

**Submission
No 51**

**INQUIRY INTO CHILDREN AND YOUNG PEOPLE WITH
DISABILITY IN NEW SOUTH WALES EDUCATIONAL
SETTINGS**

Organisation: Triple P Positive Parenting Program

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NSW Legislative Council
Portfolio Committee No.3
Inquiry into Children and Young People with
Disability in New South Wales Educational
Settings

TRIPLE P - POSITIVE PARENTING PROGRAM

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Backed by research. Proven by parents.

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 more than 400 evaluation papers 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 base includes over 820 papers, published in over 40 countries and involving over 1700 researchers across 551 institutions. It has been ranked the world's most extensively researched family skills training program by the United Nations¹.

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.

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, with more support 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)². 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 programs², demonstrating that the quality of parenting a child receives is a critical risk factor for children's mental health and wellbeing.

In 2022, TPI won a competitive Australian Government grant to make available 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.

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 benefits³. It has been found as cost-effective in improving child behavioural problems, emotional problems, and effective parenting².

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Triple P welcomes the opportunity to provide this submission to the committee.

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.

THE INFLUENCE OF PARENTING ON CHILD DEVELOPMENT AND EDUCATIONAL OUTCOMES

(Terms of Reference 1A, 1B, 1D, 1E, 1F)

Parenting is a key determinate in a child’s lifetime outcomes, and more so for families of a child with a disability.

Parents are a child’s most important educator and are uniquely placed to provide the support required for their child to thrive.

However, they face unique challenges when raising a child or adolescent with a disability. Developmental and intellectual disabilities are complex, requiring higher levels of care and often specialised, multi-disciplinary support^{4,5}.

The quality of support received early in life has a direct impact on the amount of care and support a person with developmental disability requires in adolescence and adulthood.

Children and adolescents with a disability report high rates of comorbid mental and physical health issues⁶ and insufficient access to necessary support services⁷.

Parents and caregivers of children with a disability commonly report high stress around parenting⁸, high levels of depression and anxiety⁹, low relationship satisfaction¹⁰, and increased use of dysfunctional parenting practices¹¹.

Evidence-based parenting programs equip caregivers with valuable tools and strategies to better understand and respond to their child’s needs¹². Guiding families to create structured and consistent routines within the home environment can promote a sense of predictability and security for the child, positively impacting their development and behaviour.

Programs can support ongoing development, encompassing social communication, language, emotional and behavioural regulation and cognition, and provide parents with adaptive skills to address specific challenges and foster growth in their child¹².

Providing parents with expert knowledge, skills, and resources to foster healthy child development and well-being offers substantial long-term benefits¹³.

Research shows parenting programs for families of a child with disability can save more than they cost in the long-term, in large part due to reductions in child emotional and behavioural challenges^{14,15}.

SUPPORTING CHILDREN PARENTS AND TEACHERS IN SCHOOLS

(Terms of Reference 1A, 1C, 1E, 1F, 1G, 1I)

“Substantial evidence shows that when parents and schools work together to establish mutual goals and shared responsibilities for children’s learning and wellbeing, that improved outcomes result”¹⁶.

Parents and caregivers are a child’s first educators. The type of parenting children receive influences the development of foundational skills required to successfully engage in learning.

Parents help children learn to regulate their emotions and behaviours, follow instructions, and develop the interpersonal skills to enable them to successfully engage in the classroom.

Schools, in turn, provide a foundation for children to develop the academic, interpersonal and emotional competence that will enable them to thrive into adulthood.

Compared to typically developing children, children with disability exhibit higher rates of social, emotional, and behavioural difficulties^{17,18}.

Poor parenting practices can further exacerbate problem behaviours that can spill over into other areas of a child’s life including school¹⁹. Consequently, these behaviours persist at school creating a difficult learning environment for peers, and increased stress in teachers¹⁷.

Providing parents with support to teach their child adaptive behaviours will help alleviate disruptive behaviours in the classroom¹⁷.

Schools and parents can work in partnership to provide all children the opportunity to reach their full potential^{16,20}.

Partnerships between schools and families provides stability and consistency for children with a disability, access to support, increases positive family/school engagement, and enhances children’s educational and developmental outcomes^{16,17,21,22}.

BARRIERS TO SAFE, QUALITY AND INCLUSIVE EDUCATION FOR CHILDREN WITH DISABILITY IN SCHOOLS, EARLY CHILDHOOD EDUCATION SERVICES AND OTHER EDUCATIONAL SETTINGS

(Term of Reference 1B)

Barriers to safe, quality and inclusive education for children with disability in educational settings include²³:

- Increases in the segregation of students with a disability in regular schools²⁴
- Exclusionary practices such as gatekeeping (discouraging parents to enrol their children into mainstream educational settings)²⁵
- Lack of resources for schools to successfully implement inclusion programs²⁵
- Inequitable exclusion of students with a disability from the National Assessment Program for Literacy and Numeracy (NAPLAN)²³.

STEPPING STONES TRIPLE P AS AN EARLY INTERVENTION PROGRAM

Stepping Stones Triple P (Stepping Stones) is an evidence-proven suite of parenting programs of increasing intensity for parents and caregivers of children (up to 12 years of age) with disability.

Stepping Stones programs reflect Triple P's multi-level system, addressing service intensity (i.e., the level of support parents may need) and how parents access this support (e.g., one-to-one, groups, online). The system of programs available includes brief seminars designed to assist parents with specific child development concerns as well as more intensive group and individual programs.

