Making a public health approach to parenting support really work

Matthew R Sanders, PhD
Professor of Clinical Psychology and Director
Parenting and Family Support Centre
The University of Queensland
At a Glance

- Why a population approach is needed
- Making the approach really work
- A way forward
- Implementation challenges
Parental influence is pervasive

Influences key risk and protective factors

- Language, communication
- Social skills and peer relationships
- Emotion regulation
- Coping with adversity and life transitions
- School achievement
- Physical health and well being
- Sustained attention and problem solving

Reduced social, emotional and health problems
There have always been concerns about how parents raise their children.

---

Parents must control their kids... I used to get a slap
Says Shaun Bailey, youth worker

---

Riots show kids need focus like Citizen Service
Says Pixie Lott

PIXIE LOTT is backing David Cameron’s calls for 16-year-olds to do National Citizen Service – to encourage our teens.

The 20-year-old singer will be a judge for October’s BBC Radio 1 Teen Awards, which will honour inspirational youths.

Here Pixie, from Essex, tells why it is so important to remember and support all the nation’s good young people.

---

ON the streets of Tottenham today there is calm. People smile at each other, the cafes and shops are bustling.

---

Six steps to gang survival
A NEW report exposed the hopelessness of life for the youths who get sucked into gangs

---

THE riots in Britain last week were just awful.

---

THE sun
Parents need to help treat disturbed teens

Stephen Lunn, social affairs writer | The Australian | March 30, 2010 12:00AM

PARENTS are too often left out of the picture in the treatment of troubled teens or children with depression and substance abuse, a study shows.

"There is an emerging body of evidence that suggests family therapy is an intervention in a range of adolescent risk behaviours, including depression and substance abuse," says the report, What Works with Adolescence, published by the federal government's Australian Family Relationships Clearing House.

Co-author Elly Robinson, a research fellow at the Australian Institute of Family Studies, said programs were often linked to family risk factors such as abuse and conflict, so it made sense to include families as part of the solution. "If people were considered independent of their families, that peer groups are extremely important. But we know now that families remain extremely important.

A TOWNSVILLE mother has divided the community after forcing her young child to sit in public with a sign reading "do not trust me I will steal from you I am a thief" pinned to his shirt.

The boy, thought by witnesses to be about 10 years old, was also seen wearing Shrek ears and writing lines in what appeared to be a form of public punishment.

The boy reportedly spent almost an hour on Sunday near The Strand water park, while his family ate lunch nearby. The Townsville Bulletin was inundated with texts from witnesses to the incident.

Witness Diane Mayers was so "horrified" when she saw the young boy, she contacted Child Safety Services to intervene.

Child Safety confirmed receipt of the complaint but could not comment further.

Ms Mayers, a mum of six who has worked with the department for 15 years, said long-term affects of the public humiliation would have been much worse than physical abuse.
On Teenagers, Adult:
Statistics show that teen pregnancy drops off significantly after age 25.

Parenting
A question of control

EXCLUSIVE: Baby-faced father of little Maisie
DAD AT 13

.... shamed
parents get confused, defensive and desperate
No group has a monopoly on either coercive or positive parenting practices.
Achieving population level change

Glasgow et al (2001)

Create leverage using the RE-AIM formula

Slide courtesy Dr Dennis Embry, Paxis Institute (2006)
Reach X Efficacy X Adoption X Implementation X Maintenance
Making the approach really work

Why a population approach is needed

A way forward

Implementation challenges
Population level change can be achieved through parenting.

**Population-Based Prevention of Child Maltreatment: The U.S. Triple P System Population Trial**

Ronald J. Prinz • Matthew R. Sanders • Cheri J. Shapiro • Daniel J. Whitaker • John R. Lutzker

Published online: 22 January 2009
© The Author(s) 2009. This article is published with open access at Springerlink.com

Abstract The prevention of child maltreatment necessitates a public health approach. In the U.S. Triple P System Population Trial, 18 counties were randomly assigned to either dissemination of the Triple P—Positive Parenting Program system or to the services-as-usual control condition. Dissemination involved Triple P professional training for the toll on societal utilization of child protective child treatment educational system and health.
What is the Triple P system?

