

EARLY YEARS STRATEGY

TRIPLE P INTERNATIONAL PTY LTD SUBMISSION



SUPPORTING FAMILIES IN THE FIRST 1000 DAYS

"From the moment of conception to the initial, tentative step into a kindergarten classroom, early childhood development takes place at a rate that exceeds any other stage of life".1

Parenting is the key determinant of a child's life trajectory.

The first 5 years of a child's life are recognised as vital to their future life outcomes.

The first 1000 days are critical.

The period between conception and the age of two is the earliest stage of development and is often referred to as the first 1000 days.^{2,3} This important developmental period sets the foundation for future learning, behaviour, and health.2,4

These 1000 days influence the interplay between genes, experiences and environments on a child's development,⁴ and impact life-long health and wellbeing.

In this period, it is the parents and the family environment that are paramount. Parents play a key role in nurturing and caring for their child within the first 1000 days, to support optimal child development.² A parent's role within the first 1000 days of their child's life is not only one of nurturance, but also of protection from the effects of adversity.² Parents are responsible for minimising exposure to stress and supporting the development of emotional and cognitive mechanisms in their children during this developmental period²

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.

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 needs.4

Positive parenting support must be at the core of an Early Years Strategy which aims to improve and promote the wellbeing of Australia's children and families.

Implementation of 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 capabilities.5

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



RECOMMENDATIONS

RECOMMENDATION 1

Establish a mechanism with oversight across all portfolios providing services to children and families with a remit to ensure better coordination, collaboration and outcomes.

RECOMMENDATION 2

Establish a Joint Parliamentary Standing Committee on Children's Affairs, and/or a National Body, to encourage long-term focus and foster a bipartisan approach on children and family policy.

RECOMMENDATION 3

Government agencies to identify existing services that can be leveraged, to provide referral pathways to support access for parents to evidence-based programs. Embed and promote the use of evidence-based parenting programs and interventions in those existing services.

RECOMMENDATION 4

Align practices in early childhood education and care with evidence-based parenting practices, and provide appropriate evidence-based training to management and educators across the ECEC sector.

RECOMMENDATION 5

Initiate a national, long-term public awareness campaign on the importance of parenting, parenting practices, healthy child development and early childhood education.

Triple P International (TPI) welcomes the opportunity to contribute to the Australian Government's Early Years Strategy (the Strategy). We commend the Australian Government for setting this course to develop and determine a wellbeing strategy for our nation's children and families. A widely accepted and enduring strategy would be a pivotal moment for Australian children, families, communities and society as a whole.

This submission addresses the importance of parenting in the early years and how it impacts children's development not only in their childhood and teenage years, but right through adulthood. By providing parents with knowledge, skills and confidence, parenting programs support families in creating an environment in which children can thrive. 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.



COLLABORATION FOR BETTER OUTCOMES

The Commonwealth supports children and families in many ways across numerous portfolios, departments and agencies.

However, as the Early Years Strategy Discussion Paper acknowledges, current structures create silos, discourage collaboration and do not always deliver best-outcome solutions.

Development of an inaugural national Early Years Strategy presents an opportunity to define a path forward that streamlines and maximises coordination of government efforts.

RECOMMENDATION 1

Establish a mechanism with oversight across all portfolios providing services to children and families with a remit to ensure better coordination, collaboration and outcomes.

AN ONGOING NATIONAL FOCUS

Children's health, wellbeing and development cannot be solely the responsibility of government or of parents and families. It is a societal responsibility and one that requires generational reform.

An inclusive strategy must be representative of all families in Australia, and be informed by and reflect the rich array of culture, languages and belief systems across the country.

Supporting children, families and their communities requires a cohesive framework at a national level, that recognises the critical role of family relationships in promoting healthy development.

Policy for children and families deserves a higher profile and national focus to embed meaningful change for future generations.

For an Early Years Strategy to endure it will need to have wide community acceptance and bipartisan support across all Australian jurisdictions.

RECOMMENDATION 2

Establish a Joint Parliamentary Standing Committee on Children's Affairs, and/or a National Body, to encourage long-term focus and foster a bipartisan approach on children and family policy.



