviewed regularly?
11. Have you reflected on what you did well during this Phase?
12. Have you reflected on what you need to do differently?
13. Have you identified the ongoing and future challenges?
14. Have you a plan for addressing these and is external support needed for any of these?
15. Have you identified what you have learned from the process so far?
Phase 5

Delivering well and delivering better

By Phase 5 the Triple P Programme is up and running throughout the area and the focus is on maintaining and developing high-quality delivery as well as continually evolving in response to change and the lessons learned from the ongoing review of implementation and outcomes.

Outcomes to be achieved by the end of Phase 5

• The partnership and practitioners are able to self-manage: they are confident, accept responsibility for positive change and sustain their implementation of Triple P without significant ongoing support.

• The structures and processes that support high quality delivery and outcomes are maintained and developed: the partnership, the core team, local area teams, fidelity practices and evaluation.

• The initiative continues to learn from the ongoing review of structures and processes to ensure efficiency and effectiveness, including consistently high-quality delivery by competent and confident practitioners.

• The outcomes and lessons learned are documented and disseminated to parents, practitioners, partners, policy makers and other relevant organisations.

• The programme is well-known, respected and trusted in your area and the partnership continues to promote the Triple P Population Approach.

• The partnership and core team are aware of, and adapting to, changes in the environment.

• The partnership has assessed and made decisions about the need for expansion of the Triple P Population Approach.

• The long-term sustainability of the programme is secured.
How to ensure delivery quality

During Phases 2, 3 and 4 there is a relatively high level of support required to help practitioners become confident and competent as soon as possible. This will decrease over time but it is essential to maintain structures and processes for ensuring quality delivery, including:

• maintaining and developing the partnership
• maintaining and developing the core team
• maintaining and developing the local area teams
• maintaining adherence to fidelity measures and other policies and procedures
• maintaining quality practice through continual professional development and performance management.

How to maintain a well-functioning partnership

It is vital to keep an ongoing commitment to strengthening the partnership and maintaining and developing community connections. The partnership meets three or four times a year for updates, strategic planning and review. The coordinator needs to regularly communicate with the partner organisations in a manner that promotes trust. Relevant reports and any new learning or refreshed key messages should be disseminated within the partnership and if possible to new potential partnership organisations.

It is useful during Phase 5 to review the MOU and logic model. You will also need to review and update your plans for implementation, evaluation and communication in light of the lessons learned and plans for development. It is recommended that the coordinator meets individual partner organisations for an annual review with a view to renewing commitments for the coming year. Using the database, an individual practitioner’s work can be reported to the relevant partnership organisation. Details on delivery in particular areas or to particular communities can inform partner organisations. Each local area practitioner also reports regularly into their parent organisation on their work and targets.

Why continue to evaluate your work

It is important to continue monitoring and evaluating the work of the Triple P Population Approach to ensure that the intended benefits are realised. It also ensures that the initiative has the information required to make decisions in relation to optimum use of available resources. You will want to know:

• how well the Triple P Population Approach has worked
• what you need to look after
• what you need to change
• what, if anything has changed in the enabling environment
• what direction to take to move forward.
It is also necessary to be vigilant in relation to the management systems which support delivery to ensure they continue to support the ongoing work, e.g. by reviewing policies and procedures, the database etc.

It is helpful during this Phase to try to ensure that the strategies that guide delivery are mirrored in the culture of the partnership, core and local area teams, i.e. promoting and normalising help-seeking behaviour, recognising the ups and downs of endeavour, providing timely responses, providing empowering support and encouraging participation.

**Documenting and disseminating what you learn**

Regular documentation of the lessons learned, coupled with a watchful eye on any new questions arising for the programme, is essential. The findings from evaluation, internal or external, and any other learning emerging from implementation of the programme should be captured and collated in a variety of formats: evaluation reports, briefing papers, case studies, presentations, podcasts, booklets. These can then be disseminated widely to a range of audiences (parents, practitioners, partners and policy makers) with the purpose of increasing the number of parents participating in and benefiting from the programme, increasing the local and national evidence base for the programme, and supporting the future sustainability of and funding for the programme.