- **Universal Triple P**
  - Level One

- **Selected Triple P**
  - Level Two

- **Primary Care Triple P**
  - Level three

- **Standard Triple P**
  - Level four

- **Enhanced Triple P**
  - Level five
Principles of Positive Parenting

- Safe, engaging environment
- Positive learning environment
- Taking care of yourself as a parent
- Reasonable expectations
- Assertive discipline
17 Core Parenting Skills

**Promoting positive relationships**
- Brief quality time
- Talking to children
- Affection

**Encouraging desirable behaviour**
- Praise, positive attention, engaging activities

**Teaching new skills and behaviours**
- Modelling, Incidental teaching
- Ask-say-do
- Behaviour charts

**Managing misbehaviour**
- Ground rules
- Directed discussion
- Planned ignoring
- Clear, calm instructions
- Logical consequences
- Quiet time
- Time-out
Strongest evidence relates to early years but parenting continues across the lifespan.

- Weak evidence
  - Transition to parenthood
  - Parenting of toddlers and preschoolers
  - Parenting of primary school aged children
  - Parenting of young teenagers
  - Parenting of older teenagers
  - Parenting of young adults no children
  - Grand Parenting/ Great Grand parenting

- Strongest evidence 3-10 years
  - Areas of relative neglect
  - Greatest return on investment 0-3 years

- Weaker evidence 11-18
  - Sandwich/club sandwich generation
Self Regulation Framework used in entire system-child, parent, professional, supervisor, organization, country

Parental Self regulation

Self-management  Self-efficacy  Personal agency  Self-sufficiency

Reduced need for support

Minimally Sufficient Intervention
How parents would prefer to receive information about effective parenting?

Percent indicating "quite" or "very interested" in receiving parenting information in each of nine formats:

- TV program
- Online program
- Written materials
- One-time workshop/seminar
- Self-paced workbook
- Resource center
- Group/class, several weeks
- Sessions with therapist
- Home visits

Clinical and nonclinical preferences.
Adaptability through flexible delivery formats

- Individual
- Large group
- Small group
- Over the phone
- TV series
- Self directed
- Web *

* Under development
  - Trials completed
Enhancing reach through media and communication strategies
Focus of parenting support
Not a "one size fits all" approach

- **Universal Triple P**
  - Level One
- **Selected Triple P**
  - Level Two
- **Primary Care Triple P**
  - Level three
- **Standard Triple P**
  - Level four
- **Enhanced Triple P**
  - Level five

Stay Positive
Parents are blamed

**WHAT DO YOU THINK?** Have your say about this site

Prep student suspensions double as out-of-control kids ‘not prepared for school’

By Tanya Chilcott | The Courier-Mail | May 16, 2011 12:00AM | 50 comments

Violent and out-of-control behaviour among the state’s youngest students is rising, with suspensions handed out to Prep pupils doubling in just two years.

Figures released for the first time show nearly 400 suspensions were handed out last year to four, five and six-year-old state school Prep students.

As young as 3

**Parents duped by snack food value**

Ian Royall

Parents are being hoodwinked into believing some snack foods were nutritious for their children, a health expert has said.

Nutrition and fitness adviser John Toomey said some products deceived shoppers into believing they were good for their children.

Certain types of yoghurts, fruit bars and other common lunchbox fillers had high levels of fat and sugar.

The warnings came as new figures showed the average child aged between four and five was forced to visit at least one fast-food outlet every week.

Growing concern about childhood obesity has made the topic an election issue, with calls for improved diet and regular exercise for the nation’s children.

A supermarket check of the nutritional content of popular children’s snacks revealed alarming levels of sugar and fat content, while others had several added flavours and colours.

