

TRIPLE P INTRODUCTORY GUIDE

TRIPLE P – POSITIVE PARENTING PROGRAM®

United States — Valid to 30 June 2025



To our valued present and future collaborators:

Our country has faced significant events during the past few years and families continue to face considerable challenges and stressors.

Despite these challenges, we have witnessed remarkable resilience in families and communities, and we are encouraged by the movement to “do things differently”, with an increasing recognition of the importance of prevention in solving complex issues.

We are grateful for all of our partners and for the substantial and meaningful work being done, adapting systems of care to better support parents. It is having an impact.

Our team at Triple P values the opportunity to work with you to reinforce the importance of supporting families. We recognize the critical role in offering preventative strategies to help meet your community's need for immediate provision of services to address issues before they can escalate.

Our commitment

- Partnering with communities to build strong support networks
- Providing parenting supports at the right amount, right time, and right place
- Upholding our core value of being "for every parent"
- Commitment to listening, self-examining, and taking action

We believe

- Every child deserves to grow up in a safe, stable, and nurturing environment
- Every family deserves the opportunity to thrive.
- Equitable opportunities should be available for all

This Triple P Information Guide will provide further insight into Triple P’s work and methodologies. We acknowledge that you are the experts in your community. Each implementation will be unique to the families you serve.

For those not already implementing Triple P, we would be honored to work with you to explore how Triple P can best fit within your community, and how we can provide you and your families with parenting supports at the right amount, right time and right place.

Kind Regards,



Bradley Thomas

Chief Executive Officer
Triple P America

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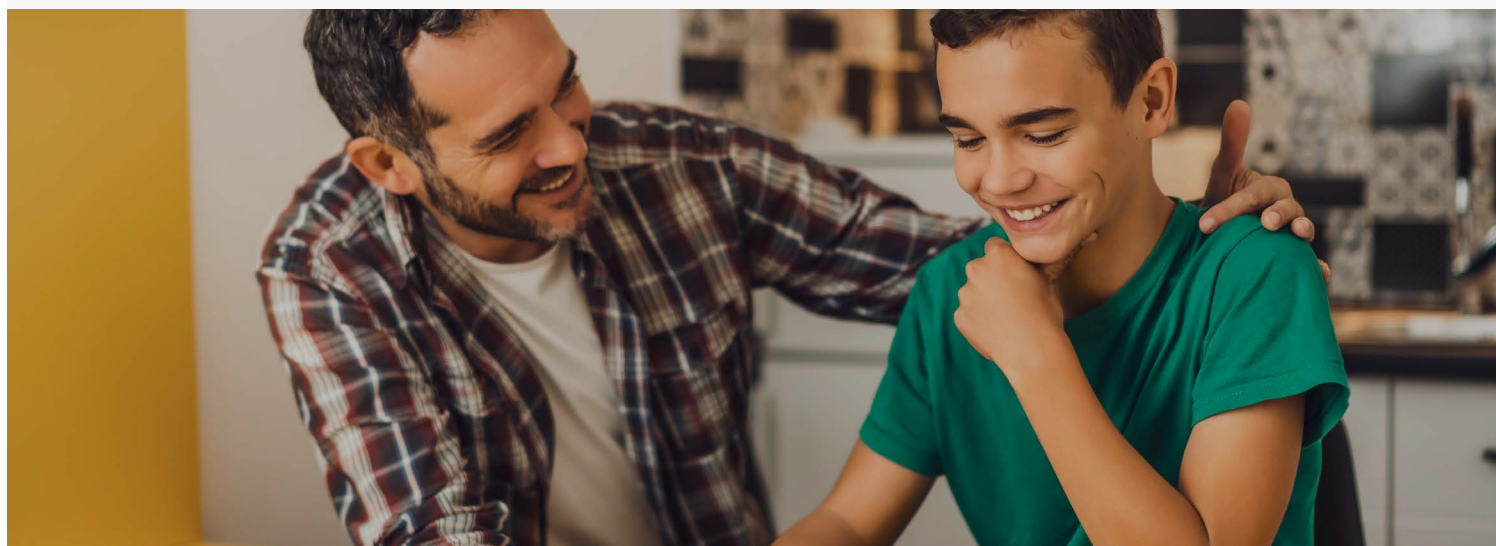
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OVERVIEW

Parenting influences all aspects of children's development. The day-to-day, moment-to-moment interactions between parents and their children have a sustained impact on children's well-being and quality of life. The positive parenting advantage cascades to all facets of life, including mental and physical health, learning opportunities, peer and couple relationships and work satisfaction.

The Triple P – Positive Parenting Program® (Triple P) is one of the most effective and best-known positive parenting systems in the world. Its range of programs gives parents simple, practical strategies to build strong, healthy relationships, confidently manage children's behavior and prevent problems developing.

In relation to Triple P, the word “parent” refers to any person who is a biological parent, adoptive parent, guardian, caregiver, or who is otherwise acting in a parental role.

Parents who participate in Triple P set their own goals and use the strategies and skills in their own style. With varying levels of support available, Triple P can be tailored to the needs of every family situation providing for those who need a lot of support as well as those who need only a little.



The Triple P system is a suite of interventions of increasing intensity for families with children aged up to 16 years. Each level of the system can be delivered in a range of ways including one-to-one, small groups, large groups, or online. Triple P program and support packages are available for individual practitioners, organizations, and population-based implementations involving multiple cross-sector partnerships.

The Triple P Implementation Framework (TPIF) provides guidance for those implementing Triple P and follows the key principles of Triple P — self-regulation and minimal sufficiency. Using the TPIF, Triple P Implementation Consultants (ICs) work in partnership with organizations to ensure that the implementation process is smooth, timely, and responds to the needs and constraints of the implementing organization and communities.

Key principles of Triple P

- Minimal Sufficiency: providing just enough support or the least intensive intervention to help reach goals for change.
- Self-regulation: having sufficient skills and knowledge to independently set and meet goals for change, as needed.

For over a decade, Triple P America Inc. (TPA) has partnered with governments, agencies and nonprofits, and helped individual practitioners to get the best results from their family support initiatives. TPA uses its knowledge and experience of the Triple P system and its delivery, to support agencies and individuals as they plan for, train in and implement Triple P. TPA is a Certified B Corporation®, meeting the highest standards of social and environmental performance, transparency and accountability.

WHY IS PARENTING SO IMPORTANT?

Positive parenting influences developmental capacities, including speech, language, social skills, peer relationships, emotion regulation, sustained attention, problem solving and physical health.



The last few years have seen families experience persistent uncertainty and threat of illness, paired with public health measures such as school closures, disrupted routines and limited social interactions. These measures have impacted the typical development in children at a critical time for growth in social, emotional and behavioral regulation skills¹. Parents are uniquely positioned to help children develop emotion regulation skills through the use of positive parenting strategies¹, allowing children to cope better with stress and uncertainty², and leading to increases in child wellbeing¹.

WHY INTRODUCE A PARENTING SUPPORT STRATEGY?

Parenting programs are proven to be effective in reducing child maltreatment and negative parenting practices such as ineffective behavior management³, and offer substantial long-term benefits by equipping parents with the knowledge, skills, and resources to foster healthy child development and well-being⁴. Supporting the social and emotional competence of children is a primary aim for Triple P and is accomplished by providing parents with a toolkit of evidence-proven strategies, so that they can parent confidently and competently.

The quality of parenting and the parent-child relationship is one of the most significant, yet most readily modifiable, risk factors that can impact child mental illness⁵. Triple P has demonstrated significant benefits for both child and parent mental health and wellbeing. Evaluations of Triple P show it's effective in supporting parents experiencing mental illnesses including depression and anxiety. Triple P is also proven to be effective for parents of children with mental health problems such as anxiety, conduct disorder and ADHD.

Improving the competence and confidence of parents can address risk and protective factors in the home and help raise resilient and mentally healthy children⁶. Triple P programs are aligned to the principle of proportionate universalism¹, providing every family with some degree of support, with those most in need receiving more help, and are designed to be adaptable, flexible, and cross-culturally robust.

Anticipated benefits for children:

- Increased quality of parent-child attachment.
- Increased pro-social behavior and emotional wellbeing.
- Less likely to be victims of child abuse and neglect.
- Higher levels of school readiness (i.e. social, emotional and language competence).
- Fewer will follow a developmental trajectory to poor adolescent outcomes such as health risk behaviors, substance abuse and juvenile offending.

Anticipated benefits for parents:

- More confidence, skill, and knowledge about raising children.
- More positive interactions with their children.
- Improved depression, stress or anxiety levels.
- Improvements in couple conflict over parenting issues (two-parent families).
- Improvements in parental conflict and co-parenting (in separated or divorced families).
- Improved work and family balance.

Anticipated benefits for communities:

- Less stigma associated with seeking parenting support.
- Common language for and increased access to parenting support.
- Reductions in child out-of-home placements.
- Reductions in hospital-treated maltreatment injuries.
- Reductions in child maltreatment cases.
- Improvements in psychosocial adjustment of children across the community.

EARLY INTERVENTION WITH PARENTING SUPPORT

Triple P is designed to be with parents on every step of their journey, providing help and guidance to families when they need it.

The first 1,000 days, between conception and age two, are crucial for a child's development. During this time a child's brain is developing and growing rapidly, making it at its most vulnerable to external influences and experiences.⁷ Support in these first 1,000 days can enhance physical, developmental, and mental health outcomes for children.^{8,9}

Growing Up in Australia: The Longitudinal Study of Australian Children (LSAC) is a major study following the development of 10,000 young people and their families from all parts of Australia. The study began in 2003, and examines a broad range of [research questions](#) about development and wellbeing over the life course in relation to topics such as parenting, family, peers, education, child care and health. One of the topics explored the relationship between family environment and child outcomes. It found significant and consistent associations between children's social and emotional wellbeing and their family environment. It also found that improvements in the family environment (increases in parental warmth and involvement, and decreases in anger and conflict), resulted in increases in child prosocial behavior and decreases in problem behavior.¹⁰

Promoting children's self-control is as important as providing children with a safe and loving environment, as shown in the Dunedin Multidisciplinary Health and Development Study. The Dunedin Study¹¹ followed a cohort of 1,037 children from birth (born 1972-1973). After almost 40 years, the study found the level of a child's self-control (first measured at age 3) predicted their health, wealth and criminality at age 32. Children who had low self-control showed higher rates at age 32 of:

- Metabolic abnormalities (e.g. obesity, blood pressure, cholesterol).
- Periodontal disease, stroke and neurovascular disease.
- Dependence on tobacco, alcohol, cannabis and other substances.
- Criminal convictions.

They also earned less money, were less oriented towards saving and had accrued fewer assets than the high self-control participants. Self-regulation in young children has also been linked to school readiness and academic achievement.¹² The Dunedin Study also found when a child's self-control improved with age, they tended to have better adult outcomes.¹³

From 1995 to 1997 Kaiser Permanente San Diego, a Health Maintenance Organisation, along with the US Centers for Disease Control and Prevention (CDC), conducted the initial phase of The Adverse Childhood Experiences (ACEs) Study¹⁴.

The ACEs categories studied:

- Abuse (emotional, physical, sexual).
- Neglect (emotional, physical).
- Household dysfunction (mother treated violently, parental separation or divorce, household substance abuse, household mental illness, incarcerated household member).

The results found a graded relationship between the number of categories experienced and adult health risk behaviors and diseases.

A person with four or more Adverse Childhood Experiences is:



Harsh and inconsistent parenting increases the risk of child maltreatment and the development of serious social, emotional and behavioral problems in childhood and later in life.^{8,15,16} Poor parenting practices are associated with an increased risk of children developing emotional and behavioral difficulties¹⁷, including conduct problems, depression, and anxiety^{18,19}. They also increase the risk of engaging in juvenile crime²⁰ and in dangerous behaviors such as drug and alcohol abuse²¹ and risky sexual behavior²². Director of the US Crimes against Children Research Center, Professor David Finkelhor, suggests that one of the most important hypotheses prompted by ACEs research is that prevention of childhood adversities may have substantial population level health benefits²³.

The recent [Australian Child Maltreatment Study \(ACMS\)](#) surveyed 8503 randomly selected Australians (aged 16-65+), including an oversample of 3,500 young people aged 16-24. Overall findings demonstrated high prevalence of ACE exposure, with 62.2% of the Australian population

having had experienced at least one type of child maltreatment, and approximately 1 in 4 Australians having experienced 3-5 different types of maltreatment.²⁴

A recent Australian report on Childhood Adversity and Mental Health named Triple P as one of only two programs to be given a “very high” evidence rating in review of 26 interventions designed to prevent or reduce the negative effects of Adverse Childhood Experiences (ACEs). The report concluded that Triple P is “effective across different settings including schools, community-settings or households” and “there is evidence of cost-effectiveness at reducing child behavioral and emotional problems and promoting effective parenting.”²⁵

Triple P gives parents clear strategies to respond to their child’s needs and remain calm, promoting attachment as children learn and meet developmental milestones. Triple P recognizes attachment as being a continuous process across all developmental stages. Programs support parents to develop specific skills to develop positive relationships with their children, create a safe and predictable environment, and consistently respond to day-to-day issues calmly, and without coercive parenting strategies. Triple P programs are safe and effective tools to use as part of a Trauma-Informed Approach, as they closely align with the five key principles: Empowerment, Choice, Collaboration, Safety and Trustworthiness. Triple P encourages parents to create a nurturing environment, allowing children to grow in a safe, predictable and loving home.

“WHAT I LOVE MOST ABOUT TRIPLE P IS HOW IT ALLOWS PARENTS TO DETERMINE WHAT WORKS BEST FOR THEM AND THEIR FAMILY. I ALSO APPRECIATE THAT TRIPLE P RECOGNIZES THERE’S GOING TO BE TIMES WHERE CHILDREN ARE GOING TO MISBEHAVE OR HAVE UNFAVORABLE BEHAVIORS, BUT WANTS TO PROVIDE PARENTS WITH RESOURCES TO MINIMIZE THAT.”

VELVET TYNDALL
PARENTS AS TEACHERS EDUCATOR
LENOIR COUNTY CENTER
NORTH CAROLINA

WHAT IS THE TRIPLE P SYSTEM?

Triple P has been shown to prevent and treat behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. Triple P achieves this through a strength-based and self-reflective approach that builds on existing parenting skills. The flexibility and scope of the system enables it to be offered in a variety of settings with a diverse range of practitioners and populations.

Using the key principles of minimal sufficiency and self-regulation, support is tailored to each family's needs, with the ultimate goal of developing self-regulation in parents and children.

