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House of Assembly Select Committee on reproductive,maternal and paediatric health services in Tasmania,
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CC: Anita Dow MP Committee Chair

TASMANIAN PARLIAMENT INQUIRY INTO WOMEN'S AND CHILDREN'S HEALTH.

TRIPLE P INTERNATIONAL PTY LTD SUBMISSION

Triple P International (TPI) welcomes the opportunity to contribute to the Tasmanian Parliament's Inquiry into Women's and Children's health.

The submission addresses the importance of providing support for women, children and their families, acknowledging the impact parenting and parenting support has on parent and child wellbeing across the life course.

For the purposes of this submission we will use the terms 'parents' and 'families' as an inclusive of parents/mothers/fathers/grandparents/kin and other caregivers.



ABOUT TRIPLE P

The Triple P – Positive Parenting Program (Triple P), researched and developed at The University of Queensland, has been operating around the world for over 40 years and is delivered in over 30 countries.

Triple P is the most evaluated parenting program in the world. There are now over 400 evaluation trials on Triple P programs, with the vast majority of these demonstrating significant outcomes for children and their parents, including across different cultures, socio-economic groups, and family structures. The Triple P evidence base¹ includes over 820 studies, published in over 40 countries and involving over 1700 researchers across 539 institutions. It has been ranked the world's most extensively researched family skills training program by the United Nations².

Triple P International Pty Ltd (TPI) has an exclusive licence (through UQ's commercialisation agent UniQuest Pty Ltd) for the dissemination and implementation of the Triple P system in Australia and around the world.

THE TRIPLE P SYSTEM

Triple P is a suite of interventions ranging in intensity from parent education, anticipatory guidance, and targeted brief interventions, through to comprehensive clinical interventions for childhood mental health conditions. It also includes adjunct interventions to address adjustment issues of parents. Programs can be delivered one-on-one, in groups, via large seminars, or as self-help online or workbook-based programs.

This multi-level and multi-format approach ensures Triple P is flexible enough to meet the needs of individuals as well as specific communities when offered as a population health approach. Triple P gives parents as much help as they need without over-servicing and encourages self-sufficiency. Triple P's 'proportionate universalism' approach, rather than 'one size fits all', means there is a level of support for all, but more for those with greatest need.

Triple P is one of only two programs to be given a 'very high' evidence rating in a recent Australian review by the Centre of Research Excellence in Childhood Adversity and Mental Health of 26 different interventions designed to prevent or reduce the negative effects of Adverse Childhood Experiences (ACEs).³ The two programs chosen were both parenting programs amongst interventions such as; community-wide initiatives, home visiting programs, economic and social service interventions, psychological therapies, and, school-based programs³ demonstrating that the quality of parenting a child receives is a critical risk factor for children's mental health and wellbeing.

TRIPLE P IN AUSTRALIA

Universal delivery of evidence-based support, to reach all families including the most vulnerable, is a central tenet of Triple P's population-level approach. TPI has worked with State Government's across Australia for many years. In Queensland, universal online program access, practitioner training and seminars have been made available since 2014, so that all families in Queensland have access to evidence-based support.

In Western Australia, a successful government partnership model across Child and Adolescent Health Service and Education portfolios has provided access to free Triple P courses across the state, including targeted access to parenting support through school-based seminars for every family with a child starting school.

In 2022 TPI won a competitive government tender to provide evidence-based online parenting education and support to every family in Australia. Triple P's suite of online programs includes programs for parents across the perinatal period (Triple P Online for Baby), for parents of children aged 0 - 12 years (Triple P Online), and for parents of children experiencing symptoms of anxiety (Fear-Less Triple P Online). These programs are now available to families in every state, with over 200 000 parents and carers registering for access to programs to date.

Tasmanians right across the state are benefitting from the Australian Government's nationwide roll-out of free, online, evidence-based parenting support through Triple P – Positive Parenting Program.