A raspberry flavoured muffin bar contained some fruit puree, but also “raspberry flavour concentrate”.

The content was diluted when added to milk.

LCMs and muffin bars, sold in the nutritional foods section of the supermarket, were low in fat but contained at least 30 per cent sugar.

Among those high in fat were cinema-style buttered popcorn.

Deakin University’s health and behavioural sciences head, Professor John Cadford, said one-time party or treat foods were now part of children’s regular diets.

“Consumers have to be pretty sceptical about packaging,” he said.

“Food could not be loaded with sugar, synthetic flavour enhancers, colours and preservatives.

“That’s part of the challenge so that parents are not hoodwinked into believing something is healthy and nutritious.”

Another classic case is flavoured yoghurts – they’re trash,” he said.

Australians have one of the best labelling regimes in the world, with all packaged products detailing the ingredients and nutritional information on the packaging.

But experts now want more.

“Experts warn obesity epidemic hitting children as young as 3

**OBESITY: The Sunday Mail report**

Amanda Lee said an increased reliance on cars, safety concerns and a lack of walking or cycling to school had contributed to the obesity epidemic.

The Government is concerned that Queensland Health and Education Queensland have formed a joint action plan to target obesity.

“If we don’t become involved now, we’re not going to be able to handle this,” Dr Lee said.

“Toddlers have been many changes which have mean; kids are no as active as they used to be… and schools are a prime element.”

She said TV advertisements selling sugary drinks were a big part of the problem.

She said health-focused messages had been effective in the past, including the CleanUP campaign in the 1990s.

By JESSICA LAWRENCE

Three-year-olds are being given coffee for breakfast and 18-month-old toddlers are wolfing down pies, according to nutritionists.

Last weekend, The Sunday Mail revealed a childhood obesity epidemic, with more than 1 million kids now...

**Shocking eating habits behind the fat kid epidemic**

Youngsters fed coffee and pies, says expert

**TODDLERS ‘TOO FAT TO WALK’**

Experts warn obesity epidemic hitting children as young as 3

**OBESITY: The Sunday Mail report**

Amanda Lee said an increased reliance on cars, safety concerns and a lack of walking or cycling to school had contributed to the obesity epidemic.

The Government is concerned that Queensland Health and Education Queensland have formed a joint action plan to target obesity.

“If we don’t become involved now, we’re not going to be able to handle this,” Dr Lee said.

“Toddlers have been many changes which have mean; kids are no as active as they used to be… and schools are a prime element.”

She said TV advertisements selling sugary drinks were a big part of the problem.

She said health-focused messages had been effective in the past, including the CleanUP campaign in the 1990s.

By JESSICA LAWRENCE

Three-year-olds are being given coffee for breakfast and 18-month-old toddlers are wolfing down pies, according to nutritionists.

Last weekend, The Sunday Mail revealed a childhood obesity epidemic, with more than 1 million kids now...
Parenting

A question of control

Tantrums, tears, illogical disputes - and that's just the adults. Today's parents are crying out for help, write Brigid Delaney and Jordan Baker.

INSIDE
Experts' verdict on Supernanny

Obese Children
Because their parents don't love them.
When problems arise with teenagers

Why UK teenagers struggle to cope

By Mark Easton
BBC News home editor

British teenagers are among the most badly behaved in Europe, a study by think-tank the Institute for Public Policy Research suggests. When come to both "disconnected and disengaged..."

Disconnected and disengaged...

Disconnected and disengaged elderly..." from the Institute for Public Policy Research, which was released in London on Tuesday.

The report said young people were more likely to be involved in crime, drugs, drinking, sex and suicide.

"But the Institute says radical measures are needed. It says many disruptive youngsters will simply ignore out-of-school activities unless forced to attend."

Some 30 per cent confessed to under-age sex, almost double the French figure. The same percentage had tried cannabis, more than five times the rate in Sweden.