Building a parent's ability to self-regulate decreases parental stress and depression as well as children's vulnerability to emotional and behavioral problems.²⁶

UNDERSTANDING THE TRIPLE P SYSTEM

Triple P programs are classified through a five-level system that addresses service intensity (i.e. the level of support parents may need) and how parents access this support (e.g. one-to-one, groups, online).

Level 1 is a communications strategy that aims to raise awareness of parenting issues and destigmatize asking for parenting help. Levels 2–4 provide direct support to parents at increasing levels of intensity and in different formats, including additional childhood programs to help parents manage their children's anxiety. Level 2 is a "light touch" intervention providing brief assistance to parents who are generally coping well but have one or two concerns with their child's behavior or development. Level 3 is a targeted support for parents of a child with mild to moderate behavioral difficulties. Level 4 is for parents of children with moderate/severe behavioral difficulties or those interested in gaining a more in-depth understanding of Positive Parenting. Level 5 addresses issues that complicate parenting (e.g. partner conflict, stress, anger management, risk of child maltreatment, separation or divorce) and a program to help parents with children who are overweight or obese.

Triple P Online (0-12 years, 10-16 years, Fear-Less and Baby) expands the potential reach of parenting support in communities and offers a responsive alternative for parents seeking guidance. Triple P Online can be used as:

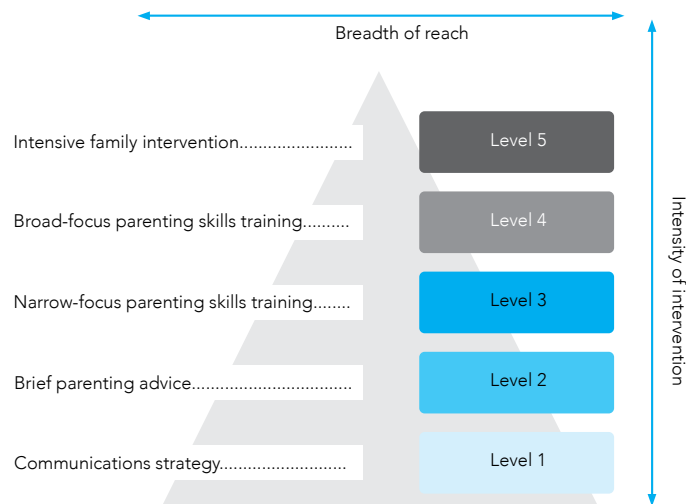
- A referral option to meet the needs of families.
- Part of a mixed delivery strategy, where the parent completes the online program and a Triple P provider gives additional support.
- An adjunct to Level 4 Triple P delivery (e.g. for partners who can't attend in-person sessions).
- A way to provide support for every parent, removing barriers to access, such as transportation, childcare, or availability of services.

The Positive Early Childhood Education (PECE) Program introduces educators to equivalent strategies to those in Triple P, tailored for situations found in early learning settings. The PECE Program is designed to build a common language between educators and parents using Triple P.

Each Triple P program is provided to parents as a separate intervention, and a population or targeted approach can be built from combinations of courses, based on community needs and initiative goals. Triple P programs can be delivered via video conference or in-person.* See Appendix B for a summary of all courses in the Triple P system.

* In-person is an option in some instances. Please contact your IC for more information.

The Triple P system



THE TRIPLE P EVIDENCE BASE

Triple P has been ranked by the United Nations as the world's most extensively researched family skills training program.²⁷ Triple P is backed by over 40 years of ongoing research carried out by more than 550 academic and research institutions around the world. Researchers from 42 countries have published more than 800 theoretical papers, clinical trials, meta-analyses, and population trials.

See The University of Queensland, Parenting and Family Support Centre's website at pfsc-evidence.psy.uq.edu.au to access studies published about Triple P. To discuss research relevant to your sector please contact your local Triple P office.

EVIDENCE-INFORMED VS EVIDENCE-BASED^{28,29,30}

Evidence-based programs have been demonstrated through rigorous scientific testing and satisfy requirements, including: have a clear structure and materials that allow for implementation fidelity; can be replicated; have clearly identified theoretical foundations; show it achieves the outcomes for which it was designed to achieve; and, at the highest level of evidence, has been found efficacious in controlled clinical trials.

Evidence-informed programs draw from relevant research and practice knowledge but have not been evaluated specifically under rigorous scientific conditions.

"THE SINGLE MOST IMPORTANT THING WE CAN DO TO PREVENT SERIOUS BEHAVIORAL AND EMOTIONAL PROBLEMS AND ABUSE OF CHILDREN IS TO HELP PARENTS IN THE MOST IMPORTANT JOB IN THE WORLD: RAISING THE NEXT GENERATION."

PROFESSOR MATT SANDERS
FOUNDER, TRIPLE P – POSITIVE
PARENTING PROGRAM®



410+ EVALUATION
STUDIES



WORKS
ACROSS DIVERSE
CULTURAL,
LINGUISTIC AND
GEOGRAPHIC
COMMUNITIES



IMPROVES
HEALTH AND
WELLBEING FOR
PARENTS AND
CHILDREN



IMPROVES
CHILD BEHAVIOR



190+ RANDOMIZED
CONTROLLED
TRIALS



WHY INVEST IN TRIPLE P?

Without support for parents, we can expect increases in child and family issues as we deal with ongoing social challenges from COVID-19 now and in the future. These issues carry large personal costs for families, and long-term social and economic costs at scale. More than ever, parents need support to build resilience within their family and community.

Triple P's programs provide flexibility for parents, practitioners, organizations and governments, and its implementation can be tailored to the needs of an entire community, a targeted group or for individual practitioners. The Triple P system is consistent with the principle of proportionate universalism³¹ and can go to scale simply and cost efficiently.

A POPULATION HEALTH APPROACH

To achieve a meaningful, population-level change in family resilience and functioning, and in children's emotional and behavioral outcomes, a population health approach to parenting offers a powerful solution.

The Triple P system is consistent with the principle of proportionate universalism, where every family gets some degree of support, and those most in need get the most help. It can be delivered from universal access points including community health services, schools, early-years settings, the voluntary sector and local government service providers.

A population-level approach to increasing parenting skills aims to provide parenting information and support to every family in a community, to produce change at a whole-of-population level.³²

Triple P Online programs can function as part of the Triple P system or as a standalone solution to reduce waiting lists for existing services. The web-based program should be considered by organizations and governments interested in a community-wide approach as a pathway from lighter interventions to more intensive levels of support.

Taking a community-wide approach to parenting support can be achieved in different ways depending on the needs of the community. It can be adopted across a large region or as a starting point within a single organization. A Triple P Implementation Consultant (IC) can work with local stakeholders to develop a community-based approach to implementing Triple P.

"TRIPLE P IS A GREAT PROGRAM. TO MY MIND, IT IS THE BEST IN THE WORLD AT ADDRESSING THE NEEDS OF THE WHOLE COMMUNITY. THE DIFFERENT COMPONENTS ARE CAREFULLY TAILORED TO THE NEEDS OF A RANGE OF PARENTS. THE CONTENT IS BASED ON BEST SCIENTIFIC PRACTICE, AND IS ACCESSIBLE AND FUN. ABOVE ALL, IT HAS BEEN PROVEN IN NUMEROUS CONTROLLED TRIALS TO BE HIGHLY EFFECTIVE."

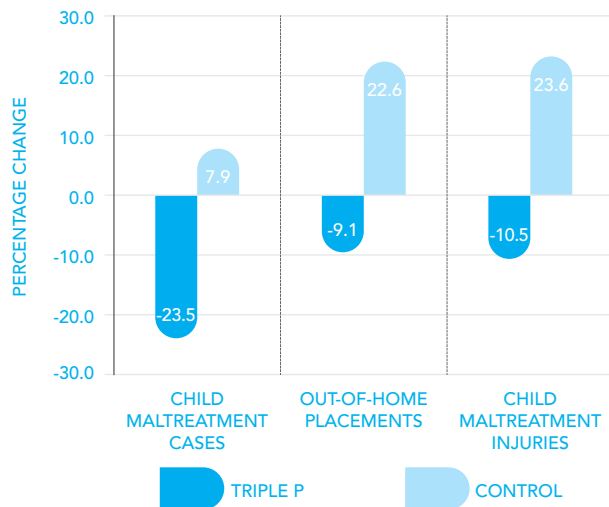
PROFESSOR STEPHEN SCOTT, CBE
INSTITUTE OF PSYCHIATRY, KINGS COLLEGE,
UNIVERSITY OF LONDON, UNITED KINGDOM

POPULATION-LEVEL IMPACTS

Triple P is one of only two parenting programs identified by the World Health Organization (WHO) in its Violence Prevention report³³ as being supported by the strongest evidence for a parenting program's ability to prevent child maltreatment. WHO refers specifically to a large place-randomized study, led by Professor Ron Prinz of the University of South Carolina and funded by the US Centers for Disease Control and Prevention (CDC).

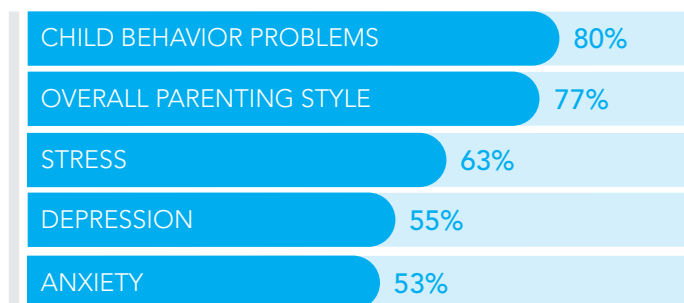
In the US Triple P System Population Trial^{34,35,36}, 18 counties were randomized to Triple P or services-as-usual control. When compared with the control counties, the Triple P counties showed significant results for child out-of-home placements, hospital-treated child maltreatment injuries, and rates of child maltreatment cases.

US Population Trial results



In Santa Cruz County, California, parents of children up to 16 years can access the full Triple P system of programs. A five-year summary report³⁷ highlighted the achievements of this county-wide population rollout of Triple P:

Santa Cruz County's improvements in key parenting issues



Between 2010 and 2017, North Carolina reached 49,454 caregivers of 79,264 children with programs from the full Triple P system. Outcomes for participating parents include³⁸:

- Level 2 Triple P — Parents were highly satisfied with the programs offered and reported gaining understanding and skill in teaching their child new behaviors.
- Level 3 Triple P — Parents reported that parenting was more rewarding and fulfilling, parenting was less demanding, stressful and depressing, and they felt more confident and supported.
- Level 4 Triple P — Reduction in lax, over-reactive and hostile parenting styles. Parents reported improvements in their child's emotional symptoms, and an increase in prosocial behavior.
- North Carolina continues to reach more families each year.

A research trial in Québec implemented all five levels of the Triple P system (including a local communications campaign) to parents of children 0-12 years in two communities. Parents in matched communities received care as usual.

Parents receiving Triple P demonstrate significant effects in:

- Improved parent confidence
- Lowered parent stress
- Enhanced parenting practices
- Improved child behavior
- Enhanced child prosocial behavior

Following the program's success in the research trial, the initiative has gathered momentum and Triple P is now offered in primary schools, early childhood education centers, child welfare agencies and non-profit community organizations. Findings show the program to be effective for low-, middle- and high-income families.^{39,40}

In describing the Triple P population approach, WHO recognizes it as an intervention that "aims to improve child behavior and development by altering the family environment to one that enables the child to realise its potential; thus, increasing the child's life chances and reducing the risks associated with poor mental health."⁴¹

GROUP PROGRAMS ACROSS A COMMUNITY

The Longford and Westmeath Parenting Partnership⁴² in Ireland reached more than 4,500 families with Triple P over a 30-month period between 2010 and 2013. The partnership targeted parents of children aged 4–8 through the delivery of Triple P Seminars, Discussion Groups and Group Triple P. Consistent positive changes on key parenting and child behavior indicators were found and maintained over time.

A recent study⁴³ examined the population impact of Triple P in this initiative and found a reduction in the proportion of children scoring within the borderline/abnormal range by:

- 4.7% for total difficulties.
- 4.4% for conduct problems.
- 4.5% for hyperactivity.

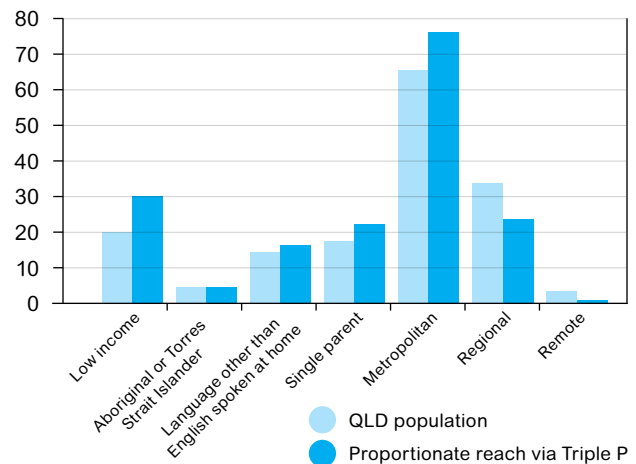
In the Psychology of Parenting Project (PoPP), funded by the NHS for Scotland, Group Triple P was one of two programs featured to be delivered throughout Scotland from August 2013 to October 2016. This project delivered considerable benefits for participating families, who reported significant reductions in their child's emotional and behavioral challenges. Triple P programs, in particular, demonstrated greater benefit among children with low to moderate behavior problems.⁴⁴

GOING TO SCALE

In Australia, the Queensland State Government has funded free access to Triple P since 2015. This initiative gives Queensland families access to a range of Triple P programs in order to provide universal access to parenting support across the state. More than 630,000 parents and caregivers

have accessed Triple P programs between August 2015 and December 2021, including over 85,000 accessing Triple P Online programs.

Diverse Queensland families accessing Triple P (August 2017 to December 2021)



In 2022, the Australian Government announced national funding to address growing child mental health and wellbeing concerns, through the provision of universally available and evidence-based support for parents⁴⁵.

Through a competitive tender process, Triple P International Pty Ltd was awarded \$40m AUD funding over four years to deliver universal access to evidence-based Triple P Online System (TPOS) of parenting support programs to every family in Australia⁴⁶.

The PESP is providing population-level, evidence-based support for parents to develop the confidence and skills they need to identify problems early and support the mental health and wellbeing of their children into the future.

