

**summary  
report:**

September 2011

**evaluation of the  
implementation of  
Triple P in NSW**

Department of  
Family &  
Community  
Services

Nexus Management Consulting  
3006/148 Elizabeth St SYDNEY NSW 2000  
ABN 44 076 308 006



Nexus Management Consulting solves complex problems in public and community organisations. Nexus helps organisations develop practical strategies that clarify direction and make successful implementation more likely.

With substantial public sector expertise and a responsive approach, Nexus works with clients to assess management challenges and design processes to solve them. Nexus's services include:

- ▶ strategic and corporate planning
- ▶ program evaluation
- ▶ management review and organisational development
- ▶ group facilitation
- ▶ strategic management training.

This evaluation has been conducted by **Greg Masters, Sally Gaven, Ashley Pennington** and **Louise Askew** with the assistance of academic advisors to the evaluation, **Professor Sven Silburn** of Menzies School of Health Research in Darwin and **Associate Professor Stephen Jan** of The George Institute for International Health, Faculty of Medicine, University of Sydney.

Our sincere thanks go to those who have helped illuminate the improvements that may extend the benefits Triple P is bringing NSW families: practitioners, Community Services staff and the families who took part in our research.

## CONTENTS

1. INTRODUCTION .....	3
1.1 EVALUATION METHODS .....	4
2. TRIPLE P IMPLEMENTATION IN NSW .....	5
3. TRIPLE P DELIVERY IN NSW .....	6
4. OUTCOMES FOR FAMILIES .....	10
4.1 QUASI-EXPERIMENT FOR LEVEL 2 (SEMINARS) .....	10
4.2 ANALYSIS OF PRE-POST SCORES FOR LEVEL 4 (GROUPS).....	13
4.3 STRUCTURED FAMILY INTERVIEWS .....	14
5. COST & IMPACT OF IMPLEMENTATION .....	16
5.1 IMPACT OF TRIPLE P.....	17
6. IMPLEMENTATION CHALLENGES .....	19
7. STRENGTHS FOR DEVELOPMENT.....	21
8. LESSONS FOR THE FUTURE.....	29
9. CONCLUSION .....	30
10. LIST OF RECOMMENDATIONS.....	31

## 1. INTRODUCTION

In 2007, Communities and Early Years Division (CEY), now within the Department of Family & Community Services, was charged with leading the implementation of the Triple P-Positive Parenting Program in New South Wales. The implementation occurred under the auspice of Families NSW (FNSW), the NSW government's prevention and early intervention strategy aimed at improving the health and well-being of families with young children from birth to eight years. FNSW is jointly delivered by five Government agencies – NSW Health, the Department of Education and Communities and Community Services, Housing NSW, and Ageing, Disability and Home Care (the latter three being agencies with the Department of Family & Community Services) – in partnership with families, community organisations and local government.

Nexus Management Consulting was engaged in 2009 to conduct an evaluation of the initial implementation, which concluded in June 2011. The broad evaluation questions were:

- was Triple P implemented efficiently by FNSW?
- what components of Triple P work in NSW, and for whom?
- what are the short and longer term impacts of Triple P for parents and children in NSW?
- what are the population level impacts of the provision of Triple P in NSW, if any?
- what were the benefits for provider organisations and for practitioners?
- what were the impacts on FNSW?
- how effective has FNSW been in implementing a universal population-based initiative?
- what are the lessons learnt for the implementation of future initiatives with a universal focus?
- what are the costs of Triple P and do the benefits outweigh the costs?

Nexus has produced a full report on the evaluation which is available on the Families NSW website, along with an extensive literature review. This summary report presents the key findings of the evaluation.

## 1.1 EVALUATION METHODS

The evaluation had three components: a process, an outcomes and an impact evaluation. Table 1 provides a summary of the evaluation methods to elicit the answers to each of these evaluation questions. They comprised a mix of quantitative and qualitative methods, including a controlled trial to assess outcomes for families attending Triple P Seminars.

**TABLE 1: EVALUATION METHODS AT-A-GLANCE**

Component	Key questions	Methods
Process	<ul style="list-style-type: none"> <li>How was the program implemented?</li> <li>What were the costs of implementation</li> <li>What are the lessons for the future?</li> </ul>	<ul style="list-style-type: none"> <li>Literature review</li> <li>Analysis of program data</li> <li>Stakeholder consultations</li> <li>Focus groups with practitioners</li> <li>Practitioner survey</li> <li>Costing study</li> </ul>
Outcome	<ul style="list-style-type: none"> <li>What outcomes were achieved for families and children?</li> </ul>	<ul style="list-style-type: none"> <li>Quasi-experimental study (level 2)</li> <li>Analysis of pre-post scores (level 4)</li> <li>Analysis of parent satisfaction data</li> <li>Family interviews</li> </ul>
Impact	<ul style="list-style-type: none"> <li>What were the population level impacts?</li> </ul>	<ul style="list-style-type: none"> <li>Literature review</li> <li>Extrapolation of outcome evaluation results</li> </ul>

## 2. TRIPLE P IMPLEMENTATION IN NSW

Triple P is a multi-level system of parenting intervention that combines universal approaches to improving parental education with more targeted interventions for high risk children and their parents. The program structure of Triple P involves a combination of different levels and types of parenting intervention within an integrated population-level system and offers five different levels of intervention:

- Level 1: a universal parent information strategy providing all interested parents with access to useful information through a coordinated media and promotional campaign, as well as tip sheets and videotapes which demonstrate specific parenting strategies
- Level 2: a brief, 1-2 session individual primary care intervention or a 1-3 session large group seminar program providing early anticipatory developmental guidance to parents of children with mild to moderate behaviour difficulties
- Level 3: a 4 session intervention targeting children with moderate behaviour difficulties and includes active skills training for parents
- Level 4: an intensive 8-10 session, individual or group parent training program for children with more severe behavioural difficulties
- Level 5: is an enhanced family intervention program, deployed in conjunction with Level 4, for families where parenting difficulties are complicated by other sources of family distress.