PARENTING SUPPORT AS PART OF HOLISTIC SERVICE DELIVERY

The earliest stages of development, particuarly the first 1000 days, sets the foundation for future learning, behaviour, and health^{4,5}. Parents play a key role in nurturing and caring for their child, to support optimal child development⁵. The National Action Plan for Health of Children and Youth 2020-20306 states "families, parents and caregivers are the most powerful influence on a child's life" and "the healthy development of children...is directly related to the nature and quality of parenting".

The role of parenting in the first 1000 days can be directly impacted by behaviours and actions of parents, and by communities, supporters, governments, and policies during this time.

Implementation and access to evidence-based parenting supports can positively influence prosocial child development (including child social, emotional and physical wellbeing)⁵, by supporting changes in the family environment related to the development of children's behaviour and capabilities⁵.

The Tasmanian Child and Youth Wellbeing Strategy It Takes a Tasmanian Village⁷ recognises that Tasmanians seek greater services and parenting supports for new parents, including access to programs, services, resources and strategies. The strategy aimed to identify the best parenting program or programs that could operate universally, to support parents and carers in the first 1000 days of a child's life.

Investing in policies, programs and initiatives to improve outcomes within the first 1000 days can include universal platforms of support for families, with targeted and tailored support also available for families with more complex needs4.

Enhancing a parent's ability to parent confidently and competently benefits each and every child in Australia, their families and Australian society overall.

Triple P's range of programs are effective for all parents, from those who may have one or two concerns with specific child behaviours, to those who may require higher levels of support. Triple P is designed to give parents the skills they need to raise confident, healthy children and teenagers and to build stronger family relationships. Triple P doesn't tell people how to parent. Rather, it gives parents simple and practical strategies they can adapt to suit their own values, beliefs and needs. The benefits can be dramatic and long-lasting.

Triple P population trials have shown that entire communities can improve the health and wellbeing of both children and parents. The significant outcomes of such population trials include:

For children:

- Fewer behavioural^{8,9} and emotional problems⁸⁻¹⁰, including conduct problems, emotional symptoms, and hyperactivity8,9
- Fewer peer problems8
- Higher prosocial behaviour8
- Reduction in rates of child maltreatment¹¹
- Reduction in rates of child maltreatment injuries¹¹
- Reduction in out-of-home placements¹¹

For parents:

- More positive interactions with their children⁸⁻¹⁰
- Improvement in dysfunctional parenting style⁸⁻¹⁰ (including laxness, over-reactivity and verbosity)8
- Improvement in parental mental well-being9
- Less depression^{8,10}, stress^{8,10} and anxiety⁸
- Less couple conflict over parenting issues⁸
- Improvement in relationship quality8

Online programs, which can be accessed 24/7 from any device, are also an effective waitlist management tool for practitioners, providing families with immediate support prior while they wait for services to become available.



In a Tasmanian context, CHaPS could act as an important referral partner for families in need, ensuring they have access to evidence-based parenting strategies when they need it most.

Triple P's universally available online programs help to ensure that all parents have access to evidence-based support services. Parents and carers are able to register directly for programs by accessing the registration page on the Triple P website and can receive support at a time and place convenient to them. These programs are especially convenient for families in rural and remote locations, where access to in-person services may be limited.

TARGETED SUPPORT AT THE PERINATAL PERIOD

Parents at the transition to parenthood can experience significant challenges, with many new parents reporting stress, depression and anxiety, declines in relationship satisfaction and difficulty co-parenting¹².

These experiences can impact long-term parent mental health as well as infant development, with early intervention presenting an opportunity to support parents and improve child development outcomes. Parenting support is often overlooked in favour of more traditional psychosocial supports. Programs such as Triple P for Baby and its online equivalent, Triple P Online for Baby, present an opportunity to provide flexible support for parents when they need it most.

While antenatal classes are widely considered a rite-of-passage for expecting parents, these classes traditionally focus on the lead-up and birth experience.