**How to continue promoting Triple P in your area**

- Use the local newspapers, publish articles about different topics of interest to parents (available from Triple P) and follow up with advertising about forthcoming Workshops (L3) and Groups (L4).
- Use social media, e.g. further promote Facebook page.
- Continue to develop the website so that programmes can be advertised and promoted and practitioners can link in for support, updates and professional development.
- At the end of Seminar (L2) and Workshop (L3) delivery it is important for practitioners to promote the Group (L4) programme or other levels of Triple P, as it may be relevant to parents who are attending that particular level. The level they are attending is an intervention in its own right. Some parents may identify the need to attend a higher level of support. Highlighting this at Seminars (L2) and Workshops (L3) supports parental self-regulation and minimal sufficiency. At the end of delivering Triple P always ask parents to share and promote the programme to friends and colleagues if they found it useful to their own families. Remember parent-to-parent referrals are the largest referral source.
- Each practitioner should build up an email database that can be used for regular communication about programmes, i.e. local area practitioners, professionals working in the area, schools and childcare facilities, GPs, newspaper bulletins, churches, schools committees, large employers, Chambers of Commerce and parent and toddler groups etc.
- Produce regular Tippapers, both print and electronic versions, with the latest in local parenting news, views, discussions of topical issues and local information, as well as lots...
of tips and ideas to make parenting easier. A Tippaper can also highlight local parents who share the joy and challenges of raising their own families and the changes they have implemented after attending one of the levels of Triple P. This is helpful for breaking down the stigma of attending parenting courses. The Tippaper also profiles some of the local area practitioners, their backgrounds, their experience of delivering Triple P and what they have to say about that. The Tippaper is free to parents and it is recommended that the organisation produces enough print copies so that each child from Junior Infants, Senior Infants and First Class receive a copy in their schoolbag at a key time of the year. Copies should also be distributed to local GPs, PHNs, health centres, childcare centres etc. The electronic version can be distributed through existing email databases, secondary schools text systems and social media.

**How to adapt to change**

The Triple P Population Approach works in an ever-changing environment, both internally and externally. There may be changing population needs, changes in national policy and legislation, changes in partners and practitioners, reduction or ending of funding, introduction of new programmes from Triple P, emerging evidence to work on particular topics or with specific groups. Partner organisations may experience changes in priorities, budget, structure and/or geographical areas; all of which can have implications for their involvement in the Triple P Population Approach.

It is important that the initiative holds true to its vision and principles and maintains the systems, structures and processes that ensure high quality delivery while responding flexibly to changes in the external and internal environment. There are often opportunities as well as challenges when there is change. It is important that the partnership is informed of, discusses and decides strategy in the face of all relevant change.

MAPP found that the core team structure was pivotal in ensuring that the initiative stays in touch with the coalface of delivery when adapting to change. The core team meetings as well as the partnership meetings are invaluable for talking out emerging issues and generating solutions.

**How to assess the scope for development**

After about two and a half years you will find that you have the capacity and confidence to expand delivery in either breadth or depth. By this time you’ll have a well-trained, competent implementation team with increased efficiency in delivery. You will also find that the available number of parents has decreased because you have delivered to a proportion of them already. Depending on the needs and priorities in your area, you may want to consider expanding the target age range for delivery (e.g. from 0-7 to 0-12) or introducing other Triple P Programmes: Teen Triple P for parents of adolescents up to 16; Stepping Stones
Triple P for parents of pre-adolescent children who have a disability; Lifestyle Triple P for parents of overweight or obese children aged 5-10. MAPP expanded to deliver teen Seminars (L2) and Groups (L4).

While the primary purpose of expansion is to meet the needs of the children and parents in your area, it is also beneficial to the practitioners because it allows them to further enhance their skills and to use them with a new population.

You may also consider whether to use the general capacity and skills your teams have developed to implement other outcomes-focused service improvements.

**How to continue working on sustainability**

While it is essential to plan for sustainability right from the start and to build it into all phases of implementation, it is likely that you will have more time to concentrate on the long-term future of the Triple P Population Approach during Phase 5.

Sustainability can be achieved through a number of activities:
- develop a shared focus and vision among partner organisations. This will result in significant efficiencies and focus of local capacity which, at a time of reduction in resources and financial constraints, will be critical to sustainability.
- maintain ongoing commitments from the public sector and the community and voluntary organisations within and external to the existing partnership.
- ensure that the implementation of the programme aligns and links with partner organisational policy and service planning priorities.
- add new organisations to the partnership.
- communicate the outcomes of your programme widely.
- regularly review what makes the Triple P Population Approach more acceptable, accessible, efficient and effective.
- increase the number of parents participating in and benefiting from the programme.
- add to the local and national evidence base for the programme.
- expand delivery and expand programmes being delivered in response to the needs of parents in your area.
- continue to reorientate resources, including staff, within the partner organisations.
- develop the core team into an implementation support resource.