The FNSW implementation includes only:

- Level 2 Selected Triple P (Seminar Series)
- Level 4 Group Triple P
- Level 4 Self Directed Triple P
- Level 4 Indigenous Triple P (the implementation of this element is outside the terms of this evaluation).

### 3. TRIPLE P DELIVERY IN NSW

The implementation aimed to make these components of Levels 2 and 4 available to all NSW families with children aged between three and eight years, by:

- funding Triple P International (TPI) to train approximately 1,180 practitioners from government and non-government agencies between 2008 and 2010 and to provide Triple P resources for families and practitioners
- supporting each accredited practitioner to deliver two Seminar Series and two Groups per year on an ongoing basis.

By the end of 2010, 1,027 practitioners had been trained in Triple P as part of the FNSW implementation since May 2008. Table 2 shows the number of practitioners trained by FNSW region and expresses that number as a proportion of the number of children in their catchment in the target range of 3-8 years.

**TABLE 2: NUMBER OF PRACTITIONERS TRAINED X POPULATION IN TARGET GROUP**

FNSW region	# practitioners trained	Practitioners per 10,000 children 3-8 years
Hunter Central Coast	99	14.5
Metro Central	208	15.1
Metro South West	148	20.2
Metro West	161	17.2
Northern	146	25.2
Southern	110	16.4
Western	155	57.1
<b>TOTAL/AVERAGE</b>	<b>1,027</b>	<b>23.7</b>

65% of the practitioners were from approximately 250 non-government service provider organisations and 35% were from the FNSW government agencies. Of these, approximately a third (34%) were from NSW Health, 27% from Community Services, 20% from ADHC and 19% from the Department of Education and Communities. Data from a practitioner survey conducted as

part of the evaluation shows that there was a wide variety of professional groups represented with over 16 job roles specified and the CEY database shows that approximately 100 practitioners have the skills to deliver Triple P in a language other than English.

86% of the trained practitioners achieved accreditation and the practitioner survey found that the vast majority of practitioners (91%) reported that, after training, they felt either very confident or sufficiently confident about delivering Triple P. Similarly, the practitioner focus groups reported favourably on the TPI delivery of Triple P training to the practitioners and the training was generally seen as comprehensive, well-structured and professionally delivered.

By the end of 2010, 1,257 Triple P courses (groups, seminars and self-directed) had been delivered to NSW families, 92 in languages other than English. At this time only 60% of trained practitioners had started delivering courses and only one third were delivering the expected number of courses: two Seminars and two Groups (for full time practitioners) per year.

Because of data limitations, it is not possible to provide an accurate figure of the number of parents and carers who had attended the Triple P groups, seminars and self-directed courses. However, by extrapolating from data on attendee numbers from practitioners for courses delivered in 2010 - about half the total courses delivered - it is estimated that 12,500 people attended a Triple P group or seminar by the end of 2010.

Data on a sample of these participants in 2010 indicates that they are more disadvantaged than the general population. Firstly, an analysis was done of the socioeconomic status (SES) of participants by presenting the proportion in each of the five SES quintiles as determined by their postcode of residence, using ABS data on geographical disadvantage. The analysis indicates that there was a relative over-representation of people attending Triple P courses from the two most geographically disadvantaged quintiles, especially the second most disadvantaged quintile, and a corresponding under-representation of people from the two least geographically disadvantaged quintiles.

Secondly, a comparison of the Triple P sample with a representative sample of 1,570 NSW 4-5 year old children who are enrolled in the *Longitudinal Study of Australian Children (LSAC)* shows that the children of parents and carers attending Triple P, in general, experience more emotional and behavioural difficulties than children in the general population. The data collected from practitioners in 2010 included scores on the Strengths and Difficulties Questionnaire (SDQ), a widely used and validated tool completed by parents and carers to assess their children's behavioural and emotional functioning (Goodman 1999)<sup>1</sup>. The mean SDQ Total Problems scores of the Triple P clients' pre-intervention scores was 14.0, significantly higher (i.e. towards the clinical end) than the LSAC sample whose mean total score was 9.4. When the Total Problem Scores are classified as either normal (less than 16) or clinical (16 or above), almost three times as many of the Triple P clients were in the clinical range than NSW children in the LSAC sample (35.3% v 12.8%).

Client satisfaction with the Triple P courses, as reflected in post-course instruments administered by practitioners in 2010, is high and the majority of participants stated that they intended to implement the parenting strategies they had received.

---

<sup>1</sup> Goodman, R. (1999). The extended version of the strengths and difficulties questionnaire as a guide to child psychiatric caseness and consequent burden. *Journal of Child Psychology, and Psychiatry and Allied Disciplines* 40: 791–799.



## key points

- ▶ In just over two years, over 1,000 practitioners were trained to deliver Triple P.
- ▶ Two thirds are from 250 non-government organisations.
- ▶ 1,257 Triple P courses were delivered by the end of 2010 - 92 in languages other than English.
- ▶ Only 60% of trained practitioners had started delivering courses to families.
- ▶ Only a third are delivering the expected number of courses.
- ▶ An estimated 12,500 attendees came to Triple P by end 2010.
- ▶ These attendees are generally more disadvantaged than the general population.

## 4. OUTCOMES FOR FAMILIES

The outcomes evaluation comprised three components:

1. a quasi-experimental study comparing child behaviour outcomes in families attending Triple P Seminars (Level 2) with a no-intervention comparison group
2. an analysis of pre-post intervention data for a sample of families attending Triple P Groups (Level 4)
3. an analysis of the data from structured interviews with a sample of parents who attended Triple P Seminars and Groups.