LEVERAGE EXISTING SERVICES

The National Children's Mental Health and Wellbeing Strategy recognises that "The family environment is the single most important influence on a child's development, with family relationships and interactions critical to positive mental health and wellbeing".6

Support for parents is vital to ensure healthy early childhood experiences and promote positive outcomes for children

Families all around Australia interact with government systems and supported activities - GPs, child and family health services, early childhood education and care services, schools, sporting organisations etc – on a daily basis.

Evidence-based parenting programs which support parents' knowledge, attitudes and practices associated with positive child outcomes can readily be integrated into these widely used services.

Too often, parenting support is not considered nor referred as part of the provision of routine services to children and parents.

Evidence-based parenting programs have been consistently shown to positively impact children's mental health and wellbeing,⁷ and reduce the negative effects of Adverse Childhood Experiences (ACEs).⁸

Triple P is one of only two programs to be given a "very high" evidence rating in a recent Australian review of 26 different interventions designed to prevent or reduce the negative effects of ACEs.8 In reviewing the available evidence on interventions that aim to prevent or reduce the negative effects of ACEs on children's mental health, the report examined six broad categories of interventions, including: community-wide initiatives; parenting programs; home visiting programs; economic and social service interventions; psychological therapies; and, school-based programs.8

Only parenting programs were rated as having a very high level of supporting evidence, 8 further demonstrating that the quality of parenting a child receives is a critical risk factor for children's mental health and wellbeing.

The report concluded that Triple P is "effective across different settings including schools, community-settings or households" and "there is evidence of cost-effectiveness at reducing child behavioural and emotional problems and promoting effective parenting" (Page 10).8

Governments can lead the way in leveraging existing services and interventions, to promote, destigmatise and normalise families seeking support for parenting.

By building on existing service platforms and providing referrals to effective evidence-based parenting programs, strategies and interventions, families can be supported to enhance their knowledge, attitudes and practices associated with healthy child development.

RECOMMENDATION 3

Government agencies to identify existing services that can be leveraged, to provide referral pathways to support access for parents to evidence-based programs. Embed and promote the use of evidence-based parenting programs and interventions in those existing services.



ALIGNMENT BETWEEN PARENTS AND ECEC

Families need access to nurturing environments that cultivate prosocial behaviour and self-regulatory competencies, and that minimise exposure to both physical and/or psycho-social harm. Early childhood teachers, carers and centre directors play a critical role in childhood development, and are committed to providing the best possible opportunities to prepare children for success in school and life. Participation in high-quality early childhood education and care, characterised by responsive and attentive educators and stimulating play and learning experiences, has consistently been linked to long-term gains in children's cognitive and socio-emotional development.^{9,10} Importantly, when educators have the skills and confidence to provide such high-quality environments, they are uniquely placed to buffer the effects of social disadvantage and detrimental early family experiences.¹⁰

Empowering educators to engage with children in a positive and supportive way would not only encourage children to reach their potential but also provide a common language between educators, their colleagues, and parents, harmonising the home and early learning environment.

EVIDENCE-BASED SUPPORT FOR EARLY CHILDHOOD EDUCATION AND CARE WORKFORCE

The ECEC workforce need access to high quality, evidence-based programs for educators, to enhance and support the development of knowledge, confidence and skills. Staff should be provided with the tools to provide responsive care and rich learning opportunities to promote children's social and emotional skills, helping children to develop a positive approach to learning. The ECEC workforce is diverse, therefore any professional development should offer solutions that can be tailored to specific needs of a community, with flexible options for learning.

Support for the ECEC sector can be provided through programs such as *the Positive Early Childhood Education* (PECE) Program, an online professional learning program designed to cultivate early childhood educators' knowledge, confidence, and skills. Through programs such as this, educators can be supported to develop skills and learn strategies that will work for them, focusing on the issues they are concerned with in their setting, self-identifying strengths and areas for improvement, problem solving, and setting goals for the future. Early childhood practitioners with greater self-regulatory capacity are more likely to use evidence-based practices, maintain this over time, and are more likely to see improved outcomes with children and families.¹¹

Developed by the authors of the Triple P – Positive Parenting Program®, PECE is designed to support and enhance educators' self-efficacy in implementing strategies that promote children's development, social competence, and self-regulation. The PECE Program seeks to enhance the skills of early childhood educators, with tools to have a positive impact on the development of children in their care. This ultimately promotes children's academic development, social competence and self-control, and enhances educator/child relationships as well as communication with colleagues and parents.