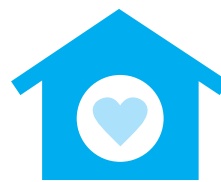
Results in Longford and Westmeath



SIGNIFICANT
REDUCTION IN CHILD
EMOTIONAL &
BEHAVIORAL PROBLEMS



30% DECREASE IN
REPORTED PARENTAL
DISTRESS & STRESS



SIGNIFICANT
INCREASES IN PARENTS
ENGAGING IN POSITIVE
PARENTING



SIGNIFICANT
IMPROVEMENT IN
PARENT-CHILD
RELATIONSHIP

COST-EFFECTIVENESS

Many organizations and communities have invested in Triple P and achieved significant outcomes and a substantial return on investment. The following is a selection of key research findings from around the world.

Access Economics, commissioned by the Australian Government, conducted a cost analysis of the Triple P system. The report noted Triple P to be one of the best evaluated family functioning programs for young children, and found a A\$13.83 return for every dollar spent, a 1,283% return on investment.⁴⁷

FOR EVERY £1 SPENT
BRITISH MEDICAL
ASSOCIATION REPORT
A £5.05 RETURN⁴⁸



A cost analysis⁴⁹ was conducted using data from the US Triple P System Population Trial. The analysis estimated the costs of implementing Triple P in a community and found the cost for establishing the infrastructure for all five levels of the Triple P system could be recouped in one year if a 10% reduction in child abuse and neglect was achieved.

EVERY US\$1 SPENT ON
TRIPLE P UPSTREAM SAVES
US\$7.78 DOWNSTREAM
ACROSS SEVERAL HUMAN
SERVICES SECTORS⁴⁹



The Washington State Institute of Public Policy (WSIPP)⁵⁰ calculated that Level 4 Triple P delivered individually to parents of children with moderate to severe behavioral problems could save a community up to US\$6,551 per participant by reducing child mental health problems, with a cost-benefit of \$8.36 for every dollar invested. A public health roll-out of the full Triple P system could save the community US\$2,681 per participant by preventing problems such as child abuse and neglect/out-of-home placements, juvenile crime, school failure and healthcare costs, with a cost-benefit of \$8.84 for every dollar invested.

The 2014 Building a Better Future⁵¹ report, published by the UK Centre for Mental Health, estimated that every £1 spent on parenting support results in £4 of annual savings to health, education and social care.

POTENTIAL BENEFIT OF
REDUCING THE LIFETIME
COSTS BY BRINGING A
CHILD WITH A CONDUCT
DISORDER BELOW THE
CLINICAL THRESHOLD⁵⁵



In 2019, the Telethon Kids Institute reported the Australian governments spend \$15.2 billion each year on crisis and late intervention, \$1,912 per child or young person. Their analysis was led by the Early Intervention Foundation's methods of measuring the cost of late intervention in the United Kingdom. The costs include:

- \$5.9bn child protection
- \$4.2bn youth crime and justice
- \$1.3bn mental health

The report states, "targeted and wise investments in evidence-based early intervention can change outcomes for Australian children and young people, while reducing budgetary pressures and ultimately strengthening our economy".⁵²

The Public Health Agency of Canada partnered with the Institute of Health Economics to study the cost-effectiveness and health-policy implications of early-childhood mental health interventions.⁵³ The results of the Alberta-based study found:

- Each 1% population reduction in conduct disorder saves CA\$561,297 over a lifetime.
- Triple P would pay for itself if conduct disorder was reduced by 6.5%.
- If a 25% reduction is achieved, the intervention could save up to CA\$10 million in Alberta.

In 2007, a study published in the Australian and New Zealand Journal of Psychiatry⁵⁴ reported Triple P has the potential to avert at least 26% of conduct disorder cases in children.

In 2018, a study of the Longford Westmeath Parenting Partnership initiative in Ireland reported a possible reduction in the population incidence of behavioral problems between 31 and 38% if the initiative was replicated at national level.⁴³

Triple P is highlighted in the UK's NICE Guidance for antisocial personality disorder⁵⁵, child abuse and neglect⁵⁶.

In the UK, the Department for Education conducted the Study of Early Education and Development (SEED)⁵⁷, to examine the potential value for money of early education. In July 2017, SEED reported at ages three and four, improvements in child social development (measured using the Strengths and Difficulties Questionnaire (SDQ) total difficulties) can be linked to later monetary benefits. A decrease of 1 point on the SDQ total difficulties scale at age four could reduce the lifetime costs by an estimated £1,409.

A recent systematic review of economic evaluations of parenting interventions, including Triple P, has concluded parenting programs demonstrate good value for money in the prevention and treatment of child externalising and internalising behaviors. Authors conclude that well established and widely used programs like Triple P are likely to be cost effective at local willingness to pay thresholds, or cost-saving over the long term.⁵⁸

CULTURAL ACCEPTABILITY

Triple P's consultative process includes thorough community consultation to determine the acceptability of the program for families in the communities. This will ensure the strategies are consistent with cultural and personal values. The core strategies that form part of the Triple P program are viewed as highly acceptable to families across a range of cultures.

Research in Australia, Canada, Kenya, Panama, China, New Zealand, and Brazil has demonstrated that the core strategies of Triple P are considered culturally relevant and acceptable to many diverse families. In Panama⁵⁹, a process of examining cultural fit of the program was undertaken before delivery and only minimal cultural adaptations were required to accomplish positive impact. In Kenya⁶⁰, adaptations that respected local culture and values were

integrated during delivery with positive results. In New Zealand⁶¹, a randomized controlled trial found Triple P to be a valuable and successful early intervention positive parenting program for Māori families, with parents reporting a high level of program satisfaction. Parents receiving Triple P reported reduced interparental conflict, and the study found that children of parents receiving Triple P had fewer behavioral problems than the control group. In Brazil⁶², parents who participated in Group Triple P found the strategies highly acceptable and highly useful.

In Australia, Triple P researchers at the University of Queensland adapted the Level 4 Group Triple P program into an Indigenous variant (Indigenous Triple P), which applies Indigenous Australian cultural values, traditions, needs and aspirations to reduce barriers for Aboriginal families and deliver the evidence-based program with cultural sensitivity.

Changes to the resources (e.g. languages, images, strategy example videos) and delivery format (e.g. more time to share personal stories) were made following widespread community consultation, while maintaining the program content of Group Triple P, which was seen as appropriate.

Indigenous Triple P has shown positive child and family outcomes in diverse urban, rural and remote sites. Cultural acceptability of Indigenous Triple P has been rated positively, with families appreciating the efforts made in the tailored program resources to respect and value their culture. Feedback included the content being relatable and easy to follow, with parents enjoying the fact that culture was encouraged and that they could share experiences with other parents.⁶³

Tailored practitioner training was delivered as part of a training and support program designed to empower practitioners in remote Aboriginal communities. Practitioners reported high rates of satisfaction with the training provided, significantly increased confidence in parent consultation skills, significantly increased capacity to deliver parenting support, and significantly increased perceived empowerment within the workplace, the community and home.⁶⁴

LOW- AND MIDDLE-INCOME COUNTRIES

Trials have shown Triple P is effective in a range of low- and middle-income countries in Asia⁶⁵, Brazil⁶², and Latin America⁵⁹. In Africa, research in Kenya found parents who completed Group Triple P reported high satisfaction and improvements in child behavior and parenting experience.⁶⁶

LONG-TERM OUTCOMES

In Western Australia, 15-year follow-up data⁶⁷ shows that children whose parents participated in Group Triple P when they were aged 3 to 5 years, achieved higher scores on standardized tests of numeracy and literacy in primary school and higher rates of school attendance in upper secondary school.

Recent evaluations looked at adolescent outcomes 10 years after parents of preschoolers participated in Group Triple P in Braunschweig, Germany. Findings indicated reduced behavior problems and improved child wellbeing during children's early adolescence.^{68,69}

The study interpreted findings in light of theoretical models in psychology and economics and suggests improvements in parental discipline and positive engagement through Triple P during early childhood improves behavioral outcomes and mental wellbeing during early adolescence.⁶⁸

EFFECTIVENESS DURING MAINTENANCE

The 2006-2011 Parenting Early Intervention Programme (PEIP) provided funding to all 150 local authorities in England to deliver parenting programs. Both the 2011 and 2013 evaluations of PEIP found while all programs evaluated were effective, Triple P was generally more effective on parent measures and showed significantly greater effects in improving children's conduct problems.^{70,71}

A recent study looked at program effectiveness during the research-led PEIP implementation (n=1,390) compared to evidence-based parenting programs during sustained service-led implementation (n=3,706). Four local authorities chose which of the eight programs offered during PEIP they wished to continue with. During the effectiveness trial, 89% of parents enrolled in Triple P and during the sustained implementation, 93% enrolled in Triple P.⁷²

Results during the sustained implementation phase and maintained at 12 month follow-up, include:

- Significant improvements in child behavior problems.
- Significant improvements in parenting style.
- Significant improvements in parental wellbeing.

STEPPING STONES TRIPLE P

Stepping Stones Triple P is a program which reaches parents to encourage healthy behavior and emotions in children with developmental disabilities (up to 12 years). There have been two meta-analyses of Stepping Stones research examining the program's effect on child and parenting outcomes. Overall findings indicate significant improvements for child behavior problems, parenting styles, parent satisfaction and self-efficacy, parental adjustment, and co-parental relationships, demonstrating support for Stepping Stones Triple P as an effective intervention for families of children with disabilities.^{73,74}

Positive outcomes have also been shown in large scale initiatives in Australia and Denmark.

The National Health and Medical Research Council-funded rollout of Stepping Stones Triple P across the states of Queensland, New South Wales and Victoria (Australia)⁷⁵ resulted in:

- Improved parenting skills.
- Reduced parental stress.
- Improved child behavior.
- High participation rates (38% compared with 10% accessing usual clinical resources).

The National Board of Health, Denmark evaluated Stepping Stones Triple P in five municipalities⁷⁶ and found:

- Significantly decreased parental stress, especially among fathers.
- Improved parental well-being, especially among fathers.
- Improved parenting satisfaction & mastery of parenting.
- General improvements for family and child.

FEAR-LESS TRIPLE P

Fear-Less Triple P supports parents to help their child, aged 6 to 14 years, manage their anxiety more effectively. A foundational randomized controlled trial (published in 2017) found superior outcomes for children, with 38.7% free of any anxiety diagnosis post-treatment, 58.6% at 3 months, 69.2% at 6 months, and 84% at 12 months.⁷⁷

TRIPLE P FOR BABY

Randomized controlled trials have been conducted in Germany, Scotland, Australia and England. Outcomes indicate program participation can significantly enhance child and parent outcomes when compared to usual care.

CHILD OUTCOMES

- Babies around six-months of age are awake and content significantly more often, with significantly lower frequency and duration of inconsolable crying⁷⁸
- At two years of age, pre-term children have significantly higher cognitive function and motor skills⁷⁹

PARENT OUTCOMES

- First-time mothers report significantly lower levels of depression at post-intervention⁸⁰
- First-time fathers report significantly lower levels of anxiety at post-intervention, 12- and 24-month follow-up⁸⁰

OTHER NON-SIGNIFICANT FINDINGS THAT SHOWED A POSITIVE TREND FOR THE INTERVENTION GROUP INCLUDED:

- Better language skills for pre-term children at two years of age⁷⁹
- Improvements in maternal happiness, self-regulation, subjective bonding and depression at 3-month follow-up⁸¹

ONLINE PROGRAMS

Triple P Online was the first online parenting program to be used in a randomized controlled trial that demonstrated sustained improvements in child and family outcomes.⁸²

Positive outcomes have been demonstrated in seven randomized controlled trials across Australia, New Zealand, the United Kingdom and the United States. These studies have involved a range of different families, including families of children with neuro-developmental conditions (ADHD⁸³, early onset conduct or behavioral problems^{82,84,85}, children with a disability⁸⁶), young mothers⁸⁷, and parents with Bipolar Disorder⁸⁸.

These RCTs demonstrate the effectiveness of Triple P Online in significantly improving child and parent outcomes, including:

- Improved child behavior, reduced child conduct and emotional problems, or reduced ADHD symptoms^{82, 83, 84, 85, 86, 88}
- Improved parenting style, practices, or use of positive parenting strategies^{82, 83, 84, 85, 86, 87}
- Improved parental sense of competence, confidence, satisfaction, or self-efficacy^{82, 83, 84, 85, 88}
- Reduced parental anger, stress, or depression^{82, 83, 85, 88}

Other studies also indicate the program may be effective in supporting vulnerable low-SES families⁸⁹, and in reducing the risk of child maltreatment and interparental conflict⁹⁰.

In a recently published trial comparing the effectiveness of Triple P Online with practitioner-delivered Standard Triple P, both modes of delivery were found to be of equal effectiveness in improving child behavior, parenting practices, and the quality of the parent-child relationship.⁹¹

Additional cost analysis of this study indicated that while both modes of delivery were of equal effectiveness, Triple P Online cost significantly less to deliver.⁹²

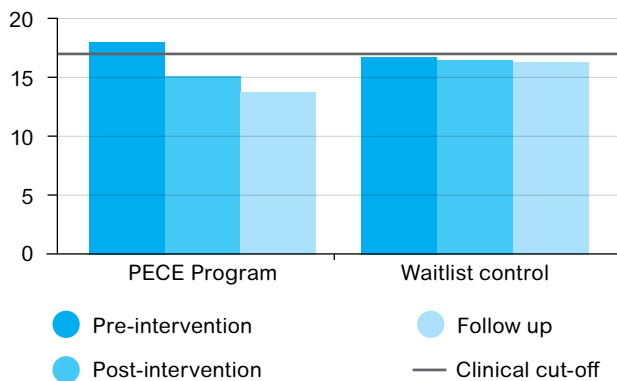
Additional variants of Triple P Online include Teen, Fear-Less and Baby). These online programs are a self-directed version of the face-to-face programs, built on the robustly evidenced Triple P Online intervention framework.

In 2022, the Australian Government announced national funding to address growing child mental health and wellbeing concerns, through the provision of universally available and evidence-based support for parents⁴⁵. Through a competitive tender process, Triple P International Pty Ltd was awarded AU\$40m funding over four years to deliver universal access to evidence-based Triple P Online System (TPOS) of parenting support programs⁴⁶ to every family in Australia. The PESP is providing population-level, evidence-based support for parents to develop the confidence and skills they need to identify problems early and support the mental health and wellbeing of their children into the future.

POSITIVE EARLY CHILDHOOD EDUCATION PROGRAM (PECE)

A foundational randomized controlled trial of the Positive Early Childhood Education (PECE) Program in Alberta, Canada⁹³ found significant changes in the SDQ, including a shift of the intervention participants out of the clinical range.

Total Difficulties Score from Strengths and Difficulties Questionnaire



INTENSIVE PARENTING SUPPORT

The National Society for the Prevention of Cruelty to Children (NSPCC)⁹⁴ in the United Kingdom evaluated Pathways Triple P when delivered to families with children 2-12 years where there was initial concern about child neglect.