### 4.1 QUASI-EXPERIMENT FOR LEVEL 2 (SEMINARS)

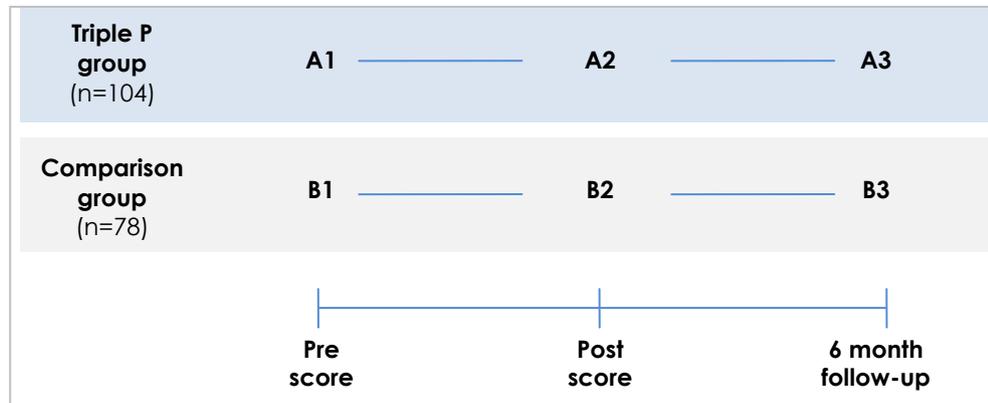
The quasi-experiment involved 182 children and their families:

- 104 parents in the intervention group (the Triple P group) - recruited from Seminar Series delivered in Western, South Western and Northern Sydney during 2010
- 78 parents in the no-intervention comparison group – recruited through childcare centres in Blacktown, Penrith and Holroyd Councils and from Balmain Public School.

The two groups were compared for results on the Strengths and Difficulties Questionnaire (SDQ). As shown in Figure 1, data were collected for the two groups at three points:

- enrolment in the study (prior to the commencement of the first of three Triple P seminars for the Triple P group and on consenting to participate in the study for the comparison group) – the pre scores
- at three weeks (i.e. at the conclusion of the third of the seminars for the Triple P group and at three week follow-up for the comparison group) – the post-scores
- at six month follow-up.

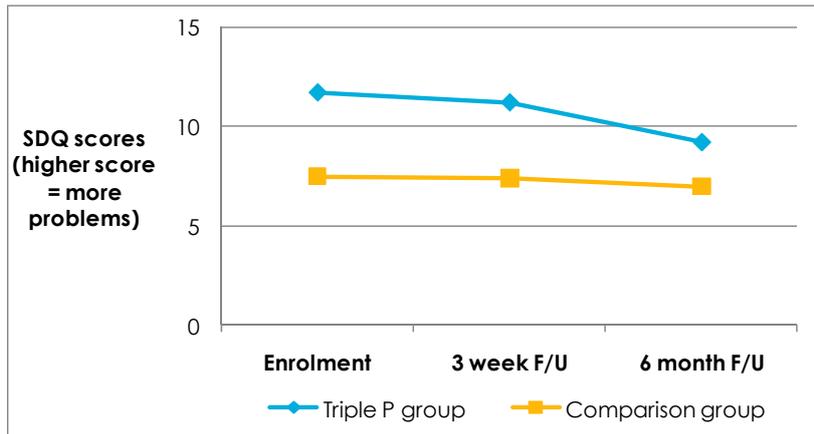
FIGURE 1: SUMMARY OF STUDY DESIGN



The key results are:

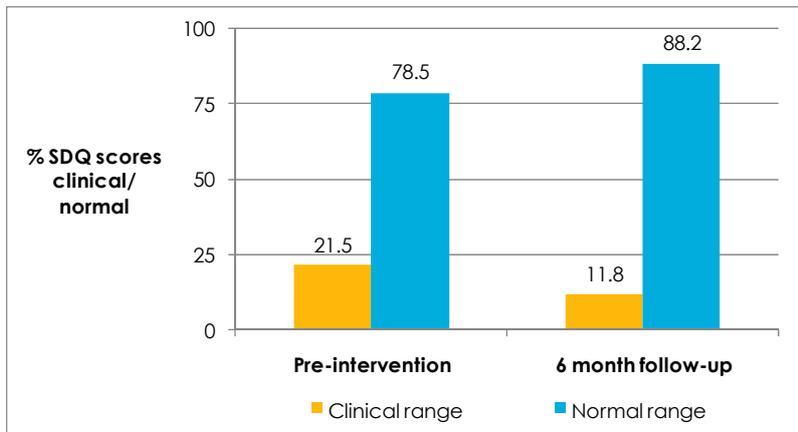
- there were marked differences between the Triple P and comparison groups upon enrolment into the study; the Triple P group was generally more disadvantaged on entry to the study, their children had significantly higher SDQ total problem scores and they were more likely to be attending a professional service with regard to their child's behaviour or emotional problems
- neither group showed a significant improvement in SDQ scores between the pre and three week post-test
- the key finding, as reflected in Figure 2, was that the Triple P group **did** show a statistically significant improvement from pre-intervention to the six month follow-up (the change for the comparison group was not statistically significant) and this statistically significant improvement in the Triple P group held for both boys and girls

**FIGURE 2: SDQ TOTAL PROBLEMS SCORE BY STUDY GROUP AT PRE, POST AND 6 MONTH FOLLOW-UP ASSESSMENTS**



- in adjusting for the initial differences between the two groups, a multivariate analysis showed that the rate of improvement was due to participation in Triple P
- as summarised in Figure 3, this improvement from the pre-intervention to the six month follow-up equated to a net reduction of 9.7% in the proportion of children in the clinical range on the SDQ.