Children benefit from consistent approaches from both educators and parents. Educators and families can work in partnership to prepare children for future success.

RECOMMENDATION 4

Align practices in early childhood education and care with evidence-based parenting practices, and provide appropriate evidence-based training to management and educators across the ECEC sector.



AWARENESS

A nationally representative Australian study published in 2023 exposed the prevalence of child maltreatment in Australia, 12 demonstrating the extent to which child maltreatment represents a major public health challenge. The study, which included a representative sample of the Australian population, found that 32% of respondents reported experiencing physical abuse throughout childhood, while 28.5% experienced sexual abuse and 30.9% experienced emotional abuse.

These findings demonstrate the high prevalence of child maltreatment across the country, and provide support for investing in a national, long-term public awareness campaign on the importance of parenting, parenting practices, healthy child development and early childhood education to combat maltreatment, normalise the idea of asking for help, raise awareness for parenting support (and where to find it), and destigmatise participation in parenting programs.

A POPULATION APPROACH

A population approach to public health aims to move the distribution curve of the targeted child outcome, risk factor, or protective factor towards healthier levels while reducing the distribution of the targeted problem itself.⁵ This approach emphasises promoting supportive and safe environments for all children, rather than only concentrating availability of services for children at high risk of abuse of neglect.¹³

Population-level support in parenting is a necessary but often neglected issue that has the potential to positively influence a number of factors on an individual, family, and community level. On the individual level, population level support in parenting is able to promote optimal development in children, address child psychosocial problems, and reduce child maltreatment. On a familial level, risk factors for maltreatment can be addressed, and positive parenting practices can be introduced. For the community, population level parenting support can reduce the stigma of seeking parenting support by starting positive conversations about parenting. Fundamentally, the need for population level parenting support arises due to the small number of parents seeking out parenting help. Population-level support can increase parental engagement via normalisation and destigmatisation of seeking support, and increased awareness of the options available.

Population approaches to parenting interventions can result in significant outcomes for parents, children, and youth. For example, a large scale-controlled evaluation (n=3000) of Triple P conducted in Australia found significant improvements in child emotional difficulties, child problem behaviours, and parental depression.¹⁷

After participating in Triple P, parents showed improvements in:

- Parental mental well-being¹⁸
- Parental depression, anxiety and stress¹⁹⁻²²
- Relationship quality^{19,23-25}
- Parental self-efficacy^{19,26-30}

Triple P also leads to reductions in negative parental outcomes such as dysfunctional parenting practices^{18,19,21,31} and inter-parental conflict (reduction in parental conflict).^{19,23,32-35}

A population health study funded by the United States Centres for Disease Control and Prevention found populations that implemented universal parenting support (Triple P) reported 22% lower rates of child maltreatment than comparison populations, 16% lower rates of out-of-home placements (than comparison), and 17% lower rates of child maltreatment injuries (than comparison).³⁶



The Australian Government is world-leading in providing universal, free access to evidence-based parenting programs through the Department of Health and Aged Care's Parenting Education and Support Program (PESP).

Through PESP, Triple P's online programs have been made freely available to all families with children under 12. These programs include Triple P Online (for parents of children aged 0-12 years), Fear-Less Triple P (for parents with children experiencing symptoms of anxiety), and Triple P for Baby Online (expecting and new parents).

Triple P International commends the Australian Government for providing universal access to evidence-based parenting programs for all parents and families in Australia.

Since the launch of Triple P online programs as part of PESP in July 2022, over 100,000 Australian families have accessed Triple P parenting support.

However, the recent Australian Child Maltreatment Study, 12 which found shocking levels of child maltreatment, shows that much more needs to be done.

The study demonstrates the gap between the rates of child maltreatment, and the notifications received by support services. Greater community knowledge is needed to change the course of children's lives in Australia and reduce the incidence of maltreatment.

Public health campaigns are a cost-effective way to reach large groups of parents and raise awareness of important health issues. Australia has a successful history of implementing public health campaigns such as for the prevention of tobacco use and the promotion of sun safety.