NSPCC key findings



29% DECREASE IN CHILDREN'S EMOTIONAL AND BEHAVIORAL DIFFICULTIES



SIGNIFICANT IMPROVEMENTS IN CHILDREN'S EMOTIONAL SYMPTOMS, BEHAVIOR PROBLEMS, HYPERACTIVITY AND PRO-SOCIAL BEHAVIOR



44% DECREASE IN PARENT-REPORTED PARENTING DIFFICULTIES (LAXNESS, OVER-REACTIVITY AND VERBOSITY)

Triple P is the provider of two of the original eight intensive specialist programs identified by the Department of Work and Pensions and the Early Intervention Foundation for inclusion in the Reducing Parental Conflict initiative, training practitioners across the United Kingdom to deliver Enhanced and Family Transitions Triple P to families experiencing parental conflict. Recent evaluation of this initiative reported⁹⁵ that Family Transitions Triple P demonstrated considerable benefits for participating families, with the EIF guidebook reporting Family Transitions to also be one of the lowest costs to set up and deliver⁹⁶. Family Transitions has been well received by families and practitioners, with emphasis placed on the de-stigmatising language around family conflict.

"TRIPLE P IS THE ONLY RESEARCH-BASED PARENTING PROGRAM THAT PROVIDES THE FLEXIBILITY TO ADAPT TO THE NEEDS OF FAMILIES AND TO A VARIETY OF SERVICE SETTINGS. IT IS HIGHLY APPEALING TO ME AS A PAEDIATRICIAN BECAUSE IT PROVIDES A SET OF TOOLS THAT ALLOW ME TO ADDRESS COMMON CONCERNS OF PARENTS EFFICIENTLY AND EFFECTIVELY."

JOHN C. DUBY, M.D.
DIRECTOR, AKRON CHILDREN'S HOSPITAL,
OHIO, USA



IMPLEMENTING TRIPLE P

Successful application and sustainability of any evidence-based intervention depends not only on an effective and proven intervention but also on how the intervention is implemented. Well-planned and effective implementation will increase the potential for success for parents using the Triple P programs.⁹⁷

TRIPLE P IMPLEMENTATION FRAMEWORK⁹⁸

Triple P International has developed an implementation Framework and support process based on implementation science which is articulated in the **Triple P Implementation Framework (TPIF)**.

The TPIF draws on implementation science, implementation research and 15 years of experience in implementing Triple P to inform a tailored process to support organizations to implement the Triple P suite of practitioner delivered and online programs. The five phases of the Triple P Implementation Framework provide an understanding of the application of implementation science and includes a comprehensive support process with resources and tools and guidance from an Implementation Consultant. Consistent with the Triple P principles of minimal sufficiency and self-regulation, the process is designed for organizations to develop the capacity to use effective implementation processes when adopting Triple P. This enables a community or implementing organization to get the best outcomes from the delivery of Triple P.

TRIPLE P IMPLEMENTATION RESOURCE

The application of the TPIF is supported by the Triple P Implementation Resource (TPIR). This resource provides an organization with a workbook that can be used independently or with support to enable an organization to plan and action their implementation process. The TPIR provides implementation guidance for all Triple P programs to ensure the program is:

- As effective and accessible as possible for families.
- Enjoyable and practical for practitioners to deliver.
- Cost effective for implementing organizations and communities.

The TPIR, along with support from a Triple P Implementation Consultant, guide you through three steps: Get Ready, Get Started, and Get Better, to help you develop a plan to achieve your goals and maximize positive impact in your community so that you get the most from the Triple P program and make delivery sustainable. During each step, you will find questions for consideration, proposed activities, relevant information to make the decisions you will need to make, other resources and tools and a list of milestones to help you assess whether you have completed the necessary activities. These activities will help you:

- Understand Triple P and determine the fit of Triple P for your organization and community.
- Determine goals of implementing a parenting support strategy and assess the required capacity to achieve these goals.
- Assess your readiness and prepare for the adoption of Triple P.
- Select and prepare practitioners for training and establish practitioner peer support networks.
- Develop quality assurance and evaluation processes and monitor initial service delivery for fidelity and outcomes.
- Adopt revisions informed by experience and feedback from initial service delivery, and ongoing data collection.
- Explore expansion of parenting support services to increase community access to support (e.g. introducing TPOL as part of a digital support strategy).
- Develop, review and maintain a sustainability and maintenance process, among other things.

The TPIR can either be used as a self directed resource or with the support of an IC. How much support is provided is something your organization and local IC can decide together.

Triple P Implementation Framework Phases



TRIPLE P PROVIDER NETWORK

On completion of training, practitioners gain access to the Triple P Provider Network website, which is one avenue of continued support following training. The Provider Network supports Triple P practitioners by providing clinical resources and helpful advice about program delivery. Access to the Provider Network includes:

- Clinical tools and resources, for example questionnaires, monitoring forms and certificates.
- Triple P's digital presentation materials (e.g. some PowerPoints and Survival Guide Videos).
- The *Triple P Automated Scoring and Reporting Application* (ASRA): an online program that scores Triple P assessment measures and provides a family profile and report.
- Questions-and-Answers on theoretical and clinical topics on Triple P, and Triple P programs.
- Video blogs, in which Professor Matt Sanders discusses common Triple P delivery issues and provides tips and suggestions to improve Triple P providers' confidence and skills.
- Communications resources, including customizable flyers, media kit material and the Triple P logo for use on promotional material.
- Guidelines for remote service delivery.

AUTOMATED SCORING AND REPORTING APPLICATION (ASRA)

Practitioners and organizations can use the online Triple P Automated Scoring and Reporting Application (ASRA) on the Provider Network to electronically score questionnaire data collected when working with families. ASRA assists with entering and scoring data efficiently, program evaluation, and reporting. Specific features allow practitioners and organizations to:

- Analyze individual cases (i.e. to determine how effective Triple P has been for a family).
- Analyze outcomes by practitioner, district, Triple P program or client demographics.
- Compare outcomes between programs or interventions, to assist with resource allocation.
- Report on program effectiveness, e.g. for funding bodies or senior policy makers.

PEER-ASSISTED SUPERVISION AND SUPPORT (PASS)

The PASS model has been developed as a workforce development strategy to assist practitioners in the process of peer support. PASS is a structured feedback process to promote learning of a complex set of consultation skills. Regular meetings (90–120 minutes) with a supportive small group of practitioners is recommended. PASS participation has been shown to positively affect the number of parents served by practitioners.⁹⁹ Continual reflection helps practitioners acquire and refine skills needed for successful implementation. Trainer-facilitated PASS sessions are also available for organizations and practitioners requiring additional support during initial peer support sessions.

ADDITIONAL SUPPORT OPTIONS

As part of the implementation process it may be necessary to access some additional support for effective implementation. Some of the additional support options available to practitioners, managers and coordinators are summarized in this section for consideration.

Clinical Support

Clinical support is designed to be delivered once practitioners start to use the program with families, or to help practitioners get started with program delivery. If practitioners do not already have access to formalized or peer supervision within their own organization, this provides an opportunity to meet with fellow practitioners to discuss cases, problem solve, plan for future delivery, and receive expert feedback for professional development.

Clinical support is available as a one-day workshop for up to 20 practitioners or as a half-day telephone or video conferencing support for small groups of up to five practitioners.

Workshop Series

The Workshop Series is designed for Triple P Providers to review challenges and work through exercises as a group, to enhance their skills. There many workshop topics available to provide ongoing professional development for Triple P Providers, for example:

- Assessment.
- Telephone Support.
- Fidelity and Flexibility.
- Engaging Families.
- Group Skills for Delivering Triple P.
- Using Tip Sheets.
- Triple P Peer Support
- Triple P Clinical and Implementation Support
- Online Support
- PECE Peer Support
- Working Across Diverse Populations

The workshop series are half-day workshops, delivered via video conference to up to 20 Triple P Providers.

Practitioner Support Sessions

Brief topic-specific practitioner support sessions are available for Triple P Providers. These 90-minute sessions are for those who want additional skills to deliver Triple P, need additional information and familiarization with Triple P Strategies, and/or require additional support to better support the parents they see. A variety of instructional methods, including didactic presentation, clinical problem solving, group discussion, and exercises are used throughout the sessions. Available topics include:

- Topic 1: Attachment
- Topic 2: Working with Complex Families
- Topic 3: Time-out
- Topic 4: Trauma
- Topic 5: Bullying

Support for managers and coordinators

Managers and coordinators can access hourly support via phone or video conference directly with a Triple P IC or alternatively access a live or recorded webinar. Organizations may find it beneficial to schedule support more intensively at the start of the project and phase it out over time, encouraging the development of self-regulation.

Strategic Project Consultation

Strategic Project Consultation is delivered to management and coordination staff from implementing organizations looking for more intensive support. The consultations are an opportunity to discuss and receive project advice on the implementation of Triple P, plan for future training, assist in ensuring effective delivery within target communities, and receive expert feedback. Strategic Project Consultation is typically provided as a one-day meeting, recommended every quarter for large multisector initiatives.

Additional options

For information on how implementation support options can be tailored to suit your organization or initiative and to find out about additional options available, please contact your local IC.

TRIPLE P MARKETING COMMUNICATIONS

One of the greatest strengths of Triple P is its ability to cater to the needs of all parents across a population, regardless of personal or family circumstances. However, one of the greatest challenges is ensuring parents know about Triple P and are comfortable reaching out for help if they need it. To ensure a maximum return on investment in implementing Triple P, a communications strategy which destigmatizes the notion of asking for parenting help and which provides a suite of engaging and eye-catching materials is vital. The Triple P marketing communications strategy has been developed to assist implementing organizations quickly and easily communicate the Triple P system to targeted parents in your region. It aims to:

- Increase parental self-sufficiency and receptivity towards participating in Triple P and other family or child interventions.
- Destigmatize and normalize the process of seeking help for children across the range of Triple P interventions.
- Increase the accessibility, visibility and uptake of various Triple P interventions.
- Counter parent-blaming, alarmist, or negative parenting messages in the media.

Strategy

A strong communications strategy creates population awareness and reach, target audience engagement with the product/service and finally action. On average, a parent encounters around 6,000 media messages per day. Within that media clutter, the Triple P messages have to stand out. High-quality, high-impact creative and a consistent message is vital in order for the message to stick. This is what the communications strategy provides, a strong umbrella concept that is the driver of communication to create awareness with parents and deliver engagement with the community.

Following the principles of behavioral design, the Triple P marketing communications strategy notes that in order for someone to act and change their behavior, the motivation, ability, and trigger to do so should appear at the right time and place. Relating this to promoting Triple P: an issue should be important to a parent, the parents should be capable to act, and the parent should be reminded to act.

These principles of behavioral design are then translated into:

- Creating awareness for the parenting need through realistic images of everyday parenting situations, and having them relate to the message emotionally with culturally appropriate images.
- Explaining how Triple P can help to fulfil parents' needs and the range of options we can offer that suits their needs (engagement).

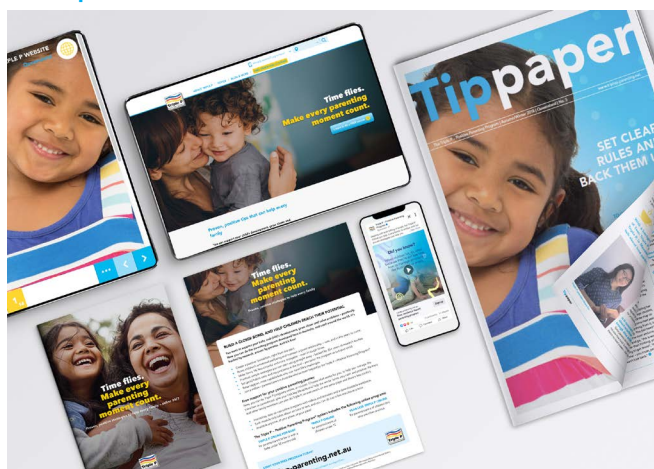
- Providing sufficient, well-timed and easy-to-access information about how to receive Triple P parenting help, and by doing so, stimulate action.

Materials

The marketing communications materials offer a structured, consistent and well-designed message. Available across online, print, digital and social media, Triple P works with implementing organizations to address common parenting issues, raise the importance of positive parenting and provide clear pathways for parents to source further support if needed. These materials introduce parents to the principles of Triple P, explain how the program works and provide easy access to further information and assistance. Further, media advertising, editorials and public relations (organized and placed by the organization) complement these practical guides.

Depending on the scale and objectives of the organization's roll-out, Triple P can develop broad mass media awareness campaigns and targeted online advertising campaigns. Triple P can further produce parent newspapers, newsletters and cards, which include local stories and interviews with parents and practitioners from the community, highlighting the benefits for families, and giving insights into what to expect when visiting a practitioner. These materials provide clear direction to local practitioners and services within the local area, and encourage practitioner involvement in delivering Triple P. Additional media, PR and content options are also available.

Examples of materials



TRIPLE P PROVIDER TRAINING PROCESS

Triple P Provider Training Courses (Training Courses) include training, a pre-accreditation workshop, and a competency-based accreditation process. All Training Courses are conducted by Triple P Trainers, in compliance with Quality Assurance requirements set by The University of Queensland. Triple P Provider Training Courses are available remotely via video conference or in-person.*

Triple P ICs will support organizations with planning for training and provide tools to assist in preparing participants for training and accreditation. See the Decision Trees in Appendix A for assistance with selecting appropriate courses.

ENTRY-LEVEL REQUIREMENTS

To complete Triple P Provider Training, it is recommended participants have a post-high school degree in health, education, early childhood education, or social services. However, para-professionals who actively work with families may also be suitable for training (e.g. home health visitors and parent partners). Para-professionals are expected to have knowledge of child or adolescent development, and/or experience working with families. Triple P pre-requisites apply to some Training Courses (see Appendix B).

TRAINING IN-PERSON OR VIA VIDEO CONFERENCE

Triple P Provider Training Courses are available via video conference or in-person.* Both in-person and video conference options keep the experience of the attending practitioners as similar as possible, with both modes of delivery featuring the same content and exercises. Both utilize Triple P Training PowerPoint presentations (via main screen or screensharing) and video content (via main screen or video streaming). Small group exercises and

discussions occur using a venue's breakout room, or using the breakout function in the video conferencing platform.

A thorough statistical analysis was conducted by Triple P at the end of 2020, using the anonymized data of events for in-person and video conference. It was found that participants rated training, both in-person and via video conference, highly.