**FIGURE 3: CLINICAL STATUS ON SDQ TOTAL PROBLEMS SCORE, PRE SCORE & 6 MONTH FOLLOW-UP, TRIPLE P GROUP**



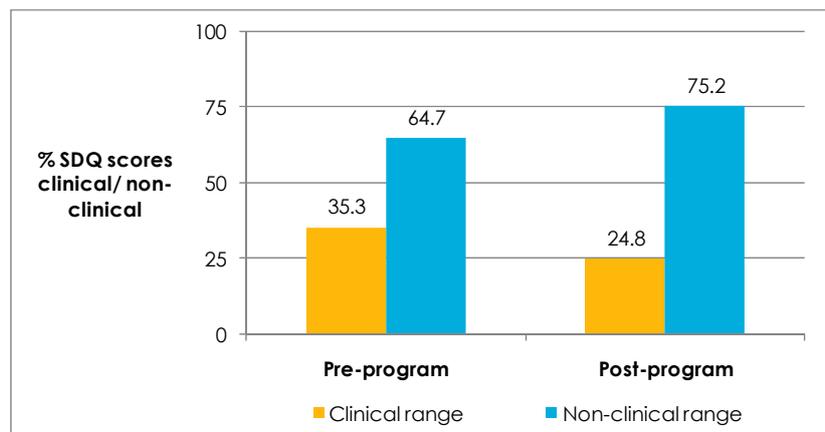
## 4.2 ANALYSIS OF PRE-POST SCORES FOR LEVEL 4 (GROUPS)

The analysis of pre-post scores involved 611 children and their families attending Level 4 Group Triple P in 2010. The participants were administered the Arnold Parenting Scale, a validated tool for measuring parenting behaviours, and the SDQ. Of the potential 611 children and their families, complete data were available for 482 (78.9%) of these children at pre-intervention and 311 (50.9%) at post-intervention (i.e. at the conclusion of the six week program).

A comparison of the pre-post scores shows that:

- there were statistically significant reported improvements in parenting behaviours (over-reactivity, laxness, hostility and the parenting scale total score) over the pre-post intervention period
- there were also statistically significant perceived improvements in child behaviours on SDQ scores (emotional symptoms, conduct problems, hyperactivity, peer problems, social scale) and the aggregated SDQ total problem score
- as shown in Figure 4, these improvements resulted in a reduction of children in the clinical range from 35.3% to 24.8%, a statistically significant net reduction in the clinical range of 10.5%

**FIGURE 4: CLINICAL STATUS ON SDQ TOTAL PROBLEMS SCORE PRE AND POST-INTERVENTION**



The high levels of missing data at both assessment points (21.9% and 49.1% respectively) resulted in just 293 children having complete pre and post-intervention SDQ data and this reduced the scope for comparing the pre-post scores of subsets of the total sample. The key result for the group of 293 children was that there was a net reduction of 11.3% in the proportion of children in the clinical range.

### 4.3 STRUCTURED FAMILY INTERVIEWS

The third component of the outcomes evaluation was a series of structured interviews with a total of 45 parents who had attended Triple P in NSW: 26 who had attended Triple P Groups (Level 4) in late 2010 and 19 who had attended Triple P Seminar Series (Level 2) in late 2010.

Because of the small sample size and qualitative nature of this component, care must be used in interpreting the results. Nevertheless, the results are useful in obtaining an insight into parenting behaviours and child outcomes that complements the quantitative data of the quasi-experimental study and the pre-post data analysis.

The following trends were observed:

- most respondents (82%) had noticed changes in their child's behaviour after completing Triple P
- most parents (91%) felt that their child's behaviour had improved
- most parents (75%) felt that their child was getting on better with them and their siblings and friends
- the majority (87%) indicated they were doing things differently when their child misbehaved
- most parents (93%) also felt more confident in their parenting following Triple P.

In general, these perceived improvements were most marked for those who completed Level 4 Group Triple P.

## key points

- ▶ In the quasi-experiment, the Triple P group showed a significant improvement six months after doing a Seminar Series compared with the no-treatment comparison group.
- ▶ This equated to a net reduction in children in the clinical range of almost 10%.
- ▶ The analysis of pre-post scores for Group attendees shows significant reported improvements in parenting behaviours after Triple P.
- ▶ Level 4 attendees also reported significant improvement in child behaviours and emotional difficulties.
- ▶ This equated to a net reduction in children in the clinical range of over 11%.
- ▶ The structured interviews with parents attending Triple found that most respondents felt that their child's behaviour had improved following Triple P.
- ▶ The majority also indicated that they had changed their parenting practices.

## 5. COST & IMPACT OF IMPLEMENTATION

The economic evaluation calculated the total cost of the implementation broken down into three cost categories:

- costs to Department of Family and Community Services, Community Services:
  - head office costs
  - regional office costs
- costs to the FNSW partner agencies: Department of Family & Community Services (Ageing, Disability & Home Care (ADHC) and Housing NSW), NSW Health and the Department of Education & Communities
- costs to government and non-government service providers.

**TABLE 3: ESTIMATED TOTAL COST OF IMPLEMENTATION OF TRIPLE P IN NSW**

	\$	%
Head office	4,744,820	59.2
Partner agency	86,000	1.1
Regional co-ordination	663,408	8.3
Delivery	2,520,625	31.4
<b>Total overall cost</b>	<b>8,014,853</b>	100.0

As shown in Table 3, the estimated total cost of implementation for the four years was approximately \$8 million, of which head office costs associated with training, resourcing and supporting practitioners accounted for the largest share (59.2%). Costs borne by organisations in delivering Triple P accounted for over \$2.5 million or just under one third of the total cost (31.4%).