The potential for public health campaigns to elevate the parenting role, promote positive parenting practices, normalise and destigmatise seeking support for parenting, and encourage greater emphasis on child development, is significant.

Support programs must not only be available; people need to be aware of their availability.

RECOMMENDATION 5

Initiate a national, long-term public awareness campaign on the importance of parenting, parenting practices, healthy child development and early childhood education.

CONCLUSION

Caring for our children must be a national priority.

Australian Governments have done much to improve the lives of children in Australia.

An Early Years Strategy will provide pathways to even better results. The strategy will require long-term thinking, planning and funding.

To endure, it will need community-wide acceptance and bipartisan support across Australia. Only then will we get the results our children, families and nation deserve.



TRIPLE P

POSITIVE PARENTING PROGRAM

Triple P is a system of evidence-based programs that increase parents' knowledge, skills, and confidence in raising their children. Triple P is unique among evidence-based parenting programs – it takes a large-scale public health approach to effect significant change across entire populations – meaning it is conceptualised in terms of community needs and engagement, rather than focusing on one family at time.⁵

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.

The Triple P suite of programs is supported by a long-standing evidence-base that has been growing for over 40 years. More than 793 papers have been published about Triple P across 41 countries involving over 1700 researchers across 539 institutions. The evidence consists of 403 evaluation papers, of which 192 are randomised controlled trials. It has been ranked the world's most extensively researched family skills training program by the United Nations.³⁷

COST-EFFECTIVENESS

Economic studies have shown that Triple P is cost effective in multiple contexts.

- In Australia, based on a four year implementation, Triple P has been shown to result in a return on investment of 1,283% equating to nearly \$14 for every \$1 spent and \$68.1 million per year in benefits³⁸
- The British Medical Association and Public Health England recognise Triple P has a £5.05 return for every £1 spent³⁹
- The Canadian Institute of Health Economics⁴⁰ modelling found a 6.5% reduction in adverse events across the justice, mental health, special education and social services systems would result in a positive return on investment. Evidence shows that the actual return greatly exceeds 6%⁴⁰
- In the United States, the Washington State Institute for Public Policy reported a \$7.78 return on investment for every \$1 spent on Triple P³⁸

Triple P programs are effective at achieving population-wide change, including significant reductions in rates of child maltreatment (23.5%), out-of-home placements (9.1%)⁴¹, and child maltreatment injuries (10.5%).⁴²