Programs like Triple P Online for Baby can provide adjunctive support to traditional services such as antenatal classes, giving parents evidence-based tools to respond to the developmental needs of their baby, cope with common challenges, develop emotional resilience, strengthen the quality of family relationships, and recognise early parenting traps.

SUPPORT FOR SERVICE PROVIDERS

In 2021, A Mental Health Council of Tasmania (MHCT) report identified workforce recruitment and retention as significant challenges for the community sector¹³.

The report highlights the need to upskill and diversify the mental health workforce, and to be able to do this upskilling in the workplace. Access to training in a preventive and early intervention family support program like Triple P can help to relieve pressure on critical parts of the Tasmanian health system.

Access to universally available, self-directed programs also helps relieve mental health workforce shortages, and can fill gaps created by practitioners exiting the workforce.

Training existing practitioners across multiple disciplines can provide knowledge, skills and confidence across diverse services. Universal training provides practitioners with a common language and framework to support parents with their concerns.

Workforce training models, including population-level practitioner training, have been successfully implemented in other states across Australia, including Queensland, Western Australia, and Victoria, where Triple P has been training and supporting maternal child health staff for over 20 years.



TRIPLE P IN TASMANIA

The Tasmanian Government, in its 2021 child and wellbeing strategy It takes a Tasmanian Village⁷, committed "to determine the best parenting program or programs that could operate universally".

Developed in Australia and backed by more than 40 years of ongoing research, Triple P has been disseminated to millions of families in more than 30 countries.

The Triple P Online System of programs is federally funded and freely available to all Tasmanian families with children aged up to 12 years via the Australian Department of Health and Aged Care's Parenting Education and Support Program (PESP).

Teen Triple P Online (not currently available under the PESP) has also been funded by other states so that parents of adolescents have access to readily available and evidence-based online parenting support. The Tasmanian Government may wish to consider whether it would similarly make Teen Triple P available in its jurisdiction.

TRIPLE P COST EFFECTIVENESS

A number of independent economic analyses have proved Triple P's excellent return on investment.

- An Australian-government commissioned Access Economics analysis found that Triple P programs deliver a return on investment of 1,283%, equating to nearly \$14 for every \$1 spent and \$68.1 million per year in benefits¹⁴. It has been found as cost-effective in improving child behavioural problems, emotional problems, and effective parenting.3
- The Washington State Institute of Public Policy¹⁵ shows an estimated \$8.84 return on investment for each \$1 spent on the Triple P system (2023 benefit to cost ration in USD)
- An 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 16 (note, the US Triple P System Population Trial achieved a 23.5% reduction in rate of child maltreatment cases)17.

RECOMMENDATIONS

- Triple P Online Programs are added to the list of recommended resources by CHaPS as evidence-based and immediate support available for all parents, including those on waitlists or who may have limited access to services.
- 2. Provide access to Triple P workforce training and supervision across Tasmania, including program implementation support, to build local capacity and ensure the availability of skilled practitioners, providing consistent language and practice across services, and further support the mental health literacy of practitioners and they families they support
- 3. The Tasmanian Government through its multiple and various health, community and education channels actively provide awareness of the Triple P Online System of programs, including Triple P Online (for parents of children aged up to 12 years), Triple P Online for Baby (support for parents across the perinatal period) and Fear-Less Triple P Online (for parents of children experiencing symptoms of anxiety).