TRAINING

Training Courses vary in length depending on the level/s of training. Typically, courses are conducted over one to three days, with a maximum of 20 participants. Each participant receives a comprehensive set of training resources, including Participant Notes and resources. The courses:

- Cover the theoretical foundations of behavioral family interventions both generally and specific to Triple P.
- Present a comprehensive overview of the development and prevalence of behavioral and emotional problems in children and/or adolescents.
- Equip participants to teach hands-on, proven strategies for positive parenting that parents can immediately apply and utilize.

Training process



* In-person is an option in some instances. Please contact your IC for more information.

A skills-based training approach introduces participants to the consultation skills necessary for effective delivery of the program. Various teaching methods are used, including instructive presentation, video demonstration, clinical problem solving, rehearsal of consultation skills, feedback, and peer coaching.

PRE-ACCREDITATION

Triple P Pre-Accreditation Workshops are provided to participants ahead of accreditation for any Training Course (excluding Extension Courses). The Pre-Accreditation Workshop provides individual feedback on skill development, competency practice, and discussion of implementation issues in the presence of a Triple P Trainer. Participants can see competencies demonstrated and practice competencies with peers to prepare for their accreditation day. They can also clarify program content relevant to quiz questions.

Pre-Accreditation Workshops aim to reinforce all aspects of Triple P, build participants' confidence to deliver the program, and reduce participants' anxiety and apprehension about accreditation. A recent review shows that participants who attend a Pre-Accreditation Workshop are significantly more likely to successfully complete accreditation.

ACCREDITATION

A competency-based accreditation process is an extension of the learning at training and is critical, not only for official recognition of program delivery proficiency, but also to ensure Triple P will be delivered competently and successfully in the community. Participants who complete accreditation are more likely to deliver the program, and use the program at higher rates, than participants who have not completed accreditation.¹⁰⁰

Accreditation days are typically scheduled six to eight weeks after training. Between training and accreditation, participants complete a 30-question multiple-choice quiz, which is scored before the accreditation day. During accreditation, participants demonstrate their proficiency in the competencies targeted for accreditation, and receive coaching and feedback on their performance. To maximize opportunities for individual attention, accreditation workshops are restricted to groups of five to ten participants per half- or full-day session (depending on the level of training).

ATTENDING TRAINING

There are two options for practitioners to attend training, Open Enrollment (OE) or Agency Training.

OE courses are available via video conference and are recommended as a more cost-effective option for organizations training fewer than 12 participants. Please visit the OE page on the Triple P Website for a schedule of OE courses and registration forms.

Agency Training provides the highest level of customization and support to your Triple P delivery. A Triple P Implementation Consultant will support your organization throughout the process of planning for training events and delivery to parents. Agency Training will be delivered via video conference or in-person.* It also provides an opportunity for tailored examples and discussions throughout the training.

TRAINING OUTCOME REPORT

A report will be provided to your organization, summarizing participants' evaluations of the training. Feedback is collected before and after training, and after accreditation. The report includes statistical information on:

- Participation.
- Preparedness for the training.
- Appropriateness of the training for the participant's role.
- Improvements in adequacy, confidence, and skills in providing parent consultations.
- Overall satisfaction with the different elements of training and accreditation.

The report is supplied for Agency Training and provided at the end of each contract period or as agreed.

ADDITIONAL TRAINING OPTIONS

Triple P offers additional training options (extension courses, combined courses and special accreditation) to accommodate participants training in multiple courses and accredited participants expanding the programs they are accredited to deliver. These options offer flexibility, and in most cases cost savings, and can be discussed with your local IC.

* In-person is an option in some instances. Please contact your IC for more information.



TRIPLE P DELIVERY

FLEXIBLE DELIVERY

The flexibility of the Triple P program has been designed to work for parents, practitioners, workforces and communities. The Triple P system recognizes that families have differing needs and desires regarding the assistance they wish to access. Therefore, flexibility has been built in to the system, including varied amounts of support (i.e., brief versus longer term or highly targeted interventions); varied delivery formats (including face-to-face and remote/digital delivery), and population-specific variants. Your local Triple P IC can support your organization to design delivery to suit practitioners and the families they see.

QUALITY AND FIDELITY

Quality and fidelity in service delivery is important to achieve outcomes and support effective service delivery. Quality and fidelity is monitored through three elements of fidelity: Content, Competence and Context. The TPIF has a checklist for each of these elements that includes suggestions for monitoring. Your local IC will work with you, using the QFMP Information Sheets and Checklists, to identify the indicators, measures and methods that will fit your organization to ensure you can achieve and maintain quality and fidelity in our delivery of Triple P.

STAFF COMMITMENT

Triple P programs themselves are inherently time-efficient, as they are based on the self-regulatory framework and the principle of minimal sufficiency. Each Triple P program requires different levels of time commitment from participants. Coordinators and managers should consider these time commitments, as well as time needed for supervision, peer support, and local quality assurance

procedures when developing service delivery targets. This is an important step towards ensuring the long-term success of the program.

See the Triple P system summary (Appendix B) for the average time commitment to deliver each Triple P program. More detailed information is available in the Triple P Course Summaries, available on the Triple P website (www.triplep.net) or from your local IC.

TRIPLE P PROGRAM DELIVERY RESOURCES

Each Triple P program has a set of resources to be used with families. These resources include a summary of program content to help engage parents and reinforce program strategies on a range of topics. Following the program, parents can continue to return to these resources for support when needed. In order to support immediate program delivery and uptake by practitioners, organizations need to plan for ordering these materials prior to training. General guidelines for service delivery targets have been established, informed by Triple P roll-outs around the world. These guidelines can aid in generating operating budgets for sustained program delivery as well as identifying goals for practitioner delivery rates. ICs are also available to assist in establishing and tailoring targets for the numbers of families to be served based on local context and project goals.

A preliminary guide for resourcing, and the estimated number of families to be reached, is outlined for each Triple P program in the Triple P system summary (Appendix B).

TRANSLATED RESOURCES

Several parent and practitioner resources have been translated into other languages. Please contact your local Triple P office to enquire about the availability of translated resources or request an order form from orders@triplep.net.

TRIPLE P ONLINE SYSTEM

Several studies have found that online is the preferred delivery format for accessing parenting support information.¹⁰¹ The Triple P Online system is a suite of established self-help parenting support interventions applicable to a broad range of parents and caregivers of children aged 0-16 years. Triple P Online system programs include:

- Triple P Online — universal parenting support for parents of children aged 0-12 years.
- Teen Triple P Online — universal parenting support for parents of teenagers up to 16 years.
- Triple P Online for Baby — to prepare parents for a positive transition to parenthood and the first year with baby.
- Fear-Less Triple P Online — to reduce anxiety and enhance resilience among children aged 6-14 years.

BENEFITS OF ONLINE DELIVERY



ACCESSIBLE 24/7
WIDE REACH
REDUCED PROVIDER BURDEN
FLEXIBLE & EASY TO TAILOR
PRIVATE
ENGAGING
COST-EFFECTIVE

The online programs give organizations and practitioners an innovative way to meet the demand for services. There are two ways to refer parents to the program:

1. Parents can be referred directly to access Triple P Online via the parent website (www.triplep-parenting.net).
2. Organizations can provide access directly by purchasing access codes as part of a package model and providing them to parents (which allows options to track use and outcomes). Packages start at 100 codes, and include tools to support the implementation and embedding of a digital offer within an organization, including a management system to administer codes to parents.

POSITIVE EARLY CHILDHOOD EDUCATION (PECE) PROGRAM

The PECE Program was developed as a professional learning program, aligned with Triple P. The PECE Program enhances the confidence and competence of educators through the introduction of 22 strategies and a coaching model to support the application of the strategies in the classroom. There are three ways to access the PECE Program:

1. Personal PECE — Educators complete the PECE Online program..
2. Team PECE — PECE Coaches are trained to support educators completing the PECE Online program.
3. Community PECE — Team PECE plus the additional support of Triple P for parents.

Online program for educators

Educators complete their learning online using the PECE Online program. They complete the four 1-hour online modules at their pace typically over four to eight weeks.

PECE Coach training

One to two staff in supervisory, consultative or leadership roles per centre attend PECE Coach Training. Alternatively, if a Community PECE approach is being taken, participants attend a Triple P Provider Training, followed by the PECE Coach Extension Training.

Practice sessions for educators

The coaching role involves delivering two to four 20-30-minute follow-up practice sessions to educators who have completed the PECE Online program, to assist with practical implementation of the PECE Program strategies. These sessions help tailor the program to individual educators' needs, and promote the generalization of the PECE Program skills in diverse situations.

PECE Program communications support is available based on client need.

"THE PROGRAM IS A REVOLUTION BY WHICH ORDINARY FAMILIES WILL HAVE ACCESS TO THE BEST THAT THE PAST 30 YEARS OF RESEARCH ON FAMILIES CAN OFFER. THE MATERIALS ARE OUTSTANDING THE PROGRAM DESIGN IS EXCELLENT AND THE SCIENCE IS SUPERB. THE PROGRAM IS THE BEST IN THE WORLD."

PROFESSOR PATRICK MCGRATH
SCHOOL OF PSYCHOLOGY, PSYCHIATRY AND
BIOMEDICAL ENGINEERING
DALHOUSIE UNIVERSITY, CANADA



COSTS

There are six potential costs for your consideration:

1. Triple P Provider Training Courses
2. Implementation support options
3. Program Resources
4. Triple P Online
5. Communications strategy
6. Positive Early Childhood Education Program

Further information on how to estimate these costs is provided in this section and tailored quotes are available from your local IC or Triple P office. All costs are exclusive of Sales Tax, which will be charged where appropriate at the prevailing rate.

1. TRIPLE P PROVIDER TRAINING COURSES

Two costing options for Triple P Provider Training Courses are available for your organization to consider: Open Enrollment (OE) for 1 to 11 participants and Agency Training for cohorts up to 20 participants (plus observers*).

OE courses are available via video conference and are recommended as a more cost-effective option for organizations training fewer than 12 participants. Please visit the [OE page on the Triple P Website](#) for a schedule of OE courses and registration forms.

Agency Training provides the highest level of customization and support to your Triple P delivery. A Triple P Implementation Consultant will support your organization throughout the process of planning for training events and delivery to parents. Agency Training will be delivered via video conference or in-person.** It also provides an opportunity for tailored examples and discussions throughout the training. Table 1 outlines the costs for an individual practitioner to attend OE (via video conference), along with Agency Training for 20 practitioners. The Agency Training costs are for standalone courses, please contact your IC for information on extension course options and costs for previously trained practitioners.

All Agency Training costs include:

- Training and accreditation.
- Pre-Accreditation (excluding Extension Courses).
- Training materials (e.g. participant notes).
- Triple P practitioner resources (e.g. manual).
- Access to the Triple P Provider Network.
- Access to the Triple P Automated Scoring and Reporting Application (ASRA).
- Access to support from a Triple P Implementation Consultant (IC).

Please contact your local IC to discuss the most appropriate course options for your service delivery and receive a quote tailored for your organization.

* Refer to page 39 for more information.

** In-person is an option in some instances. Please contact your IC for more information.

Training costs for individual (OE) or 20 participants

The Open Enrollment costs outlined are per person, where practitioners are accessing training courses through our open enrollment timetable. This is the most cost-effective option for organizations training 1 to 11 practitioners. Agency training is the most cost effective option if your organization has 12 or more practitioners to train in the same course.

The table below provides OE training costs (per participant) along with the agency training costs for 20 participants in a Triple P Provider Training Course via video conference. Services delivered in-person will include a fee of \$250 per day. Please contact your local IC for a quote for in-person Agency Training. All costs are exclusive of Sales Tax, which will be charged at prevailing rate and subject to change at any time.

Table 1. Training costs for Open Enrollment (per participant) and Agency Training for 20 participants*

TRIPLE P PROVIDER TRAINING COURSE	OPEN ENROLLMENT COST (PER PARTICIPANT)	TOTAL TRAINING COST FOR 20 PARTICIPANTS
SEMINAR TRIPLE P	\$1,815	\$27,270
SEMINAR TEEN TRIPLE P	\$1,850	\$27,945
SEMINAR STEPPING STONES TRIPLE P	\$1,915	\$29,750
PRIMARY CARE TRIPLE P	\$2,500	\$37,165
PRIMARY CARE TEEN TRIPLE P	\$2,600	\$38,540
PRIMARY CARE STEPPING STONES TRIPLE P	\$3,215	\$46,445
TRIPLE P DISCUSSION GROUPS	\$2,205	\$35,135
TEEN TRIPLE P DISCUSSION GROUPS	\$2,150	\$33,840
GROUP TRIPLE P	\$2,935	\$41,610
GROUP TEEN TRIPLE P	\$2,995	\$42,945
GROUP STEPPING STONES TRIPLE P	\$3,080	\$44,455
STANDARD TRIPLE P	\$2,935	\$41,610
STANDARD TEEN TRIPLE P	\$2,995	\$42,945
STANDARD STEPPING STONES TRIPLE P	\$3,080	\$44,455
FEAR-LESS TRIPLE P	\$2,930	\$41,085
TRIPLE P FOR BABY	\$2,935	\$41,610
ENHANCED TRIPLE P	\$2,265	\$32,865
PATHWAYS TRIPLE P	\$2,205	\$31,465
FAMILY TRANSITIONS TRIPLE P	\$2,535	\$37,845
GROUP LIFESTYLE TRIPLE P	\$3,025	\$43,055
ADDITIONAL ACCREDITATION DAY	—	\$4,495

* Standalone course; please contact your IC for information on extension course options and costs for your previously trained practitioners.

Costs are confidential and not for publication. Costs are exclusive of Sales Tax, which will be charged at prevailing rate and subject to change at any time. Costs are valid to 30 June 2025.

2. IMPLEMENTATION SUPPORT OPTIONS

An IC will provide your organization with support using the Triple P Implementation Framework. Some organizations benefit from accessing additional support options for overall project consultation, managers and coordinators, or practitioners.

Costs for a range of options are detailed in the table below, all costs are for video conference or telephone delivery. Services delivered in-person will include a fee of \$250 per day. Please talk with your IC to determine which options are appropriate for your initiative and receive a quote for in-person delivery. All costs are exclusive of Sales Tax, which will be charged where appropriate at the prevailing rate.