The report also found that 44 per cent of British youngsters had been involved in a physical fight in the previous year - against just 26 per cent in Germany, 36 per cent in France and 38 per cent in Italy.

Out-of-control' British teens the worst behaved in Europe

By LAURA CLARK

British teenagers are the worst behaved in Europe, a report has revealed.

They are more likely to binge-drink, take drugs, have sex at a young age and start fighting.

The report, from a think-tank closely linked to Labour, says the collapse of family life is at least partly to blame.

It means youngsters follow the example set by their friends rather than guidance from their parents.

The damning verdict from the Institute for Public Policy Research was revealed as ministers prepared to publish a blueprint aimed at keeping teenagers out of trouble. It is expected to include more cash for youth groups and other activities.

But the Institute says radical measures are needed. It says many disruptive youngsters will simply ignore out-of-school activities unless forced to attend.

Read more...

- Are our kids out of control? Share your views

Our teenagers are also bigger drinkers, with 27 per cent ad
Welcome Margaret
and all other parents...

Triple P, for every parent

Kids don't come with an instruction manual so when it comes to parenting, how do you know what's right and what works? NHS Greater Glasgow and Clyde in partnership with Glasgow City Council is taking the guesswork out of parenting, by supporting parents and carers in Glasgow City with the 'Triple P - Positive Parenting Program'.

Triple P is one of the few parenting programmes in the world that's been scientifically proven to work. Over more than 30 years, Triple P has helped hundreds of thousands of families deal with issues ranging from temper tantrums to disobedience, bedtime struggles to homework battles, school bullying to teenage rebellion. So you can be sure that whatever your parenting needs - no matter how simple or how complex - Triple P can help.

If you come from a region other than Glasgow City click here.

Margaret stay positive
Read Margaret’s story

Disclaimer - Other Region
Madonna King – Teen Topics (2008-2011)

3 February, 2009 4:35PM AEST

Triple P Parenting Podcast

Professor Matt Sanders provides parenting advice in simple, effective language.

Triple P Parenting is a weekly segment on ABC Brisbane's Morning Show with Madonna King every Tuesday.

Professor Matt Sanders provides parenting advice in simple, effective language.

To subscribe to the Triple P Parenting Podcast, paste

Related Photos

Alcohol and Parties (8 April, 2008)

"Schoolies" week (29 April, 2008)

How to talk to your teen about sex (13 May, 2008)

Transition from primary to high school (5 August, 2008)

Teenagers “off the rails” (25 August, 2008)

Dependent to Independent (3 March, 2009)

Communicating with teenagers (17 March, 2009)

Leaving home – preparing your teen (9 June, 2009)

Teen rebellion (18 August, 2009)

The three vices: Sex, drugs, alcohol (20 October, 2009)

Binge drinking (27 October, 2009)

Transition from high school to outside world (10 November, 2009)

Teenage parties (13 April, 2010)

Teenage peer relationships (4 May, 2010)

Parents “letting go” – the empty nest syndrome (8 June, 2010)

Teenagers and positive family relationships (5 July, 2010)

Teenagers and body image (12 July, 2011)

Risky and disrespectful teens (26 July, 2011)

Talking to your 16-year old about sex (6 September, 2011)
Can listening to the radio change parenting practices?

Other effects

- CAPES-emotional, $d=0.65$
- Lower dysfunctional parenting
- PS-total $d=1.1$; laxness $d=0.7$
  Over reactivity $d=0.76$, verbosity $d=0.85$
- Parenting efficacy (PTC-total $d=0.48$, behaviour $d=0.63$)
- High consumer satisfaction (CSQ)
Enhancing reach through low intensity interventions for high prevalence problems
Focus of parenting support
Not a “one size fits all” approach