This estimate suggests a total overall cost per child client in the first four years of \$641, and \$7,394 per practitioner. These costs are significantly higher than those reported in the broader literature, which probably reflects the fact that overall costs are concentrated in the early years of the

implementation. Moreover, it should be noted that the estimate, which is based on incomplete data provided by practitioners on the number of people attending their Triple P courses, may under-state the numbers who actually attended. Nevertheless, it is likely the cost per family and practitioner of the NSW Triple P rollout will reduce when considered over a longer period and this underlines the need for a strategic approach to sustainability such that there is a good return on the initial investment.

## 5.1 IMPACT OF TRIPLE P

The evaluation also provides an estimate of the longer term impact derived from this investment by extrapolating the observed net reduction in the prevalence of behavioural and emotional difficulties, as scored in the SDQ clinical range: 9.7% for the Level 2 quasi-experiment and 11.3% for Level 4 pre-post data analysis. As shown in Table 4, assuming that the level 2 and level 4 samples are representative of all families and carers who attended Triple P in NSW, these reductions would translate into moving 1,150 children from the clinical to the non-clinical range.

**TABLE 4: ESTIMATED CHANGES IN CLINICAL STATUS FROM FNSW IMPLEMENTATION**

	Seminars	Groups	Total
Total delivered	458	522	980
Average attending <sup>[1]</sup>	14	9	-
Estimated attendees	6,412	4,698	11,110
Estimated reduction in clinical prevalence <sup>[2]</sup>	9.7%	11.3%	-
Reduction in total # children in clinical range	620	530	1,150

The above estimate should be treated with caution for a number of reasons:

<sup>[1]</sup> Based on program data on 57% of seminars and 55% of groups delivered (see section 3.3.6 of the full evaluation report)

<sup>[2]</sup> See sections 4.1 and 4.2 of the full evaluation report for these estimates of the reduction in prevalence.

- for the Level 4 outcomes, the SDQ measures perceptions of children's behaviour and these perceptions pertain only to a point-in-time improvement at the conclusion of the six week program, rather than demonstrating longer-term, sustained clinical improvements; on the other hand, the literature on Triple P does suggest improvements are often sustained and our Level 2 quasi-experiment demonstrated a statistically significant sustained improvement at six month follow-up
- the evaluation only had access to outcome measures for a sample of Level 4 participants and for the participants in the Level 2 quasi-experiment and, while there is no reason to suggest that these samples are unrepresentative of all participants in Triple P, the estimate does involve an extrapolation to this larger group
- an SDQ score in the clinical range ( $\geq 16$ ) does not necessarily imply severe conduct problems or a need for clinical intervention.

## key points

- ▶ With a direct investment of around \$5M, FNSW has leveraged \$8M value through the Triple P implementation.
- ▶ There is evidence of longer-term social benefits and reduced costs from Triple P.
- ▶ The NSW implementation is estimated to have shifted a net 1,150 children from the clinical to the non-clinical range on the SDQ.

## 6. IMPLEMENTATION CHALLENGES

Figure 5 provides a snapshot assessment of the implementation of Triple P in NSW. The figure highlights the key implementation challenge to date: translating the successful round of practitioner training into more delivery of Triple P to more people.

**FIGURE 5: A SUMMARY OF TRIPLE P IMPLEMENTATION IN NSW**

	TARGET	ACTUAL
<b>practitioners trained:</b>	1,180	on track
<b>expected to deliver:</b>	Full-time: 2 seminars & 2 groups Part-time: 1 seminar & 1 group	about 1/3 achieving expected delivery
<b>to achieve a total of:</b>	1674 Seminars per year 1674 Groups per year	In 2010: 301 Groups 287 Seminars
<b>to reach:</b>	300,000 families	By end 2010: 12,580 families 14% of expected reach
<b>to result in:</b>	improved family and population outcomes	improved family outcomes

That is, practitioners are not yet delivering Triple P courses at the expected rate: in 2010 the number of courses delivered (301 Groups and 287 Seminars) fell way short of the target of 1,674 each. Consequently, by the

end of 2010 the implementation had only reached an estimated 12,580 families, just 14% of the expected reach.

The process evaluation examined the reasons for this low translation rate and these included:

- some lack of alignment between delivering Triple P and practitioners' roles and their agencies' core business
- the extensive time commitment in delivering Triple P, which extends beyond actual delivery to marketing programs, arranging courses, program administration, course preparation and data collection
- a lack of funding support for actual delivery.

Moreover, Triple P in NSW is not yet universally accessible. The most common promotion methods are geared to recruit families who are already known to welfare and family support organisations and these tend to have a higher than expected rate of developmental and health problems. Perceived barriers to broadening the program reach include:

- service provider organisations that prioritise families most in need
- requirements in these organisations' funding contracts with FNSW that target service delivery at priority needs groups
- difficulties in partnering with organisations with universal clientele, such as schools and child care centres, to recruit parents and families to Triple P courses
- the early lack of course promotion and marketing support for individual practitioners

In addition, the focus groups with practitioners pointed to a concern that a number of clients were being referred to the program by Community Services for mandatory attendance. Many of these clients do not have access to their children and are hence unable to practice the behavioural skills demonstrated during Triple P groups. Moreover, some focus group participants noted that their attendance, particularly when in a majority, can detract from the experience of other parents attending the courses.

## 7. STRENGTHS FOR DEVELOPMENT

In summary, the implementation of Triple P in NSW has successfully achieved its goal of training a pool of practitioners who have delivered high quality, well-received programs that have achieved good results for the families and children involved. However, it is yet to achieve the expected delivery rates or a viable population reach and the evaluation proposes a set of strategies to build on the inherent strengths of the implementation and to increase delivery and reach.