**In summary**

There will inevitably be implementation challenges along the way. If your use of this model is guided by the principles of self regulation and minimal sufficiency and you focus firmly on outcomes, we believe you will achieve the desired outcomes for parents and children, practitioners and partner organisations.
How will you know if you are delivering well and delivering better?

1. Have you developed effective ways of sharing with parents, practitioners and partners the learning that emerges from the day-to-day delivery and management?

2. Is this learning used to inform ongoing implementation?

3. Do you document your ongoing learning from evaluation and do you disseminate it locally and nationally?

4. Do you annually review the functioning of the partnership, core team and local area teams, to ensure high-quality delivery?

5. Do you annually review all your systems to ensure high-quality delivery, e.g. fidelity measures, data management, performance management and other policies and procedures?

6. Do you identify and reflect on internal and external changes and adapt accordingly?

7. Have you assessed the scope for further development of the Triple P Population Approach?

8. Have you achieved sustainability or are you implementing a realistic plan for sustainability?
References


Implementation resources

Midland Area Parenting Partnership (reports and videos) www.mapp.ie

Triple P MAPP site https://www.triplep-positivemarriage.net/

Triple P Positive Parenting Programme www.triplep.net

Centre for Effective Services www.effectiveservices.org

The National Implementation Research Network (NIRN) http://nirn.fpg.unc.edu/

Engineers Without Borders https://www.ewb.ca/ideas/admitting-failure-o

The NIRN review of the implementation of Triple P in North Carolina

An Integrated Stage-Based Framework for Implementation of Early Childhood Programs and Systems


## Phase summary with relevant audiences

### Phase 1 *Getting together* pp 17–25

<table>
<thead>
<tr>
<th>parents</th>
<th>managers/practitioners</th>
<th>partnership</th>
<th>local services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• initial consultation and needs analysis</td>
<td>• initial driver in place</td>
<td>• info and consultation meetings</td>
<td>• identify relevant service</td>
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<tr>
<td></td>
<td>• increase understanding of evidence based programmes and population approach</td>
<td>• demonstrate how Triple P is aligned to key policies</td>
<td>• awareness raising of initiative</td>
</tr>
<tr>
<td></td>
<td>• increase understanding of evidence based programmes and population approach</td>
<td>• prevention, early and clinical intervention interplay</td>
<td>• recruit services to promote, support and facilitate implementation of programme</td>
</tr>
<tr>
<td></td>
<td>• demonstrate how Triple P is aligned to key policies</td>
<td>• audit of services available and resources committed locally</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• prevention, early and clinical intervention interplay</td>
<td>• outline key principles, commitment, potential outcomes and costs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• audit of services available and resources committed locally</td>
<td>• assess organisational and partnership readiness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• outline key principles, commitment, potential outcomes and costs.</td>
<td>• organisations interested in progressing TPPA discussion</td>
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</tbody>
</table>

### Phase 2 *Getting started with structures* pp 26–37

<table>
<thead>
<tr>
<th>parents</th>
<th>managers/practitioners</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>• include Triple P in organisational planning and delivery</td>
<td>• identify relevant service</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• develop MoU</td>
<td>• awareness raising of initiative</td>
<td></td>
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<tr>
<td></td>
<td>• develop Logic Model</td>
<td>• recruit services to promote, support and facilitate implementation of programme</td>
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<tr>
<td></td>
<td>• develop implementation and evaluation plans</td>
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<td></td>
<td>• agree and where necessary develop policies and procedures</td>
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<td></td>
<td>• develop referral pathways</td>
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<td></td>
<td>• sustainability planning</td>
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<tr>
<td></td>
<td>• implementation support</td>
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</table>
### Phase 3  Getting ready for delivery pp 38-49