Universal Triple P
Level One

Selected Triple P
Level Two

Primary Care Triple P
Level three

Standard Triple P
Level four

Enhanced Triple P
Level five

Seminar series
Level 2 Triple P Seminar Series

Seminar 1
The power of positive parenting

Seminar 2
Raising competent confident children

Seminar 3
Raising resilient children

90 minute large group parenting seminars
Level 2
Teen Triple P Seminar Series

Seminar 1
Raising responsible teenagers

Seminar 2
Raising competent teenagers

Seminar 3
Getting teenagers connected

90-120 minute large group parenting seminars
Parent Discussion Groups
(One session Interventions)

Triple P discussion group workbook

- developing good bedtime routines
- handle-free shopping with children
- dealing with disobedience
- managing fighting and aggression
Effects of a brief parenting intervention for disobedience

- Lower level of conduct problems (ECBI)
- Less dysfunctional parenting (PS)
- Less anger (PAI)
- Less conflict over parenting (PPC)
- High consumer satisfaction (CSQ)
- Effect sizes (Cohen’s $d=.9$ to $1.6$)

Single session 2 hour discussion groups
Primary Care Teen Triple P
Primary Care Tip sheet topics

- Friends and peer relationships
- Drinking alcohol
- Taking drugs
- Smoking
- Coping with anxiety
- Coping with depression
- Sexual behaviour and dating
- Rudeness and disrespect
- Fads and fashions
- Truancy
- Money and work
- Eating habits
Mean effect sizes on Child Behavior Outcomes (ECBI Intensity Scores)

Based on 29 published RCTs; excludes N=1 studies, quasi experimental, pre-post service based evaluations, or RCT’s under review

Cohen’s $d = .64$

Sanders, Kirby, Tellegen, & Day (2011). A Meta-Analysis exploring level by level effects for the Triple P-Positive Parenting Program
Mean Effects sizes of Parenting Outcomes (PS)

Increasing reach and impact through Triple P online
Focus of parenting support
Not a “one size fits all” approach

- Universal Triple P
  Level One

- Selected Triple P
  Level Two

- Primary Care Triple P
  Level three

- Standard Triple P
  Level four

- Enhanced Triple P
  Level five

Triple P Online
Internet widely used source of information for parents

- Widely used medium of accessing parenting information
- An increasing number of vulnerable low-income families have internet access (e.g., Love 2010)
- Little evidence showing online parenting programs work
### Child and parent effects

**ITT at Follow-Up**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Effect size</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child behaviour</strong></td>
<td></td>
</tr>
<tr>
<td>ECBI – Problem</td>
<td>0.7 (large)</td>
</tr>
<tr>
<td><strong>Parenting style</strong></td>
<td></td>
</tr>
<tr>
<td>PS- Laxness</td>
<td>0.82 (large)</td>
</tr>
<tr>
<td>PS- Over-reactivity</td>
<td>1 (large)</td>
</tr>
<tr>
<td>PS- Verbosity</td>
<td>0.69 (medium)</td>
</tr>
<tr>
<td><strong>Parenting confidence</strong></td>
<td></td>
</tr>
<tr>
<td>PTC- Behaviour</td>
<td>1.03 (large)</td>
</tr>
<tr>
<td>PTC- Setting</td>
<td>0.76 (large)</td>
</tr>
<tr>
<td><strong>Parental anger</strong></td>
<td></td>
</tr>
<tr>
<td>PAI- Problem</td>
<td>0.72 (medium)</td>
</tr>
<tr>
<td>PAI- Anger</td>
<td>0.46 (medium)</td>
</tr>
<tr>
<td><strong>Parental adjustment</strong></td>
<td></td>
</tr>
<tr>
<td>DASS21- Stress</td>
<td>0.78 (large)</td>
</tr>
<tr>
<td><strong>Parental conflict</strong></td>
<td></td>
</tr>
<tr>
<td>PPC- Problem</td>
<td>0.62 (medium)</td>
</tr>
<tr>
<td>PPC- Extent</td>
<td>0.65 (medium)</td>
</tr>
</tbody>
</table>