Table 2. Implementation support costs

TRIPLE P IMPLEMENTATION SUPPORT OPTION	COST
CLINICAL SUPPORT (1 X FULL DAY)	\$4,315
CLINICAL SUPPORT (1 X HALF DAY)	\$3,020
WORKSHOP (1 X HALF DAY)	\$3,020
PRACTITIONER SUPPORT SESSION (90 MINUTES)	\$1,245
TRAINER FACILITATED PASS SESSIONS (24 HOURS)	\$6,720
TELEPHONE SUPPORT FOR MANAGERS AND COORDINATORS (1 HOUR)	\$280
TAILORED IMPLEMENTATION SUPPORT OPTIONS	POA

Costs are confidential and not for publication. Costs are exclusive of Sales Tax, which will be charged at prevailing rate and subject to change at any time. Costs are valid to 30 June 2025.

3. PROGRAM RESOURCES

Each Triple P program has a set of resources to be used with families and organizations will need to estimate the quantity required to achieve the goals of the initiative. Program resources are typically calculated by determining the number of families who will access various levels of Triple P or by calculating the number of families each practitioner will deliver to as part of the initiative. Please contact your local IC for help calculating program resources. All costs are exclusive of Sales Tax, which will be charged where appropriate at the prevailing rate.

Table 3. Program resource costs for families*

TRIPLE P PROVIDER TRAINING COURSE	RESOURCES PER FAMILY	COST PER UNIT (EXCL. S&H)	QUANTITY	COST (EXCL. S&H)	S&H**	COST PER FAMILY (INCL. S&H)
SEMINAR TRIPLE P	2 x Seminar Tip Sheets	\$1.63	2	\$3.26	\$0.33	\$3.59
SEMINAR TEEN TRIPLE P	2 x Teen Seminar Tip Sheets	\$1.63	2	\$3.26	\$0.33	\$3.59
SEMINAR STEPPING STONES TRIPLE P	2 x Stepping Stones Seminar Tip Sheets	\$1.63	2	\$3.26	\$0.33	\$3.59
PRIMARY CARE TRIPLE P	3 x Tip Sheets	\$1.63	3	\$4.89	\$0.49	\$16.33
	1 x Positive Parenting Booklet	\$9.95	1	\$9.95	\$1.00	
PRIMARY CARE TEEN TRIPLE P	3 x Tip Sheets	\$1.63	3	\$4.89	\$0.49	\$21.17
	1 x Positive Parenting for Parents of Teenagers Booklet	\$14.35	1	\$14.35	\$1.44	
PRIMARY CARE STEPPING STONES TRIPLE P	2 x Stepping Stones Primary Care Booklets	\$8.70	2	\$17.40	\$1.74	\$35.75
	1 x Positive Parenting Booklet	\$15.10	1	\$15.10	\$1.51	
TRIPLE P DISCUSSION GROUPS	1 x Group Discussion Workbook	\$7.80	1	\$7.80	\$0.78	\$8.58
TEEN TRIPLE P DISCUSSION GROUPS	1 x Teen Group Discussion Workbook	\$11.20	1	\$11.20	\$1.12	\$12.32
GROUP TRIPLE P	1 x Every Parent's Group Workbook	\$31.95	1	\$31.95	\$3.20	\$35.15
GROUP TEEN TRIPLE P	1 x Teen Triple P Group Workbook	\$34.90	1	\$34.90	\$3.49	\$38.39
GROUP STEPPING STONES TRIPLE P	1 x Stepping Stones Triple P Group Workbook	\$48.60	1	\$48.60	\$4.86	\$53.46

TRIPLE P PROVIDER TRAINING COURSE	RESOURCES PER FAMILY	COST PER UNIT (EXCL. S&H)	QUANTITY	COST (EXCL. S&H)	S&H**	COST PER FAMILY (INCL. S&H)
STANDARD TRIPLE P	1 x Every Parent's Family Workbook	\$39.45	1	\$39.45	\$3.95	\$43.40
STANDARD TEEN TRIPLE P	1 x Teen Triple P Family Workbook	\$43.15	1	\$43.15	\$4.32	\$47.47
STANDARD STEPPING STONES TRIPLE P	1 x Stepping Stones Triple P Family Workbook	\$48.60	1	\$48.60	\$4.86	\$53.46
FEAR-LESS TRIPLE P	1 x Fear-Less Triple P Workbook	\$31.95	1	\$31.95	\$3.20	\$35.15
TRIPLE P FOR BABY	1 x Triple P for Baby Workbook	\$38.40	1	\$38.40	\$3.84	\$42.24
ENHANCED TRIPLE P	2 x Every Parent's Supplementary Workbook Modules 1-3	\$13.60	2	\$27.20	\$2.72	\$44.88
	1 x Every Parent's Supplementary Workbook Module 4 (Maintenance and Closure)	\$13.60	1	\$13.60	\$1.36	
PATHWAYS TRIPLE P	3 x Pathways to Positive Parenting Modules	\$13.60	3	\$40.80	\$4.08	\$44.88
FAMILY TRANSITIONS TRIPLE P	1 x Family Transitions Workbook	\$39.45	1	\$39.45	\$3.95	\$43.40
GROUP LIFESTYLE TRIPLE P	1 x Every Parent's Group Lifestyle Workbook	\$39.45	1	\$39.45	\$3.95	\$63.31
	1 x Lifestyle Triple P Active Games Booklet	\$18.10	1	\$18.10	\$1.81	

* The level of resourcing recommended for each practitioner to use with families is outlined in Appendix B. Organizations are encouraged to talk with an IC to discuss the resources required to meet their specific needs.

** Shipping & Handling (S&H) may vary depending on the quantity of resources purchased and number of orders processed.

Costs are confidential and not for publication. Costs are exclusive of Sales Tax, which will be charged at prevailing rate and subject to change at any time. Costs are valid to 30 June 2025.

4. TRIPLE P ONLINE SYSTEM

The Triple P Online system has been designed to use the power and flexibility of the online medium to maximize parent engagement. Its flexibility allows parents to access support at their preferred time, place and rate of learning and to revisit the information, activities or goals to consolidate positive change. This provides organizations with a cost-effective opportunity to maximize their service delivery reach, whether it is by providing early intervention to families before they reach crisis point, providing immediate support to parents on a waitlist, or as part of a public health approach.

The Triple P Online system consists of:

- Triple P Online — universal parenting support for parents of children aged 0-12 years. Introduces parents to Triple P's 17 core parenting skills - simple strategies to encourage positive behavior and to prevent and manage misbehavior.
- Teen Triple P Online — universal parenting support for parents of teenagers up to 16 years. Provides parents with a toolbox of strategies to help them encourage positive behavior and to prevent and manage their teen's misbehavior.
- Triple P Online for Baby — to prepare parents for a positive transition to parenthood and the first year with baby. Provides parents an understanding of baby development, strategies for developing a positive relationship with their baby, survival skills and information on partner support.
- Fear-Less Triple P Online — to reduce anxiety and enhance resilience among children aged 6-14 years. Aims to help parents: set a good example of coping with anxiety; coach their child to become more emotionally resilient; develop a toolbox of strategies for helping children manage anxiety; and effectively respond their child's anxiety.

Parents sign up to the program using a unique access code that allows 12 months' access to the program. Each program consists of multiple modules, which parents complete in their own time on a computer, tablet or smartphone. Each module takes approximately 30-60 minutes to complete and includes a dynamic workbook, video clips and online activities. Parents can also sign up to receive emails and text messages that recap sessions and goals.

The cost for each Triple P Online Access Code is \$96.25 excluding Sales Tax. Triple P Online is available in English, Arabic, Dutch-Flemish, French, German, Japanese and Spanish. Teen Triple P Online is available in English, Dutch-Flemish, and Spanish. Fear-Less Triple P Online and Triple P Online for Baby are available in English.

For organizations looking to reach 100 or more parents/caregivers, there are support packages available (see Table 4). This support can include implementation and reporting help (e.g. data collection and reporting, staff workshops); and promotion and service integration tools (e.g. flyers, posters, digital media marketing, microsite/landing page for parents). For more information contact your local IC or email online@triplep.net.

Table 4. Triple P Online support packages

NUMBER OF PARENTS/ CAREGIVERS YOU WANT TO REACH	SUPPORT INCLUDED WITH TRIPLE P ONLINE CODES
100–499 PARENTS/CAREGIVERS	<ul style="list-style-type: none"> • Triple P Online Codes for practitioners supporting parents • Online Management System (code delivery, monitoring & reporting of progress) • Implementation Consultant support • Triple P Online Digital Flyers
500-1,999 PARENTS/CAREGIVERS	All of the above, plus: <ul style="list-style-type: none"> • Automated delivery of Triple P Online codes • Digital assessment measures options • Triple P Online Digital Posters
2,000-4,999 PARENTS/CAREGIVERS	All of the above in English and Spanish*
MORE THAN 5,000 PARENTS/CAREGIVERS	All of the above, plus: <ul style="list-style-type: none"> • Digital media marketing campaign**

* Only if Spanish required, please contact your local IC to discuss further.

** Available when an agreed automated delivery model is in place.

5. TRIPLE P MARKETING COMMUNICATIONS

It is important to consider allocating a portion of budget to promote the Triple P system. Costs for a marketing communications strategy will vary based on the activities and materials incorporated in the communications strategy and the type of roll-out suitable for your region. Table 5 details the three levels of communications support available to organizations implementing Triple P. Triple P ICs can assist with determining the best level of investment to effectively communicate a message in the community.

Table 5. Levels of communications support

TRIPLE P DELIVERY	RECOMMENDED SUPPORT	DESCRIPTION
LARGE-SCALE, POPULATION-WIDE ROLL-OUTS	Communications framework	This will be tailored to the specific requirements and objectives of the organization. The Triple P Communications teams will guide the communications strategy every step of the way through the phased implementation process. This level requires a local area coordinator, who can act as a central point of contact for the roll-out and provide on-the-ground support for communications activities in the region.
MEDIUM-SIZED ROLL-OUTS	Marketing and communications budget allocation over a 3-year period	This can incorporate a range of standardized marketing communications materials – for example, posters, brochures, outdoor and print materials, social media toolkits, and websites/digital materials that can be localized. The Triple P Communications Team will work with the organization to determine which elements of this campaign will best suit their needs, and assist to develop and launch these in their local areas.
INDIVIDUAL PRACTITIONERS OR SINGLE-LEVEL TRAINING RECIPIENTS	Pre-printed support materials are available to be purchased in smaller quantities	These come in low quantities and can easily be re-ordered when needed. This level of marketing communications is essentially a “self-service” model and is designed to provide access to high-quality promotional materials for Triple P’s range of courses and minimize the cost of promoting courses if budgets are particularly tight. If further marketing and communications support is needed, the practitioner or organization can contact the Triple P Communications Team for advice and support at hourly rates.

6. POSITIVE EARLY CHILDHOOD EDUCATION PROGRAM

The Positive Early Childhood Education (PECE) Program provides training for educators and centre leadership to support a positive early learning environment. The PECE Program aims to increase educators’ self-efficacy, by increasing confidence in performing work tasks, and self-sufficiency, by teaching evidence-based strategies to improve independent problem solving.

The tale below provides an OE training cost (per participant) and agency training cost for 20 participants in a PECE Coach Training Course via video conference. Services delivered in-person will include a fee of \$250 per day. Please contact your local IC for a quote for in-person Agency Training. All costs are exclusive of Sales Tax, which will be charged at prevailing rate and subject to change at any time.

For more information see www.peceprogram.net or contact your local IC.

Table 6. PECE Program costs

PECE PROGRAM OPTION	DESCRIPTION	ITEM COST
PERSONAL PECE	Educators complete the four online modules of the PECE Program to enhance their skills to meet the individual needs of children in group environments.	\$205 (per PECE Online Access Code)
TEAM PECE	Staff in supervisory, consultative or leadership roles are trained to be PECE Coaches to support the educators in their centre completing Personal PECE.	\$2,040 (OE per participant)* \$30,650 (20 participants)*
COMMUNITY PECE	In addition to Team PECE, the centre may offer Triple P to parents in their community to promote consistency between educator and parent strategies. Alternatively, Team PECE may be included in a Triple P initiative, creating a community wide approach that includes early childhood education.	POA

* PECE Coach Training cost includes 2 days training, 1 day pre-accreditation workshop and 2 days accreditation.

Costs are confidential and not for publication. Costs are exclusive of Sales Tax, which will be charged at prevailing rate and subject to change at any time. Costs are valid to 30 June 2025.



ADDITIONAL CONSIDERATIONS

IN-PERSON EVENTS

Prices quoted are for Services (Training, Accreditation and Implementation Support) via video conference. Services delivered in-person will incur a fee of \$250 per day. Please contact TPA for a quote for Services delivered in-person.

OBSERVERS (FOR AGENCY TRAINING)

Managers, supervisors, and key stakeholders are encouraged to attend Triple P Provider Training to gain a better understanding of the nature and content of the program. A maximum of two non-participating observers may attend via video conference or in-person*; however they will not receive resources, participate in training discussions, or access accreditation. Observers may be rotated per half-day session if required and those attending via video conference are required to turn-off both their video and audio.

Organizations should notify TPA if an observer will be attending.

VENUE (FOR IN-PERSON EVENTS)

The host organization will be responsible for:

- Providing an appropriate venue (centrally air-conditioned/heated) appropriate size for the training group and trainer.
- If catering is provided, ensuring dietary requirements are met.
- Data projector, screen, and speakers for PowerPoint Presentation and screening of a Video.
- Whiteboard or flip chart with markers.

EQUIPMENT (FOR VIDEO CONFERENCE EVENTS)

Events conducted via video conference require no onsite venue. The host organization will be responsible for:

- Ensuring practitioners have access to the technology required for the remote training. Note, each participant is required to connect individually.
- A technical support person is on call for the events.

SPECIAL REQUIREMENTS

It is recommended that a practitioner inform TPA, two weeks prior to a Service commencing, of any additional needs which may affect the training, accreditation, or the practitioner's work as a Triple P Provider (e.g. loss of sight not corrected by glasses or contact lenses, loss of hearing not corrected by a hearing aid, or speech difficulties). TPA will accommodate these needs as best as possible.

COPYRIGHT MATERIALS FOR PURCHASE

The majority of assessment forms used with Triple P are not subject to copyright and can be photocopied as required. The Strengths and Difficulties Questionnaire can be downloaded in translated form at no charge at www.sdqinfo.org. Organizations are responsible for ensuring assessment measures are used in accordance with the requirements of the publisher.

TRIPLE P PUBLISHED RESOURCE — COPYRIGHT AND CONFIDENTIALITY

The University of Queensland's technology transfer company, UniQuest, owns the Triple P trademark and logo, while copyright in the Triple P Resources vests in The University of Queensland and other third-parties.

* In-person is an option in some instances. Please contact your IC for more information.