Recurrent funding within the FNSW budget is required to underpin the efforts required to promote an ongoing, sustained commitment to Triple P delivery in NSW that yields wider benefits to the people of NSW. In the absence of these resources, there is a grave risk that implementation will be dependent on the goodwill and commitment of individual organisations and practitioners and that the substantial investment in training will be squandered. In short, ongoing resources are required to sustain the effort and the investment made during the training phase of the implementation.

**Recommendation 1:** That the NSW Government commits funds to support the ongoing delivery of Triple P beyond the implementation phase.

While the interagency structure of FNSW has offered distinctive benefits to the implementation of Triple P, the implementation was not derived from an overarching policy framework that sets out how Triple P integrates with the full suite of FNSW programs and initiatives. Similarly, there is no policy framework that sets out how Triple P sits in relation to a larger multi-tiered parenting strategy that articulates the role of partner agencies, and the non-government sector, in promoting family well-being and supportive family elements. The development of such frameworks would give direction to and legitimise the work of the agencies in their ongoing involvement with Triple P and reduce the risk that their involvement is merely a short-term commitment associated with the implementation of a discrete component of the Families NSW strategy.

**Recommendation 2:** That the Families NSW senior officers group commission the development of an overarching parenting policy framework, to give direction and legitimacy to the ongoing involvement of partner agencies and the non-government sector, in delivering Triple P across NSW.

A mass media campaign is required to increase the reach and promote the long-term effectiveness of the FNSW implementation by:

- creating positive social norms around attending parenting programs and seeking help when needed
- addressing common misconceptions about, and barriers to, attending parenting programs
- showing parents and carers how to access parenting information and Triple P course information on the Families NSW website
- including the actual depiction of basic parenting strategies, as Level 1 Triple P does.

**Recommendation 3:** That CEY establish a mass media and public relations strategy to address stigma, tell parents and carers how to access courses and depict parenting strategies.

**Recommendation 4:** That the strategy include mass media advertising, community services announcements, website sponsorship, Facebook advertising, PR leveraging editorial content in magazines and online and key parenting bloggers.

**Recommendation 5:** That CEY establish a dedicated Triple P website for NSW parents and carers to access courses, to which the mass media campaign would drive potential attendees.

Triple P is structured as a graded intervention with an increasingly targeted audience from the population-wide Level 1 to intensive Level 5 for families experiencing significant problems. Level 2 is aimed at all parents interested in improving family functioning, and Level 4 is for parents of children with more severe behavioural difficulties. However, in NSW Seminars and Groups are being delivered in equal quantities. Utilising universal entry points should address this and swing the balance in favour of Level 2, but CEY should

encourage practitioners to increase Level 2 delivery to maximise the implementation's reach and cost-effectiveness.

**Recommendation 6:** That CEY provide brief educational material to practitioners about the importance of Level 2 in a population-wide implementation, and encourage the delivery of Level 2 by practitioners.

While FNSW has existing structures in place to promote collaboration at the state and regional levels, the activity level of Triple P Working Groups varies and in some regions they do not meet regularly. These groups were established in each region to facilitate interagency collaboration and, more specifically, to increase the delivery and reach of Triple P. Without genuine, proactive engagement at the regional Working Group level, the delivery and reach of Triple P is unlikely to improve.

**Recommendation 7:** That each CEY region actively engage its Triple P Working Group in developing initiatives to overcome access barriers and increase practitioner support.

**Recommendation 8:** That CEY continue Triple P assistance funding each year, and task each Triple P Working Group to make recommendations to CEY regions on its expenditure.

Broad availability depends on accessibility – making the program accessible in various ways - and the literature focuses on using universal entry points, specifically:

- an education sector that embraces and funds parenting support in school settings, and
- healthcare settings that offer parenting support.

The under-engagement of the Department of Education and Communities in the implementation has likely been a key factor in the low reach of the program to date and the need to increase schools' involvement with Triple P has been recognised by the FNSW senior officers group, with the aim of promoting partnerships between schools and non-government practitioners.

**Recommendation 9:** That FNSW senior officers group endorse a strategy for delivering Triple P through schools, including integrating it with transition to school programs and promoting Triple P through relevant Departmental intranets, particularly Education's.

**Recommendation 10:** That each regional Triple P Working Group be tasked by the senior officers group with identifying barriers to, and strategies for, delivering Triple P through schools – either in partnership with Education practitioners or by identifying other practitioners in their region able to approach schools to provide a venue and publicity.

**Recommendation 11:** That CEY approach the Federation of Parents & Citizens Associations to discuss options for promoting Triple P courses to individual schools, including a mass mail out alerting principals and parent bodies to the FNSW/Triple P website.

While it was not envisaged that Housing NSW would be a significant deliverer of Triple P, its staff come into contact with many families in the target age range, although they are not a universal entry point. Regionally-based community development workers and Area Managers could approach non-government organisations to deliver Triple P through community hubs or other locations, with courses publicised via Housing NSW's communications with its residents.

**Recommendation 12:** That CEY Managers, Regional Strategy liaise directly with Housing NSW counterparts and offer to facilitate collaborations with Triple P practitioners from other partner agencies or non-government organisations.

The implementation includes successful examples of collaboration with local government but, in general, this has not occurred systematically. Local government facilities, such as libraries, also offer stigma-free service and as many local governments operate children's services, the opportunity exists for CEY to facilitate collaboration with them.

**Recommendation 13:** That CEY Managers, Regional Strategy liaise directly with their local councils to coordinate Triple P delivery with local government parenting programs; through local government children's services and through libraries.

**Recommendation 14:** That Triple P Working Groups actively encourage practitioners to deliver courses through neutral venues such as schools, children's services and libraries.