**N-116**

![Graph showing ECBI intensity scores for intervention and control groups with effect size d=0.85](image)
Dosage effect Mod 1-4 vs Mod 5-8

ECBI Intensity

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
<th>FU</th>
<th>Pre</th>
<th>Post</th>
<th>FU</th>
<th>Pre</th>
<th>Post</th>
<th>FU</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOD 5-8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOD 1-4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONTROL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Using mass media to promote positive parenting
The Triple P Parenting Media Study

- Testing the efficacy of two versions of a 10-episode media series on parenting against a waitlist control
- Content is derived from the *Triple P Positive Parenting Program*
- Research sites: Eugene and Portland, Oregon, USA
- Sample: 321 parents having difficulty handling their 3-6 year old children’s behavior problems and not otherwise receiving parenting support services
Program topics

Overview of positive parenting
Encouraging behavior you like
Teaching new skills and behaviors
Managing misbehavior
Dealing with disobedience
Handling fighting and aggression
Planning for and dealing with high-risk situations
Establishing good bedtime routines
Shopping successfully with children
Raising confident and competent children
Child behavior problems – Intensity Scores

Parenting Media Project

![Graph showing Child behavior problems – Intensity Scores over baseline, post-test, and 6-mo follow-up for Tx and Control groups.](image-url)
## Preliminary Outcomes at 6-mo Follow-Up (N=225)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Cohen’s d Post-Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child problem behavior frequency</td>
<td>.55*</td>
</tr>
<tr>
<td>Child problem behavior intensity</td>
<td>.39*</td>
</tr>
<tr>
<td>Child prosocial behavior</td>
<td>.27*</td>
</tr>
<tr>
<td>Dysfunctional parenting practices</td>
<td>.33*</td>
</tr>
<tr>
<td>Use of proactive strategies</td>
<td>.22*</td>
</tr>
<tr>
<td>Parenting knowledge</td>
<td>.57*</td>
</tr>
<tr>
<td>Intent to implement targeted strategies</td>
<td>.51*</td>
</tr>
<tr>
<td>Parents’ stress</td>
<td>.37*</td>
</tr>
</tbody>
</table>

* p<.05 or better
Focus of parenting support
Not a “one size fits all” approach

- **Universal Triple P**
  - Level One

- **Selected Triple P**
  - Level Two

- **Primary Care Triple P**
  - Level Three

- **Standard Triple P**
  - Level Four

- **Enhanced Triple P**
  - Level Five

Focus of parenting support
Not a “one size fits all” approach

- **Group**
- **Self Help**
Use Diverse Access points
Effects on Workplace Triple P
Teacher functioning

Lower levels of disruptive behaviour (d=.83)
Less dysfunctional parenting (d=.76-.97)
Increased satisfaction with parenting (d=.59)
Increased self efficacy (d=.91)
Lower work-family conflict (d=.6)
Lower family-work conflict (d=.62)
Student (d=.79) and task related stress (d=.78)
Group Teen Triple P

- 8 sessions (5 group and 3 telephone calls)
- Active skills training (video demonstrations, practice, feedback, homework)
Routine for dealing with emotional behaviour

Stop and listen
Summarise what you heard
Acknowledge and name the emotion

Wait for 5 seconds

Teenager does not become calmer

Repeat acknowledgment

Wait for 5 seconds

Teenager becomes calmer

Ask if you can help e.g. to problem solve

Teenager does not become calmer

Request they take an extended time to become calm e.g. 15-30 minutes

Teenager becomes calmer

Ask if you can help e.g. to problem solve
Sample Effect Sizes across Teen Studies

Effect Size for Parent Outcome (PS: Over-reactivity)

Mean effect size = 1.07

Lyndsay et al. (2011) Parenting Early Intervention Programme Summary Data

Effect Size for Teen Outcome (SDQ: Impact)

Mean effect size = 0.81

Lyndsay et al. (2011) Parenting Early Intervention Programme Summary Data
Managing more complex presentations
Applications to meet the needs of different parents

- Separated and divorced couples
- Indigenous Parents
- Parents who are offenders
- Couple in conflict
- Foster Parents
- Depressed parents
- Parents of children with special needs
- Parents at risk of abuse
Making the approach really work

A way forward

Implementation challenges

Why a population approach is needed
We needed an organizational structure to support program development and sustainability.