Photocopying published resources is not permissible unless otherwise stated. All Triple P Resources are available from TPA and can be obtained by contacting orders@triplep.net. The information shared in the course of the training program is confidential, and the training materials and training program resources provided by Triple P are subject to copyright. The host organization agrees on behalf of itself and any practitioners who attend the training, that they are not permitted to make any audio, visual or other recording of any part of the services, including all training program sessions (whether provided in person or video conference).

LETTER OF AGREEMENT

The host organization will be required to sign a Letter of Agreement (LoA) outlining the understanding and agreement with TPA regarding Triple P Provider Training Course/s to be conducted. The LoA clarifies time, date, training course/s and the responsibilities of both parties. The LoA must be signed before dates of training can be confirmed.

CANCELLATION OF SERVICES

In the event that the host organization wishes to cancel any one or more of the scheduled Services (Training, Accreditation, Implementation Support), it is agreed that the organization has the right to cancel the Service without cause, upon giving four weeks written notice to TPA, prior to the commencement of the Service and upon payment of a cancellation fee (50% of the total Service costs). It will also be the responsibility of the host organization, where resources have been despatched to the training destination prior to the cancellation, to cover the postage required to return these resources to TPA.

RESCHEDULING OF SERVICES

Organizations may reschedule Services (Training, Accreditation, and Implementation Support) with 28 days' (including weekends) notice prior to an event by submitting written notice to TPA along with payment of a rescheduling fee of \$360 and any non-refundable third-party costs such as transport and accommodation that may have been booked. If the notice of the rescheduling is given to TPA fewer than 28 days (including weekends) prior to the commencement of Service delivery, the host organization will be required to pay TPA 11.5% of the total cost of the Service.

CANCELLATION AND RESCHEDULING OF TRAVEL ARRANGEMENTS

Where accommodation or transfers are pre-purchased by TPA, and cancellation or rescheduling of training by the host organization results in failure to obtain a refund, either in whole or in part, the host organization will be liable to refund to TPA the cost or the shortfall.

PAYMENT TIMING AND FORM

Payment is due and immediately payable when an invoice is issued from TPA outlining the total costs to be paid. It is preferred that this amount be paid by way of electronic transfer into the bank account of Triple P America Inc.

CANCELLATIONS AND REFUNDS (OPEN ENROLLMENT)

All cancellation requests must be made in writing. If cancellation notice is given to TPA 14-21 days before training commences there will be a cancellation fee of \$250. For notice given 3-13 days before training commences there will be a cancellation fee of \$500. Cancellations 2 days or less before commencement date will incur the full course fee. Any resources shipped before the course place is cancelled will need to be returned at your expense.

TPA reserve the right to cancel or defer an open enrollment training course if numbers are insufficient. If we cancel or defer a course, all fees will be refunded within 10 working days, unless you'd like a credit towards future training.

We also reserve the right to change our fees and conditions, with adequate notice, and/or to alter course timetables and locations without notice, if necessary, if unforeseen circumstances arise.

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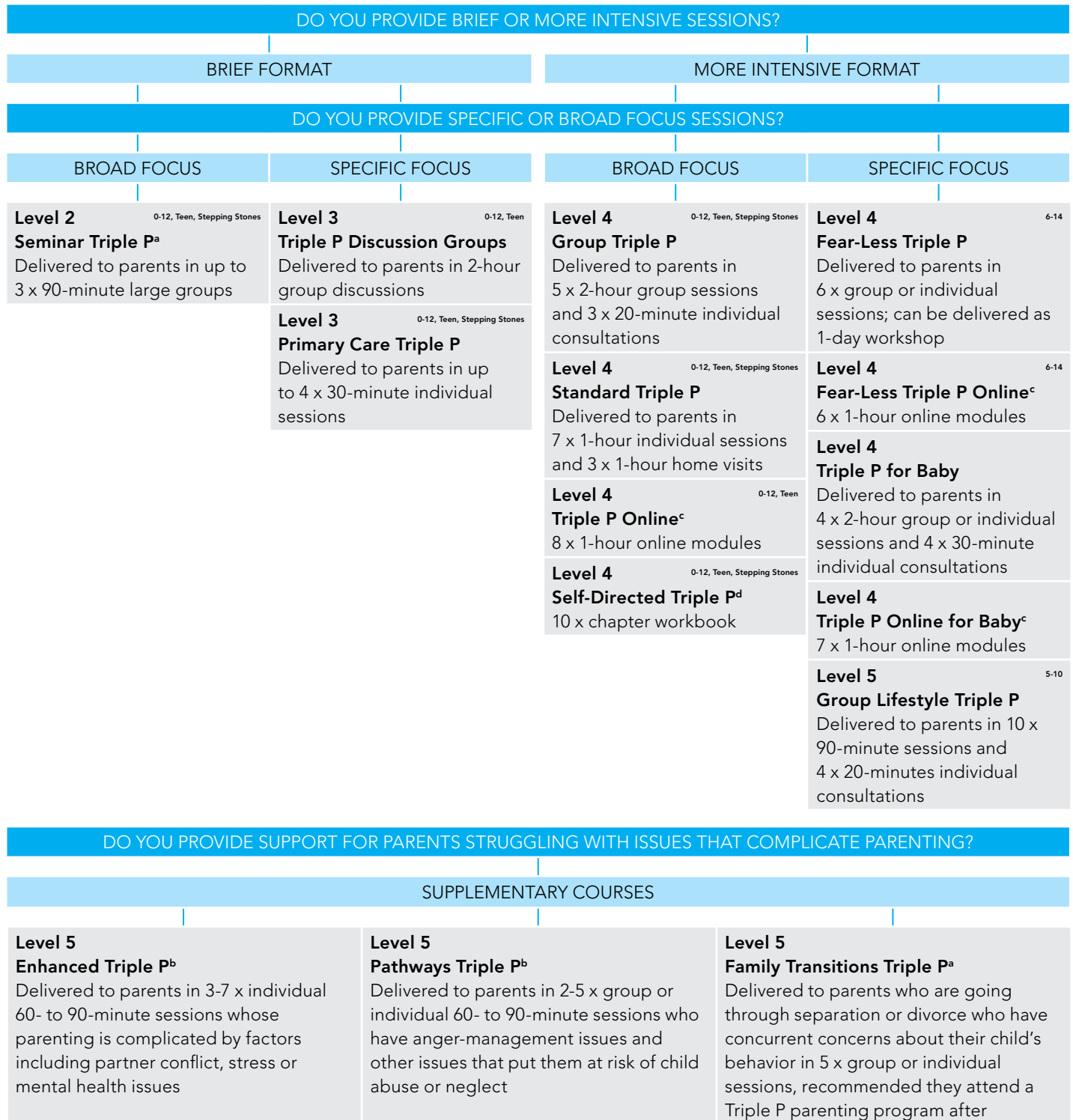
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APPENDIX A

DECISION TREE

WHICH TRIPLE P PROGRAMS ARE BEST FOR YOU?



^a Requires an organization to have established a successful referral process for families requiring further assistance.

^b Requires pre-requisite training.

^c Does not require provider support, but if provider support is offered to parents, this must be delivered by an accredited Triple P provider with a working knowledge of the structure and content of Triple P Online to deliver Clinical Support. The provider must have access to the Triple P Online program the parent is completing.

^d Does not require provider support, but if provider support is offered to parents, this must be delivered by an accredited Triple P provider with a working knowledge of the structure and content of the *Every Parent's Self-Help Workbook* to deliver Clinical Support. The provider must have access to the workbook.



APPENDIX B

THE TRIPLE P SYSTEM

The following table summarizes the Triple P system with a description of the target parent group, the practitioners best suited to each level, the delivery format, and any Triple P pre-requisite training required.

TARGET CLIENT GROUP ^a	TYPICAL PRACTITIONERS	DELIVERY FORMAT	PRE-REQUISITE COURSES	TRAINING & ACCREDITATION DAYS	TOTAL TIME FOR PROGRAM DELIVERY ^b	RESOURCES PER FAMILY	ESTIMATED FAMILIES PER PRACTITIONER PER YEAR ^c
LEVEL 1 POPULATION INFORMATION STRATEGY							
UNIVERSAL TRIPLE P							
General population targeted through a communication strategy.	Universal Triple P is not a program, but a premise underpinning the delivery of Triple P across populations. Universal Triple P acknowledges the importance of raising awareness of parenting issues and destigmatising the notion of asking for parenting help. A communications strategy, supports Universal Triple P. Communications materials are available for purchase as a suite or separately.	Includes websites or web pages, brochures, posters, flyers, parent newspapers, outdoor artwork, radio scripts, online banner artwork.	To be implemented with Level 2–5 Triple P programs.	None	n/a	n/a	n/a
LEVEL 2 BRIEF INTERVENTION							
SEMINAR TRIPLE P ^d							
Parents interested in general information about promoting their child's development.	Those involved in education, social services, health services, or voluntary organizations.	3 x 90-minute seminars delivered to large groups of parents.	None	2 days' training 1 day pre-accreditation 1 day accreditation (2 x ½ day accreditation workshops with maximum 10 participants each)	3 hours per seminar	1 x Seminar Tip Sheet	300 seminar places ^e

TARGET CLIENT GROUP ^a	TYPICAL PRACTITIONERS	DELIVERY FORMAT	PRE-REQUISITE COURSES	TRAINING & ACCREDITATION DAYS	TOTAL TIME FOR PROGRAM DELIVERY ^b	RESOURCES PER FAMILY	ESTIMATED FAMILIES PER PRACTITIONER PER YEAR ^c
SEMINAR TEEN TRIPLE P ^d							
Parents interested in general information about promoting their teen's development.	Those involved in education, social services, health services, or voluntary organizations.	3 x 90-minute seminars delivered to large groups of parents.	None	2 days' training 1 day pre-accreditation 1 day accreditation (2 x ½ day accreditation workshops with maximum 10 participants each)	3 hours per seminar	1 x Teen Seminar Tip Sheet	300 seminar places ^e
SEMINAR STEPPING STONES TRIPLE P ^d							
Parents of children with a disability (up to 12 years old) interested in general information about promoting their child's development.	Those involved in education, disability services, health services, or voluntary organizations.	3 x 90-minute seminars delivered to large groups of parents.	None	2 days' training 1 day pre-accreditation 1 day accreditation (2 x ½ day accreditation workshops with maximum 10 participants each)	3 hours per seminar ^f	1 x Stepping Stones Seminar Tip Sheet	300 seminar places ^e
LEVEL 3 BRIEF INTERVENTION							
PRIMARY CARE TRIPLE P ^g							
Parents with a specific concern about their child's behavior who require one-to-one consultations and active skills training. These parents may be unable to commit to regular treatment over longer periods of time. It can also be offered to families with complex needs where access to more intensive interventions is not immediately available.	Those who may be involved in occasional support for the client and are able to provide focused therapeutic interventions, including teachers, school counselors, nurses, home visitors, family physicians and allied health professionals.	Brief individual consultations (possibly 4 x 20–30-minute sessions over 1–2 months).	None	2 days' training 1 day pre-accreditation 2 days' accreditation (4 x ½ day accreditation workshops with maximum 5 participants each)	2 ¾ – 3 ¼ hours per family	1 x Positive Parenting Booklet 3 x Tip Sheets	50

TARGET CLIENT GROUP ^a	TYPICAL PRACTITIONERS	DELIVERY FORMAT	PRE-REQUISITE COURSES	TRAINING & ACCREDITATION DAYS	TOTAL TIME FOR PROGRAM DELIVERY ^b	RESOURCES PER FAMILY	ESTIMATED FAMILIES PER PRACTITIONER PER YEAR ^c
PRIMARY CARE TEEN TRIPLE P ^h							
Parents with a specific concern about their teen's behavior who require one-to-one consultations and active skills training. These parents may be unable to commit to regular treatment over longer periods of time. It can also be offered to families with complex needs where access to more intensive interventions is not immediately available.	Those who may be involved in occasional support for the client and are able to provide focused therapeutic interventions, including teachers, school counselors, nurses, home visitors, family physicians, and allied health professionals.	Brief individual consultations (possibly 4 x 20–30-minute sessions over 1–2 months).	None	2 days' training 1 day pre-accreditation 2 days' accreditation (4 x ½ day accreditation workshops with maximum 5 participants each)	2 ¾ – 3 ¼ hours per family	1 x Positive Parenting for Parents of Teenagers Booklet 3 x Teen Tip Sheets 1 x Teen Wall Chart	50
PRIMARY CARE STEPPING STONES TRIPLE P							
Parents of children with a disability (up to 12 years old) with a specific concern about their child's behavior who require one-to-one consultations and active skills training. These parents may be unable to commit to regular treatment over longer periods of time. It can also be offered to families with complex needs where access to more intensive interventions is not immediately available.	Those who may be involved in occasional support for the client and are able to provide brief therapeutic interventions, including teachers, school counselors, nurses, home visitors, family physicians, paediatricians and allied health professionals.	Brief individual consultations (possibly 4 x 20 – 30-minute sessions over 1–2 months).	None	3 days' training 1 day pre-accreditation 2 days' accreditation (4 x ½ day accreditation workshops with maximum 5 participants each)	2 ¾ – 3 ¼ hours per family ^f	1 x Positive Parenting Booklet 2 x Stepping Stones Primary Care Booklets	50
TRIPLE P DISCUSSION GROUPS							
Parents with a specific concern about their child's behavior who would benefit from a focused topic-based 2-hour group discussion. The discussion group topics are: <ul style="list-style-type: none"> • Hassle-free shopping with children. • Managing fighting and aggression. • Developing good bedtime routines. • Dealing with disobedience. • Hassle-free mealtimes with children. 	Those who may be involved in occasional support for the client and are able to provide brief therapeutic interventions to small groups of parents, including teachers, school counselors, nurses, home visitors, family physicians, paediatricians, allied health professionals and parent educators.	A single-session 2-hour group discussion with an average of 10 parents.	None	2 days' training 1 day pre-accreditation 1 day accreditation (2 x ½ day accreditation workshops with maximum 10 participants each)	4 hours per group	1 x Group Discussion Workbook	100