<table>
<thead>
<tr>
<th>parents</th>
<th>managers/practitioners</th>
<th>partnership</th>
<th>local services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• promote Triple P through destigmatising and normalising phases</td>
<td>• coordinators work with core team and core teams work with local area practitioners; reflects the three guiding principles</td>
<td>• delivery targets</td>
<td>• support and distribute communications re normalising, destigmatising and impacting on help seeking behaviour</td>
</tr>
<tr>
<td>• offer of programmes to parents reflects the three guiding principles</td>
<td>• core team established</td>
<td>• practitioner recruitment</td>
<td>• core team present key messages to local service</td>
</tr>
<tr>
<td>• feedback to and from parents</td>
<td>• practitione induction</td>
<td>• partners to be informed on progress and challenges through regular partnership meetings, individual partner meetings and annual reviews.</td>
<td>• develop recruitment pathways</td>
</tr>
</tbody>
</table>

| | | | |
| • rational for delivery age range and targets, no screening – prevention, early and clinical intervention | • practitioner training — admin staff observe | • promote, advocate and advertise Triple P | |
| • admin staff training | • admin staff training | • community launch of project | |
| • social media and parent recruitment engagement strategies | • start delivery | | |
| • start delivery | • coaching mentoring and feedback to local practitioner | | |
| • using data and evidence for decision making | • using data and evidence for decision making | | |
| • coordinate core team delivery | • coordinate core team delivery | | |
| • engagement with partners and local services through regular feedback | • engagement with partners and local services through regular feedback | | |
| • develop recruitment pathways | • develop recruitment pathways | | |
| • develop database | • develop database | | |
| • develop key roles in the project | • develop key roles in the project | | |

**Phase Summary with Relevant Audiences**  
69
## Phase summary with relevant audiences

### Phase 4 **Getting going with delivery** pp 50-59

<table>
<thead>
<tr>
<th>parents</th>
<th>managers/practitioners</th>
<th>partnership</th>
<th>local services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• develop media strategy eg Tip paper, newspaper articles, facebook, fliers</td>
<td>• further develop core team mentoring capacity</td>
<td>• document and share learnings</td>
<td>• promote recruitment</td>
</tr>
<tr>
<td>• feedback to and from parents</td>
<td>• develop and support local area teams</td>
<td>• disseminate findings and outcomes from programme delivery</td>
<td>• continue to promote and advertise initiative to local services</td>
</tr>
<tr>
<td>• more resources allocated to families with higher level of need</td>
<td>• building community contacts to increase recruitment</td>
<td>• develop regular feedback loops with partners re targets, delivery and outcomes</td>
<td>• feedback loop to and from local services to core team</td>
</tr>
<tr>
<td>• promote Triple P through destigmatising and normalising phases</td>
<td>• fidelity checks</td>
<td>• regular meetings of partnership</td>
<td></td>
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<tr>
<td></td>
<td>• evolution of calendar to suit practitioner capacity and community needs</td>
<td>• network with relevant statutory voluntary and community organisations locally, nationally and regionally</td>
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<td></td>
<td>• performance management</td>
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<td></td>
<td>• increased focus on communication</td>
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<tr>
<td></td>
<td>• network with relevant statutory voluntary and community organisations locally, nationally and regionally</td>
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<td></td>
<td>• quality delivery</td>
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<td></td>
<td>• attendance at core team and local area meetings</td>
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<td></td>
<td>• continued development of recruitment pathways</td>
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<td></td>
<td>• continuous engagement with services through regular feedback and presentations at sector/discipline meetings</td>
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<tr>
<td></td>
<td>• ongoing strategic planning and reviewing</td>
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<td></td>
<td>• develop regular feedback loops with partners re targets, delivery and outcomes</td>
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<tr>
<td></td>
<td>• matching of leadership roles for practitioners with specific recruitment pathways and parenting needs</td>
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### Phase 5 **Delivering well and delivering better** pp 60-65

<table>
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<th>managers/practitioners</th>
<th>partnership</th>
<th>local services</th>
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</thead>
<tbody>
<tr>
<td>• continued research into how parents can be supported to access Triple P</td>
<td>• quality delivery</td>
<td>• ongoing strategic and sustainability planning and reviewing</td>
<td>• continued development of recruitment pathways</td>
</tr>
<tr>
<td>• feedback to and from parents</td>
<td>• attendance at core team and local area meetings</td>
<td>• document and share learnings</td>
<td>• continuous engagement with services through regular feedback and presentations at sector/discipline meetings</td>
</tr>
<tr>
<td>• more resources allocated to families with higher level of need</td>
<td>• continued development of recruitment pathways</td>
<td>• disseminate findings and outcomes from programme delivery.</td>
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<tr>
<td>• promote Triple P through destigmatising and normalising phases</td>
<td>• continuous engagement with services through regular feedback and presentations at sector/discipline meetings</td>
<td>• regular meetings of partnership</td>
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70 GETTING STARTED GETTING BETTER
**Glossary**

The **Coordinator** has responsibility for planning and management of the programme in conjunction with the core team.