CONTACT DETAILS

Triple P International Pty Ltd contact@triplep.net

28 April 2023



REFERENCES

- ¹ Shonkoff, J. P., & Phillips, D. A. (2000). From neurons to neighborhoods: The science of early childhood development. National Research Press.
- ² 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
- ³ Moore, T., Arefadib, N., Deery, A., & West, S. (2017). The first thousand days: An evidence paper. https://www.rch.org.au/uploadedFiles/Main/Content/ccchdev/CCCH-The-First-Thousand-Days-An-Evidence-Paper-September-2017.pdf
- ⁴ Strong Foundations collaboration. (2019). The first thousand days: A case for investment. Australian Research Alliance for Children and Youth.
- ⁵ Sanders, M. R., & Prinz, R. (2017). Emergence of a population approach to evidence-based parenting support. In The Power of Positive Parenting: Transforming the lives of children, parents, and communities using the Triple P System (1 edition. ed., pp. 32-62). Oxford University Press. https://doi.org/10.1093/medpsych/9780190629069.001.0001
- ⁶ Australian Government National Mental Health Commission. (2022). The national children's mental health and wellbeing strategy. https://www.mentalhealthcommission.gov.au/getmedia/5b7112be-6402-4b23-919d-8fb9b6027506/National-Children%E2%80%99s-Mental-Health-and-Wellbeing-Strategy-%E2%80%93-Report ⁷ Sanders, M. R., Kirby, J. N., Tellegen, C. L., & Day, J. J. (2014). The Triple P - Positive Parenting Program: A systematic review and meta-analysis of a multi-level system of parenting support. Clinical Psychology Review, 34(4), 337-357. https://doi.org/10.1016/j.cpr.2014.04.003
- ⁸ 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.
- ⁹ Gialamas, A., Sawyer, A. C. P., Mittinty, M. N., Zubrick, S. R., Sawyer, M. G., & Lynch, J. (2014). Quality of childcare influences children's attentiveness and emotional regulation at school entry. The Journal of Pediatrics, 165(4), 813-819, https://doi.org/10.1016/j.jpeds.2014.06.011
- ¹⁰ Peisner-Feinberg, E. S., Burchinal, M. R., Clifford, R. M., Culkin, M. L., Howes, C., Kagan, S. L., & Yazejian, N. (2001). The relation of preschool child-care quality to children's cognitive and social developmental trajectories through second grade. Child Development, 72(5), 1534-1553. https://doi.org/10.1111/1467-8624.00364
- ¹¹ Mazzucchelli, T. G., & Ralph, A. (2019). Self-regulation approach to training child and family practitioners. *Clinical* Child and Family Psychology Review, 22(1), 129-145. https://doi.org/10.1007/s10567-019-00284-2
- ¹² Mathews, B., Pacella, R., Scott, J. G., Finkelhor, D., Meinck, F., Higgins, D. J., Erskine, H. E., Thomas, H. J., Lawrence, D. M., Haslam, D. M., Malacova, E., & Dunne, M. P. (2023). The prevalence of child maltreatment in Australia: findings from a national survey [https://doi.org/10.5694/mja2.51873]. Medical Journal of Australia, 218(S6), S13-S18. https://doi.org/https://doi.org/10.5694/mja2.51873
- ¹³ Sanders, M., Higgins, D., & Prinz, R. (2018). A population approach to the prevention of child maltreatment. https://aifs.gov.au/sites/default/files/8 a population approach to the prevention of child maltreatment 0.pdf ¹⁴ Shapiro, C. J., Prinz, R. J., & Sanders, M. R. (2007). Population-wide parenting intervention training: Initial feasibility. Journal of Child and Family Studies, 17(4), 457-466. https://doi.org/10.1007/s10826-007-9167-9 ¹⁵ Finan, S. J., Swierzbiolek, B., Priest, N., Warren, N., & Yap, M. (2018). Parental engagement in preventive parenting programs for child mental health: a systematic review of predictors and strategies to increase engagement. PeerJ, 6, e4676. https://doi.org/10.7717/peerj.4676
- ¹⁶ Alba-Fisch, M. (2016). Collaborative divorce: An effort to reduce the damage of divorce. J. Clin. Psychol, 72(5), 444-457. https://doi.org/10.1002/jclp.22260
- ¹⁷ 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
- ¹⁸ 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
- ¹⁹ 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 populationlevel evaluation of Triple P in Longford Westmeath Final Report