TARGET CLIENT GROUP ^a	TYPICAL PRACTITIONERS	DELIVERY FORMAT	PRE-REQUISITE COURSES	TRAINING & ACCREDITATION DAYS	TOTAL TIME FOR PROGRAM DELIVERY ^b	RESOURCES PER FAMILY	ESTIMATED FAMILIES PER PRACTITIONER PER YEAR ^c
TEEN TRIPLE P DISCUSSION GROUPS							
Parents with a specific concern about their teen's behavior who would benefit from a focused topic-based 2-hour group discussion. The discussion group topics are: <ul style="list-style-type: none"> • Getting teenagers to cooperate. • Coping with teenagers' emotions. • Building teenagers' survival skills. • Reducing family conflict. 	Those who may be involved in occasional support for the client and are able to provide brief therapeutic interventions to small groups of parents, including teachers, school counselors, nurses, family physicians, allied health professionals and parent educators.	A single-session 2-hour group discussion with an average of 10 parents.	None	2 days' training 1 day pre-accreditation 1 day accreditation (2 x ½ day accreditation workshops with maximum 10 participants each)	4 hours per group	1 x Teen Group Discussion Workbook	100
LEVEL 4 INTENSIVE INTERVENTION							
GROUP TRIPLE P							
Parents with concerns about their child's behavior who require intensive training in positive parenting or those who wish to learn a variety of parenting skills to apply to multiple contexts. These parents can commit to 8 weeks of regular appointments.	Those who are able to provide regular group interventions, including school counselors, nurses, psychologists, social workers and parent educators.	5 x 2-hour group sessions + 3 x 20-minute individual telephone consultations for a group of up to 12 parents of children aged 0–12 years.	None	3 days' training 1 day pre-accreditation 2 days' accreditation (4 x ½ day accreditation workshops with maximum 5 participants each)	40 hours per group	1 x Every Parent's Group Workbook	30
GROUP TEEN TRIPLE P							
Parents with concerns about their teen's behavior who require intensive training in positive parenting or those who wish to learn a variety of parenting skills to apply to multiple contexts. These parents can commit to 8 weeks of regular appointments.	Those who are able to provide regular group interventions, including school counselors, nurses, psychologists, and social workers and parent educators.	5 x 2-hour group sessions + 3 x 20-minute individual telephone consultations for a group of up to 12 parents of teens.	None	3 days' training 1 day pre-accreditation 2 days' accreditation (4 x ½ day accreditation workshops with maximum 5 participants each)	40 hours per group	1 x Teen Triple P Group Workbook	30

TARGET CLIENT GROUP ^a	TYPICAL PRACTITIONERS	DELIVERY FORMAT	PRE-REQUISITE COURSES	TRAINING & ACCREDITATION DAYS	TOTAL TIME FOR PROGRAM DELIVERY ^b	RESOURCES PER FAMILY	ESTIMATED FAMILIES PER PRACTITIONER PER YEAR ^c
GROUP STEPPING STONES TRIPLE P							
Parents of children with a disability (up to 12 years of age) requiring intensive training in positive parenting or those who wish to learn a variety of parenting skills to apply to multiple contexts. These parents can commit to 9 weeks of regular appointments.	Those who are able to provide regular group interventions, including school counselors, nurses, psychologists, social workers and parent educators.	6 x 2 ½-hour group sessions + 3 x 20-minute individual telephone consultations for a group of up to 9 parents of children with a disability (aged 0–12 years).	None	3 days' training 1 day pre-accreditation 2 days' accreditation (4 x ½ day accreditation workshops with maximum 5 participants each)	37 ½ hours per group ^f	1 x Stepping Stones Triple P Group Workbook	35
STANDARD TRIPLE P							
Parents with concerns about their child's moderate to severe behavioral problem who require intensive training in positive parenting on a one-to-one basis. These parents can commit to 10 weeks of regular appointments.	Those who are able to provide individualized regular interventions, including school counselors, nurses, psychologists, social workers and allied health professionals.	10 individualized 1-hour weekly sessions.	None	3 days' training 1 day pre-accreditation 2 days' accreditation (4 x ½ day accreditation workshops with maximum 5 participants each)	19 hours per family	1 x Every Parent's Family Workbook	25
STANDARD TEEN TRIPLE P							
Parents with concerns about their teen's moderate to severe behavioral problem who require intensive training in positive parenting on a one-to-one basis. These parents can commit to 10 weeks of regular appointments.	Those who are able to provide individualized regular interventions, including school counselors, nurses, psychologists, social workers and allied health professionals.	10 individualized 1-hour weekly sessions.	None	3 days' training 1 day pre-accreditation 2 days' accreditation (4 x ½ day accreditation workshops with maximum 5 participants each)	19 hours per family	1 x Teen Triple P Family Workbook	25
STANDARD STEPPING STONES TRIPLE P							
Parents of children with a disability (up to 12 years old) who have concerns about their child's moderate to severe behavioral problem and are able to commit to 2 months of regular one-to-one appointments.	Those who are able to provide individualized regular interventions, including school counselors, nurses, psychologists, social workers and allied health professionals.	10 individualized 1 ½-hour weekly sessions.	None	3 days' training 1 day pre-accreditation 2 days' accreditation (4 x ½ day accreditation workshops with maximum 5 participants each)	19 hours per family ⁱ	1 x Stepping Stones Triple P Family Workbook	35

TARGET CLIENT GROUP ^a	TYPICAL PRACTITIONERS	DELIVERY FORMAT	PRE-REQUISITE COURSES	TRAINING & ACCREDITATION DAYS	TOTAL TIME FOR PROGRAM DELIVERY ^b	RESOURCES PER FAMILY	ESTIMATED FAMILIES PER PRACTITIONER PER YEAR ^c
FEAR-LESS TRIPLE P							
For parents of children aged 6-14 years with moderate to high levels of anxiety that negatively impacts on everyday functioning.	Those who are able to provide regular interventions, including family support workers, school counselors, nurses, psychologists, social workers and allied health professionals.	6 x weekly group or individual sessions, or as a 1-day or three 2-hour intensive group workshop.	None	3 days' training 1 day pre-accreditation 2 days' accreditation (4 x ½-day accreditation workshops with maximum 5 participants each)	18-21 hours per group or individual family, or 11 ½ hours per intensive group workshop	1 x Fear-Less Triple P Workbook	32 families for group or workshop delivery or 25 families for individual delivery
TRIPLE P FOR BABY							
Parents at the transition to parenthood or with a baby up to 12 months of age.	Those who are able to provide regular interventions, including family support workers, nurses, psychologists, social workers and allied health professionals.	4 x 2-hour group or individual sessions + 4 x 30-minute individual telephone consultations.	None	3 days' training 1 day pre-accreditation 2 days' accreditation (4 x ½-day accreditation workshops with maximum 5 participants each)	Group Program 42 hours per group Individual Program 15 hours per family	1 x Triple P for Baby Workbook	30 families for group delivery or 25 families for individual delivery
LEVEL 5 ADJUNCTIVE SUPPORT							
GROUP LIFESTYLE TRIPLE P							
Parents of overweight or obese children (5–10 years of age) who have concerns about their child's weight and are willing to make changes in their family's lifestyle. These parents can commit to up to 6 months of regular appointments.	Those who are able to provide regular group interventions, including dietitians, physical education teachers, nurses, psychologists and physicians.	10 x 1 ½-hour group sessions + 4 x 20-minute telephone consultations for a group of up to 10 families.	None	3 days' training 1 day pre-accreditation 2 days' accreditation (4 x ½ day accreditation workshops with maximum 5 participants each)	55 hours per group	1 x Every Parent's Group Lifestyle Workbook 1 x Lifestyle Triple P Active Games Booklet	20
FAMILY TRANSITIONS TRIPLE P							
Parents going through separation and divorce who have concurrent concerns about their child's behavior.	Those who are able to provide regular interventions, including family support workers, school counselors, nurses, psychologists, social workers, and allied health professionals.	5 x 2-hour individual or group sessions in addition to a Level 4 Triple P program.	None	2 days' training 1 day pre-accreditation 2 days' accreditation (4 x ½ day accreditation workshops with maximum 5 participants each)	21 hours per group ⁱ	1 x Family Transitions Workbook	25

TARGET CLIENT GROUP ^a	TYPICAL PRACTITIONERS	DELIVERY FORMAT	PRE-REQUISITE COURSES	TRAINING & ACCREDITATION DAYS	TOTAL TIME FOR PROGRAM DELIVERY ^b	RESOURCES PER FAMILY	ESTIMATED FAMILIES PER PRACTITIONER PER YEAR ^c
ENHANCED TRIPLE P							
Parents of children with concurrent child behavior problems and family adjustment difficulties, e.g. parental depression or stress and partner conflict. These parents have attempted a Level 4 program and shown minimal improvements.	Those who are able to provide regular interventions, including school counselors, nurses, psychologists, social workers and allied health professionals.	3–8 individualized 60–90-minute parenting sessions.	Any Level 4 Triple P Provider Training Course, or any Level 3 Primary Care Triple P Provider Training Course.	2 days' training 1 day pre-accreditation 2 days' accreditation (4 x ½ day accreditation workshops with maximum 5 participants each)	15 ½–19 hours per family ^j	2 x Every Parent's Supplementary Workbook Modules 1–3 1 x Every Parent's Supplementary Workbook Module 4 (Maintenance and Closure)	25
PATHWAYS TRIPLE P							
Parents who have anger-management issues and other issues that put them at risk of child abuse and neglect.	Those who are able to provide regular interventions, including school counselors, nurses, psychologists, social workers and allied health professionals.	2–5 individualized or group 60–90-minute sessions.	Any Level 4 Triple P Provider Training Course, or any Level 3 Primary Care Triple P Provider Training Course.	2 days' training 1 day pre-accreditation 2 days' accreditation (4 x ½ day accreditation workshops with maximum 5 participants each)	Individual Program ⁱ 9 ½–12 hours per family Group Program 20 hours per group	3 x Pathways to Positive Parenting Modules	25

- a The word “parent” referred to in relation to Triple P is used to refer to any person who is a biological parent, adoptive parent, guardian, caregiver, or who is otherwise acting in a parental role in respect of a person who is a child or adolescent.
- b These estimates are a guide only and will vary from practitioner to practitioner based upon skill, experience, qualification, and access to supervision. Practitioners new to Triple P may require more preparation time to what is outlined. Refer to the Practitioner Information Sheets for details on the time delivery calculations.
- c Please note these figures are a guide only and will vary for each practitioner based on practitioner skill, experience, qualification, access to supervision, and allocation of time to provide Triple P.
- d Assumes an organization has established a successful referral process for families requiring further assistance.
- e Assumes 50 families per seminar and each family attends two seminars.
- f Stepping Stones programs may require additional time to address complex cases.
- g Practitioners trained in Primary Care Triple P are eligible to provide Brief Primary Care Triple P sessions with parents. For more information please contact your local IC or Triple P Office.
- h Practitioners trained in Primary Care Teen Triple P are eligible to provide Brief Primary Care Teen Triple P sessions with parents. For more information please contact your local IC or Triple P Office.
- i In addition to a Level 4 Triple P program.
- j Based on an average of two modules (8 sessions) completed per family in addition to Level 4 programs.

The following table summarizes the Positive Early Childhood Education (PECE) Program with a description of the target client group, the participants best suited to each option, and the delivery format.

TARGET CLIENT GROUP*	TYPICAL PRACTITIONERS	DELIVERY FORMAT	TRAINING & ACCREDITATION DAYS	TOTAL TIME FOR PROGRAM DELIVERY**
POSITIVE EARLY CHILDHOOD EDUCATION COACHING				
Professionals in the early childhood education sector, including early childhood education and care centers, preschools, home-based child care and after school care.	PECE Coach Training is suitable for centre directors, lead teachers, supervisors, consultants, or others in a position to support professional learning.	Up to four 45-minute coaching sessions.	2 days' training 1 day pre-accreditation 2 days' accreditation (2 x 1 day accreditation workshops with maximum 10 participants each)	1 - 4 hours per educator
ONLINE PROGRAM FOR EDUCATORS				
PECE Online is a professional learning program, designed to build educators' knowledge, confidence and skills and enhance educators' self-efficacy in implementing strategies that promote children's development, social competence and self-regulation. Educators can complete the program in on a computer, tablet, or smartphone.	PECE Online is designed for professionals in the early childhood education sector, including early childhood education and care centers, preschools, home-based child care and after school care.	4 x 60-minute online modules. Plus practice sessions with a PECE Coach or as peer review.	n/a	n/a

* 'Educators' includes teachers and educators delivering an early childhood education and care program.

** These estimates are a guide only and will vary from practitioner to practitioner based upon skill, experience, qualification, and access to supervision. Practitioners new to Triple P may require more preparation time to what is outlined. Refer to the Practitioner Information Sheets for details on the time delivery calculations.

The following table summarizes the Triple P online programs with a description of the target parent group, the typical providers, and the delivery format.

TARGET CLIENT GROUP*	TYPICAL PROVIDERS	DELIVERY FORMAT
ONLINE PROGRAMS FOR PARENTS		
TRIPLE P ONLINE		
Parents of children up to 12 years who are more suited to completing an online program for reasons such as busy schedules, geographical isolation, personal preference for online, or unable to attend regular parenting courses.	Triple P Online is a stand-alone web-based intervention designed to promote positive parenting practices and teach parents the application of principles to specific situations. Parents can complete the program in their own time on a computer, tablet, or smartphone.	8 x 30–60 minute online modules, completed at a parent’s own pace.
TEEN TRIPLE P ONLINE		
Parents of children aged between 10 and 16 years who are more suited to completing an online program for reasons such as busy schedules, geographical isolation, personal preference for online, unable to attend regular parenting courses.	Teen Triple P Online is designed for parents to complete as a stand-alone web-based intervention that promotes the use of positive parenting practices and teaches parents the application of principles to specific situations. Parents can complete the program in their own time on a computer, tablet or smartphone.	6 x 30–60 minute online modules, completed at a parent’s own pace.
FEAR-LESS TRIPLE P ONLINE		
Parents of children aged between 6 and 14 years with moderate to high levels of anxiety that negatively impacts on everyday functioning. An online program is more suitable for reasons such as busy schedules, geographical isolation, personal preference for online, unable to attend regular parenting courses.	Fear-Less Triple P Online is designed for parents to complete as a stand-alone web-based intervention that promotes the use of positive parenting practices and teaches parents strategies for anxiety management. Parents can complete the program in their own time on a computer, tablet or smartphone.	6 x 45-60 minute online modules, completed at a parent’s own pace.
TRIPLE P ONLINE FOR BABY		
Parents at the transition to parenthood or with a baby up to 12 months of age. An online program is more suitable for reasons such as busy schedules, geographical isolation, personal preference for online, unable to attend regular parenting courses.	Triple P Online for Baby is designed for parents to complete as a stand-alone web-based intervention that promotes the use of positive parenting practices and prepares parents for a positive transition to parenthood and the first year with baby. Parents can complete the program in their own time on a computer, tablet or smartphone.	7 x 60 minute online modules, completed at a parent’s own pace.

* The word “parent” referred to in relation to Triple P is used to refer to any person who is a biological parent, adoptive parent, guardian, caregiver, or who is otherwise acting in a parental role in respect of a person who is a child or adolescent.



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