The **core team** is a regional team which includes all the practitioners who work on a three to five day basis, as well as the coordinator and administrator. This team is responsible for day to day programme management and delivery.

**Core team practitioners** work for the programme at least three days per week, recruiting parents, delivering the programme, gathering data and mentoring new practitioners or practitioners who deliver less frequently.

An **Enabling environment** includes all the factors that support the Triple P Population Approach, including readiness of parents, staff and managers of local statutory, community and voluntary organisations, funding opportunities, national policies.

An **Evaluation plan** identifies how you will evaluate the programme, including which information you will collect, and how, where and when you’ll collect it. It identifies those responsible for carrying out the plan, timelines and budget.

An **Evidence-based programme** is one that has been consistently shown to produce positive results by independent research studies.

**Fidelity** indicates the extent to which the programme is delivered as intended and supported by the evidence base.

An **Implementation plan** is a detailed plan of the essential milestones to be achieved with a clear timeline and defined roles, responsibilities, authority and accountability.

The **Initiative driver** is an initiative developer from one of the local organisations who has the authority and the capacity to assess and develop interest in the Triple P Population Approach (TPPA) among relevant services in the area.

The **Initiative** is the implementation of Triple P Population Approach.

A **Local area team** comprises a core team practitioner who acts as mentor together with the local area practitioners who deliver in the particular geographical area.

**Local area practitioners** are staff provided to deliver the programme at least one day a week by partner organisations.

A **Logic model** is a visual representation of the overall plan for the programme detailing the outputs (an account of activities provided) and the outcomes (the changes you expect to see for children and parents).

**Minimal sufficiency** means that the level of support may be decreased or increased to match the needs and available resources.

**Outcomes focus** means that you are always keeping the outcomes for children and families you want to achieve in mind when planning and implementing the programme.

**Partnership** means a collaboration of committed organisations that pool resources for delivery of the programme to achieve a collective impact.
Peer Assisted Supervision and Support (PASS) is the Triple P professional development and peer support model. It helps practitioners assess their strengths and refine their Triple P delivery.

Performance Management includes team meetings, coaching, supervision, PASS, personal development planning, training, i.e. all activities designed to ensure that goals are consistently being met in an effective and efficient manner.

Population approach means offering all families in the area access to different levels of the Triple P Programme according to their needs.

Proportional universalism 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 can self-select the support they require.

Reorientation means that the programme will be supported and implemented by the existing organisations in your area from within their existing budgets and staff. This may mean that organisations have to make choices about letting other pieces of work go, in favour of an evidence-based population approach to parenting.

Self-regulation is the ability to act in our long-term best interest, consistent with our values. It means taking the appropriate amount of responsibility that will help us to move to being independent, confident and competent.

Subcommittees of the partnership are a way of engaging personnel from both partnership and core team. They take responsibility for work between meetings on specific areas such as finance, policies and procedures etc.

Sustainability is the capacity of an initiative to be maintained in the long-term and to become ‘business as usual’.

A Theory of Change specifies the outcomes, i.e. the changes you expect to see for individual children, parents, families or communities, or for the wider system and explains the structures, process and linkages that are required to bring about this change.

Triple P is an evidence-based, multi-level positive parenting programme for parents of children aged 0-16. It incorporates five levels of intervention of increasing strength, each designed to suit a more narrowly defined target population. The five levels are:

- **Level 1 (Media & Communication L1)** involves a social marketing campaign to promote positive parenting and increase receptivity to parenting programmes.
- **Level 2 (Seminar L2)** is a series of three 90-minute open seminar presentations promoted among the whole population.
- **Level 3 (Workshop L3)** comprises a choice of four two-hour workshops, offered as a deeper engagement and including practice skills. These are called ‘discussion groups’ in the original Triple P Programme and were renamed Workshops for MAPP delivery to avoid confusion.
- **Level 4 (Group L4)** 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. MAPP proposes that this level of delivery is best sited within existing clinical services where a range of supports is available.
Getting started – Getting better
Triple P for every parent
A guide to implementation in Ireland

What we learned
activity doesn’t equal achievement
change doesn’t equal progress
quality implementation leads to better outcomes