Accessibility is also practically enhanced by the provision of courses at varying times and days, courses in locations close to parents, especially in regional and rural locations, the provision of refreshments and free child care on the premises and the availability of transport to attend courses. Practitioner consultations emphasised how important these are in getting parents to courses. To date, however, only some provider organisations can offer these incentives, and in all regions the assistance funding in 2010-2011 was primarily used to help providers offer these tangible enablers to access, and to cover practitioners' travel and accommodation costs when required.

**Recommendation 15:** That CEY continue to provide annual assistance funding to service provider organisations.

Some practitioners and partner agency representatives consulted believe that the widespread practice of Community Services caseworkers referring parents to Triple P whose children are in the child protection system (and may have been removed from their care) undermines its inclusiveness. Practitioners reported that mixing these parents with other parents commonly did not work well, with the potential for both sets of parents to feel inhibited.

**Recommendation 16:** That FNSW senior officers group consider how Triple P can best serve the needs of parents whose children are in the child protection system.

**Recommendation 17:** That CEY funds specific non-government organisations to facilitate tailored delivery of Group Triple P to parents whose children are in the child protection system.

Most of the service provider organisations involved in the NSW implementation have a welfare focus, and in some cases, NSW government agency funding agreements cut across the goals of extending Triple P to the broader community (e.g. some service specifications require tight targeting of services).

**Recommendation 18:** That CEY pursue an amendment to the FNSW service specifications to support Triple P commitments.

Given that the training phase of the implementation is now complete, inclusiveness strategies need to focus on client engagement methods that have a universal reach. In addition to the mass media campaign and proposed partnerships with schools, children's services, local government and community health services, the promotion of individual courses needs to have a broad focus, rather than being primarily directed at existing clients of service provider organisations. The new promotional and engagement resources now available to all practitioners on the NSW Triple P practitioner website should make this easier, and CEY will need to continually promote (and track) practitioners' use of these.

**Recommendation 19:** That CEY schedule a calendar of communications that involves regional CEY staff and Triple P Working Groups in regularly promoting the engagement resources on the practitioner website.

The report proposes a series of recommendations to support practitioners and facilitate collaboration. These include:

- strengthening systems for monitoring organisations' compliance with their requirement to deliver their 'quota' of Triple P
- facilitating peer support resources and mechanisms, such as the practitioner website and local practitioner groups
- promoting collaboration among facilitators, especially across organisational boundaries.

**Recommendation 20:** That Community Services write annually to each provider requesting details of each practitioner's intended delivery.

**Recommendation 21:** That regional CEY staff contact practitioners a month before stated delivery times to check on the status, address any problems and note any rescheduling.

**Recommendation 22:** That CEY ensure that there are active Peer Support Groups in each FNSW Area, with regional staff coordinating and promoting their meetings and supporting their initiatives.

**Recommendation 23:** That CEY task Peer Support Groups to promote collaborative delivery.

Embedding the application, recording and reporting of input, output and outcome data is a critical element of optimal implementation, and is also essential for thorough evaluation – to assess the program's success in meeting the two key challenges of delivery and reach. Furthermore, tracking practitioners' course delivery is critical to the program management required to increase delivery rates.

Because CEY did not systematically collect information on whether practitioners are full time or part time, the delivery requirement could not be tracked for individual practitioners. As a result, there was no program-wide client data available for program management or for the evaluation – including no direct measure of the actual number of course attendees and no capacity for longitudinal data collection over the two year evaluation. Now that the scoring database is operational, CEY needs to track its use to shepherd practitioners from the initial period where no data collection at all was required to the optimal situation where practitioners collect and record each client's demographic, satisfaction and outcome data for Level 4. CEY will then have an independent source of data enabling it to track and evaluate:

- courses delivered - by practitioner, by location, by language, by Level, by venue
- client numbers
- client demographics
- client satisfaction
- client outcomes for Level 4.

**Recommendation 24:** That CEY closely tracks practitioners' use of the scoring application and ensure that – at a minimum – basic information for each client is registered in it.

**Recommendation 25:** That CEY makes a portion of assistance funding conditional on basic data entry.

**Recommendation 26:** That CEY tracks and closely manages each practitioner's course delivery rate as a key method of increasing the number of courses delivered.

Ongoing process evaluation would be enhanced by a brief annual online practitioner survey of all trained practitioners, which should include questions similar to those used in this evaluation.

**Recommendation 27:** That CEY conduct an annual online practitioner survey of all trained practitioners that includes questions on engagement strategies used, and those found effective.

Finally, this evaluation could inform future efforts to build the evidence base on the longer term impacts of Triple P and investments in early intervention. Community Services, through its Research Centre, is well positioned to collaborate with research bodies in mounting a longitudinal study that follows a cohort of Triple P clients to determine the effects of the program on their children's use of child protection, health and social services as well as their exposure to the criminal justice system.

**Recommendation 28:** That Community Services explore the opportunity of accessing grant funding to conduct, in collaboration with a research body, a longitudinal study of the effect of Triple P on children's long-term use of child protection, health and social services.

## 8. LESSONS FOR THE FUTURE

The emerging implementation science literature emphasises that large scale universal prevention and early intervention programs require:

### **i. universal entry points**

Soft entry points that are highly accessible to the target clients and stigma-free, such as schools, children's services and community health centres are critical to attracting a broad range of families in sufficient quantities.

### **ii. program promotion**

Broad and deep engagement requires promotion of the program direct to the target clients through mass media such as advertising and editorial. A light population-wide touch included in future initiatives would better support engagement in the more intensive program elements.

### **iii. data collection systems**

The capacity to capture and record basic inputs, outputs and outcomes is fundamental to program management and ongoing improvements to service delivery.