- ²⁰ Tahazade, S., Mohammadzadeh, S., Yousefi, F., Hamidi, S., & Talebi Azar, N. (2020). Effectiveness of positive parenting program on improving children's behavior problems. International Journal of Health and Life Sciences. 6(2). https://doi.org/10.5812/ijhls.102570
- ²¹ Fawley-King, K., Trask, E., E. Calderón, N., A. Aarons, G., & F. Garland, A. (2014). Implementation of an evidence-based parenting programme with a Latina population: Feasibility and preliminary outcomes. Journal of Children's Services, 9(4), 295-306. https://doi.org/10.1108/JCS-04-2014-0024
- ²² Abate, A., Marek, R. J., Venta, A., Taylor, L., & Velez, L. (2020). The effectiveness of a home-based delivery of Triple P in high-risk families in rural areas. Journal of Child and Family Studies, 20(4), 997-1007. https://doi.org/10.1007/s10826-019-01684-2
- ²³ Keown, L. J., Sanders, M. R., Franke, N., & Shepherd, M. (2018). Te Whānau Pou Toru: A randomized controlled trial (RCT) of a culturally adapted low-intensity variant of the Triple P - Positive Parenting Program for indigenous Maori families in New Zealand. Prevention Science, 19(7), 954-965. https://doi.org/10.1007/s11121-018-0886-5 ²⁴ Morawska, A., & Sanders, M. (2009). An evaluation of a behavioural parenting intervention for parents of gifted children. Behaviour Research and Therapy, 47(6), 463-470. https://doi.org/10.1016/j.brat.2009.02.008 ²⁵ Tellegen, C. L., & Sanders, M. R. (2014). A randomized controlled trial evaluating a brief parenting program with children with autism spectrum disorders. Journal of Consulting and Clinical Psychology, 82(6), 1193-1200. https://doi.org/10.1037/a0037246
- ²⁶ Dittman, C. K., Farruggia, S. P., Palmer, M. L., Sanders, M. R., & Keown, L. J. (2014). Predicting success in an online parenting intervention: The role of child, parent, and family factors. Journal of Family Psychology, 28(2), 236-243. https://doi.org/10.1037/a0035991
- ²⁷ Hodgetts, S., Savage, A., & McConnell, D. (2013). Experience and outcomes of Stepping Stones Triple P for families of children with autism. Research in Developmental Disabilities, 34(9), 2572-2585. https://doi.org/10.1016/i.ridd.2013.05.005
- ²⁸ Au, A., Lau, K. M., Wong, A. H. C., Lam, C., Leung, C., Lau, J., & Lee, Y. K. (2014). The efficacy of a Group Triple P (Positive Parenting Program) for Chinese parents with a child diagnosed with ADHD in Hong Kong: A pilot randomised controlled study. Australian Psychologist, 49(3), 151-162. https://doi.org/10.1111/ap.12053 ²⁹ Aery, A., Hodges, J., & Day, J. (2018). The effect of school-based Stepping Stones Triple P on child and parent outcomes. Advances in Social Science, Education and Humanities Research. https://doi.org/10.2991/uipsur-17.2018.50
- ³⁰ Nogueira, S., Abreu-Lima, I., Canário, C., & Cruz, O. (2021). Group Triple P A randomized controlled trial with low-income mothers. Children and Youth Services Review, 121. https://doi.org/10.1016/j.childyouth.2020.105862 ³¹ Brown, F. L., Whittingham, K., Boyd, R. N., McKinlay, L., & Sofronoff, K. (2014). Improving child and parenting outcomes following paediatric acquired brain injury: a randomised controlled trial of Stepping Stones Triple P plus Acceptance and Commitment Therapy. J Child Psychol Psychiatr, 55(10), 1172-1183. https://doi.org/10.1111/jcpp.12227
- ³² Lee, Y., Keown, L. J., & Sanders, M. R. (2022). The effectiveness of the Stepping Stones Triple P seminars for Korean families of a child with a developmental disability. Heliyon, 8(6), e09686.
- https://doi.org/10.1016/j.heliyon.2022.e09686
- 33 Arkan, B., Vural, A. P., Eray, Ş., & Eren, E. (2020). The efficiency of the Triple P Program for Parents of children with Type-1 diabetes. *The Journal of Pediatric Research*, 7(4), 349-357. https://doi.org/10.4274/jpr.galenos.2020.48991
- ³⁴ Reese, R. J., Slone, N. C., Soares, N., & Sprang, R. (2015). Using telepsychology to provide a group parenting program: A preliminary evaluation of effectiveness. Psychological Services, 12(3), 274-282. https://doi.org/10.1037/ser0000018
- ³⁵ Sanders, M. R., Dittman, C. K., Farruggia, S. P., & Keown, L. J. (2014). A comparison of online versus workbook delivery of a self-help Positive Parenting Program. The Journal of Primary Prevention, 35(3), 125--133. https://link.springer.com/article/10.1007/s10935-014-0339-2
- ³⁶ 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
- ³⁷ 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
- ³⁸ Access Economics Pty Limited. (2010). Positive family functioning.



³⁹ British Medical Association. (2017). *Exploring the cost effectiveness of early intervention and prevention*.

⁴¹ Prinz, R. J. (2017). Assessing child maltreatment prevention via administrative data systems: A case example of reproducibility. *Child Abuse and Neglect*, *64*, 13-18. https://doi.org/10.1016/j.chiabu.2016.12.005
⁴² Prinz, R. J. (2016). Parenting and family support within a broad child abuse prevention strategy: Child maltreatment prevention can benefit from public health strategies. *Child Abuse and Neglect*, *51*, 400-406. https://doi.org/10.1016/j.chiabu.2015.10.015

⁴⁰ Escobar, C. D., Jacobs, P., & Dewa, C. (2012). *Return on investment for mental health promotion: Parenting programs and early childhood development*. Edmonton Institute of Health Economics.