REFERENCES

- ¹ University of Queensland. Triple P evidence-base. https://pfsc-evidence.psy.uq.edu.au/
- ² United Nations Office on Drugs and Crime. (2009). *Compilation of evidence-based family skills training programmes*. https://www.unodc.org/documents/prevention/family-compilation.pdf
- ³ Sahle, B. W., Reavley, N., Morgan, A. J., Yap, M. B. H., Reupert, A., Loftus, H., & Jorm, A. (2020). Communication brief: Summary of interventions to prevent adverse childhood experiences and reduce their negative impact on mental health: An evidence based review.
- ⁴ Strong Foundations collaboration. (2019). *The first thousand days: A case for investment*. Australian Research Alliance for Children and Youth.
- ⁵ Goldschmidt, T., Adebiyi, B. O., & Roman, N. V. (2021). Developing a logic model of change for the determinants of parental nurturance in the first 1000 days: A mixed-method study protocol. *PLoS One*, *16*(10), e0258764. https://doi.org/10.1371/journal.pone.0258764
- ⁶ Australian Government. (2019). *National action plan for the health of children and young people 2020–2030*. https://www.health.gov.au/sites/default/files/documents/2021/04/national-action-plan-for-the-health-of-children-and-young-people-2020-2030.pdf
- ⁷ Tasmanian Government. (2021). *It takes a Tasmanian village Child and youth wellbeing strategy*. https://hdp-au-prod-app-tas-shapewellbeing-files.s3.ap-southeast-
- 2.amazonaws.com/1716/7643/0269/210301 Child and Youth Wellbeing Strategy 2021 wcag.pdf
- ⁸ Fives, A., Pursell, L., Heary, C., Gabhainn, N., & Canavan, J. (2014). *Parenting support for every parent: A population-level evaluation of Triple P in Longford Westmeath. Final Report.* (Longford Westmeath Parenting Partnership (LWPP), Issue.
- https://www.researchgate.net/publication/283903988_Parenting_support_for_every_parent_A_population-level_evaluation_of_Triple_P in Longford Westmeath Final Report
- ⁹ Lindsay, G., & Strand, S. (2013). Evaluation of the national roll-out of parenting programmes across England: The parenting early intervention programme (PEIP). *BMC Public Health*, *13*(1), 1-17. https://doi.org/10.1186/1471-2458-13-972
- ¹⁰ Sanders, M. R., Ralph, A., Sofronoff, K., Gardiner, P., Thompson, R., Dwyer, S., & Bidwell, K. (2008). Every family: A population approach to reducing behavioral and emotional problems in children making the transition to school. *Journal of Primary Prevention*, *29*(3), 197-222. https://doi.org/10.1007/s10935-008-0139-7
- ¹¹ Prinz, R. J. (2017). Assessing child maltreatment prevention via administrative data systems: A case example of reproducibility. *Child Abuse & Neglect*, *64*, 13-18. https://doi.org/https://doi.org/10.1016/j.chiabu.2016.12.005
- ¹² Morawska, A., Mitchell, A. E., & Jackson, C. (2023). Supporting parents' adjustment during the transition to parenthood. *Australian Journal of Child and Family Health Nursing*, 20(2). https://doi.org/10.33235/ajcfhn.20.2.6-9
- ¹³ Mental Health Council of Tasmania. (2021). *Covid-19 impacts on the comunity mental health workforce*. https://mhct.org/wp-content/uploads/2021/11/MHCT-COVID-Workforce-Report-Nov21.pdf
- ¹⁴ Access Economics Pty Limited. (2010). *Positive family functioning*.
- https://www.dss.gov.au/sites/default/files/documents/positive_family_functioning.pdf
- ¹⁵ Washington State Institute for Public Policy. (2019, June 2020). *Triple P—Positive Parenting Program (System) Public Health & Prevention: Population-level policies*. http://www.wsipp.wa.gov/BenefitCost/Program/79
- ¹⁶ Foster, E. M., Prinz, R., Sanders, M., & Shapiro, C. J. (2008). The costs of a public health infrastructure for delivering parenting and family support. *Children and Youth Services Review*, *30*(5), 493-501. https://doi.org/10.1016/j.childyouth.2007.11.002
- ¹⁷ Prinz, R. J., Sanders, M. R., Shapiro, C. J., Whitaker, D. J., & Lutzker, J. R. (2009). Population-based prevention of child maltreatment: The U.S. Triple P System population trial. *Prevention Science*, *10*(1), 1-12. https://doi.org/10.1007/s11121-009-0123-3