### **iv. involvement in delivery management**

To create the desired outcomes in the population, governance bodies need to extend their involvement to the management of program delivery to clients. A focus on selecting and training practitioners in an evidence-based program on its own is insufficient.

### **v. practitioner support**

Early and consistent establishment of practitioner support mechanisms, such as regional funding and peer support groups, promotes collaboration and course delivery.

## 9. CONCLUSION

In its first four years the FNSW implementation of Triple P has trained over 1,000 practitioners working in a range of roles in hundreds of different organisations large and small across the state, achieving a very successful accreditation rate and generating enthusiasm and commitment from hundreds of people who work directly with families. Moreover, the outcomes evaluation demonstrates that attendance at Triple P Seminars and Groups is producing significant improvements in child behaviours and a reduction in the numbers of children in the clinical range.

However, the government's return on its direct investment of approximately \$5 million has been reduced by the low translation of practitioner training into actual Triple P delivery. Only one third of practitioners have delivered at or just above the expected delivery rate and 40% of practitioners have not delivered at all. As a result, the total of 1,257 Triple P courses delivered from the commencement of the FNSW implementation in 2008 up to the end of 2010 fell a long way short of the target – so the implementation has reached only an estimated 12,580 families, just 14% of the expected reach.

Accordingly, the evaluation proposes a series of recommendations to build on the strengths of the implementation effort while lifting the delivery rate and program reach. The recommendations are intended to ensure that this significant investment is not squandered, and that the extremely valuable opportunity of a population-based Triple P implementation delivers as much benefit as possible to the NSW community.

## 10. LIST OF RECOMMENDATIONS

**Recommendation 1:** That the NSW Government commits funds to support the ongoing delivery of Triple P beyond the implementation phase.

**Recommendation 2:** That the Families NSW senior officers group commission the development of an overarching parenting policy framework, to give direction and legitimacy to the ongoing involvement of partner agencies and the non-government sector, in delivering Triple P across NSW.

**Recommendation 3:** That CEY establish a mass media and public relations strategy to address stigma, tell parents and carers how to access courses and depict parenting strategies.

**Recommendation 4:** That the strategy include mass media advertising, community services announcements, website sponsorship, Facebook advertising, PR leveraging editorial content in magazines and online and key parenting bloggers.

**Recommendation 5:** That CEY establish a dedicated Triple P website for NSW parents and carers to access courses, to which the mass media campaign would drive potential attendees.

**Recommendation 6:** That CEY provide brief educational material to practitioners about the importance of Level 2 in a population-wide implementation, and encourage the delivery of Level 2 by practitioners.

**Recommendation 7:** That each CEY region actively engage its Triple Working Group in developing initiatives to overcome access barriers and increase practitioner support.

**Recommendation 8:** That CEY continue Triple P assistance funding each year, and task each Triple P Working Group to make recommendations to CEY regions on its expenditure.

**Recommendation 9:** That FNSW senior officers group endorse a strategy for delivering Triple P through schools, including integrating it with transition to school programs and promoting Triple P through relevant Departmental intranets, particularly Education's.

**Recommendation 10:** That each regional Triple P Working Group be tasked by the senior officers group with identifying barriers to, and strategies for, delivering Triple P through schools – either in partnership with Education practitioners or by identifying other practitioners in their region able to approach schools to provide a venue and publicity.

**Recommendation 11:** That CEY approach the Federation of Parents & Citizens Associations to discuss options for promoting Triple P courses to individual schools, including a mass mailout alerting principals and parent bodies to the FNSW/Triple P website.

**Recommendation 12:** That CEY managers, Regional Strategy liaise directly with Housing NSW counterparts and offer to facilitate collaborations with Triple P practitioners from other partner agencies or non-government organisations.

**Recommendation 13:** That CEY managers, Regional Strategy liaise directly with their local councils to coordinate Triple P delivery with local government parenting programs; through local government children's services and through libraries.

**Recommendation 14:** That Triple P Working Groups actively encourage practitioners to deliver courses through neutral venues such as schools, children's services and libraries.

**Recommendation 15:** That CEY continue to provide annual assistance funding to service provider organisations.

**Recommendation 16:** That FNSW senior officers group consider how Triple P can best serve the needs of parents whose children are in the child protection system.

**Recommendation 17:** That CEY fund specific non-government organisations to facilitate tailored delivery of Group Triple P to parents whose children are in the child protection system.

**Recommendation 18:** That CEY pursue an amendment to the FNSW service specifications to support Triple P commitments.

**Recommendation 19:** That CEY schedule a calendar of communications that involves regional CEY staff and Triple P Working Groups in regularly promoting the engagement resources on the practitioner website.

**Recommendation 20:** That Community Services write annually to each provider requesting details of each practitioner's intended delivery.

**Recommendation 21:** That regional CEY staff contact practitioners a month before stated delivery times to check on the status, address any problems and note any rescheduling.

**Recommendation 22:** That CEY ensure that there are active Peer Support Groups in each FNSW Area, with regional staff coordinating and promoting their meetings and supporting their initiatives.

**Recommendation 23:** That CEY task Peer Support Groups to promote collaborative delivery.

**Recommendation 24:** That CEY closely tracks practitioners' use of the scoring application and ensure that – at a minimum – basic information for each client is registered in it.

**Recommendation 25:** That CEY makes a portion of assistance funding conditional on basic data entry.

**Recommendation 26:** That CEY tracks and closely manages each practitioner's course delivery rate as a key method of increasing the number of courses delivered.

**Recommendation 27:** That CEY conduct an annual online practitioner survey of all trained practitioners that includes questions on engagement strategies used, and those found effective.

**Recommendation 28:** That Community Services explore the opportunity of accessing grant funding to conduct, in collaboration with a research body, a longitudinal study of the effect of Triple P on children's long-term use of child protection, health and social services.