- **Unisex Pty Ltd**
  - UQ’s technology transfer company

**Parenting and Family Support Centre, University of Queensland**
- Established 1996
  - Program development
  - Clinical Research
  - Child and Family Psychology Clinic
  - Training and Curriculum Development
  - International Research Network

**Triple P International Pty Ltd**
- Established 2000
  - Training and dissemination
  - Publications
  - Marketing and communications
  - Financial and legal services
  - Clinical services

**Quick facts**
- PFSC: 67 people (31 FT and PT, 23 students, 7 consultants, 6 clinic interns)
- TPI: 280 people (58 FT, 26 PT, 18 consultants, 78 trainers (73 fulltime, 105 contract)
Growth of Triple P Training (1996-2011)

Number of training Courses

PFSC starts

Triple P International starts

Number of practitioners trained
Who gets trained in Teen Triple P

- Social Worker: 38.07%
- Support Worker: 18.13%
- Other: 10.64%
- Behavioural Analyst: 0.09%
- Not specified: 3.36%
- Nurse: 5.21%
- Childcare Worker: 2.47%
- Psychiatrist: 0.23%
- Psychologist: 6.47%
- Teacher: 5.57%
- Guidance Officer: 0.95%
- Volunteer: 0.28%
- General Practitioner: 0.24%
- Admin / Project Officer: 2.26%
- Student: 0.19%
- Minister of Religion: 0.09%
- Counsellor: 3.85%
- Correction Services Worker: 1.44%
- Allied Health: 0.48%
<table>
<thead>
<tr>
<th>Practitioner variables</th>
<th>Organizational variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce very diverse</td>
<td>Non recurrent funding</td>
</tr>
<tr>
<td>Wide range of experience and expertise</td>
<td>Many poorly paid for the type of work they do</td>
</tr>
<tr>
<td>Inadequate pre-service and in-service training in evidence based approaches</td>
<td>Inadequately supervised</td>
</tr>
<tr>
<td>Low self efficacy</td>
<td>High occupational stress and turnover</td>
</tr>
<tr>
<td>Becoming accredited</td>
<td>Organizational leadership</td>
</tr>
<tr>
<td></td>
<td>Delivery of parenting programs not mainstream</td>
</tr>
</tbody>
</table>
Responsive programme delivery

Flexibility vs fidelity

Content variations
- Low risk
- High risk

Process variations
- Low risk
- High Risk

Slide no.61
Adaptability through tailored variants for different parents
Making the approach really work

Why a population approach is needed

A way forward

Implementation challenges
Drivers of implementation success

- Strong internal champions
- Line management support and funding
- Well trained staff
- Adequate supervision and feedback
- Technical and consultation support
- Routine evaluation of outcomes routine
A blueprint for a achieving population level change

- Clear documentation of need
- An explicit theoretical framework
- Build a strong evidence base
- Involve consumers to shape program
- Design cost effective interventions

- Use diverse access points
- Use intensive programs sparingly
- Strengthen social structures to support parenting
- Sustainable system of dissemination
- Population level outcome data relevant to policy
Comprehensive parenting services within a public health context only happens when there is sustained advocacy and policy support.
We must never forget

The ultimate consumers of parenting programs are the young people we serve
A final word

Existing evidence based parenting programs must continue to evolve to be relevant to the changing needs of parents and young people.
Thank you for your attention

For further information on Triple P
Research: www.pfsc.uq.edu.au
Training and materials: www.triplep.net