Benefits of a “light touch” intervention for all staff in schools and intensive courses for inclusion teams, school psychologist and other support staff include^{16,17}:

- Development of effective parent-school partnership
- Consistency for children at school and at home
- Improvements at home and school in learning abilities and adaptive behaviours
- Reduction in stress for teachers, with fewer child behaviour difficulties in the classroom
- Program facilitators can directly observe child's behaviour in the classroom
- Enhancements in teacher/parent relationship improve ongoing support for families
- Greater access to expert knowledge and skills for parents.

Stepping Stones programs have been evaluated with families of children with a range of disabilities (e.g., intellectual disability, autism spectrum disorders, cerebral palsy) and elevated levels of disruptive behaviour. Studies evaluating Stepping Stones Triple P have demonstrated significant benefits for both parents and children ²⁶ including:

- Reduction in child emotional and/or behavioural problems²⁷⁻³⁰
- Reduction in the use of dysfunctional parenting practices²⁷⁻³⁰
- Reduction in conflict between parents²⁷⁻³⁰
- Improved parental confidence and satisfaction^{28,30,31}
- Reduction in parent stress^{28,29}
- Improvement in the quality of family relationships^{28,32}.

Stepping Stones has also been evaluated within an educational context finding a school-based program had significant benefits for parents and children including¹⁷:

- Reduction in the use of dysfunctional parenting over time
- Improved children's behaviour
- Significantly improved parent's self-efficacy over time with parents feeling more competent
- Parents were satisfied with the quality of the school-based program
- Parents had a positive experience with the school-based facilitator
- Parents highlighted the need for strategies and ongoing support.

An online version of Stepping Stones Triple P (SSTPOL) will be available to all parents and carers in 2024 through the Parenting Education and Support Program (PESP) funded by the Australian Government, through the Department of Health and Aged Care.

Benefits of delivering Stepping Stones Triple P programs in the community include:

- Fewer families experiencing crises and needing intensive supports to sustain their role as parents
- People with disabilities reducing service requirements in adolescence and adulthood
- People with developmental disabilities less likely to develop complex issues such as anxiety.

RECOMMENDATIONS

1. Consider evidence-based programs such as Stepping Stones Triple P as part of holistic service delivery in NSW educational settings.
2. For those with specialist positions working with this cohort, provide professional development in programs such as Stepping Stones Triple P.

We would be happy to expand as needed, respond to questions and/or make appropriate staff available to discuss this submission and wider context of the benefits of positive parenting.

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REFERENCES

- ¹ 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>
- ² 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*.
- ³ Access Economics Pty Limited. (2010). *Positive family functioning*. https://www.dss.gov.au/sites/default/files/documents/positive_family_functioning.pdf
- ⁴ Lai, J. K. Y., & Weiss, J. A. (2017). Priority service needs and receipt across the lifespan for individuals with Autism Spectrum Disorder. *Autism Research*, 10(8), 1436-1447. <https://doi.org/10.1002/aur.1786>
- ⁵ Mazzucchelli, T. G., Wilker, L., & Sanders, M. R. (2019). Parenting Support. In J. L. Matson (Ed.), *Handbook of Intellectual Disabilities: Integrating Theory, Research, and Practice* (pp. 743-762). Springer International Publishing. https://doi.org/10.1007/978-3-030-20843-1_40
- ⁶ Hoover, D. W., & Kaufman, J. (2018). Adverse childhood experiences in children with Autism Spectrum Disorder. *Curr Opin Psychiatry*, 31(2), 128-132. <https://doi.org/10.1097/yco.0000000000000390>
- ⁷ Masi, A., Mendoza Diaz, A., Tully, L., Azim, S. I., Woolfenden, S., Efron, D., & Eapen, V. (2021). Impact of the COVID-19 pandemic on the well-being of children with neurodevelopmental disabilities and their parents. *Journal of Paediatrics and Child Health*, 57(5), 631-636. <https://doi.org/10.1111/jpc.15285>
- ⁸ Patton, K. A., Ware, R., McPherson, L., Emerson, E., & Lennox, N. (2018). Parent-related stress of male and female carers of adolescents with intellectual disabilities and carers of children within the general population: A cross-sectional comparison. *Journal of Applied Research in Intellectual Disabilities*, 31(1), 51-61. <https://doi.org/10.1111/jar.12292>
- ⁹ Lanyi, J., Mannion, A., Chen, J. L., & Leader, G. (2022). Relationship between comorbid psychopathology in children and adolescents with Autism Spectrum Disorder and parental well-being. *Developmental Neurorehabilitation*, 25(3), 151-161. <https://doi.org/10.1080/17518423.2021.1922529>
- ¹⁰ Sim, A., Cordier, R., Vaz, S., & Falkmer, T. (2016). Relationship satisfaction in couples raising a child with autism spectrum disorder: A systematic review of the literature. *Research in Autism Spectrum Disorders*, 31, 30-52. <https://doi.org/10.1016/j.rasd.2016.07.004>
- ¹¹ Hutchison, L., Feder, M., Abar, B., & Winsler, A. (2016). Relations between parenting stress, parenting style, and child executive functioning for children with ADHD or Autism. *Journal of Child and Family Studies*, 25(12), 3644-3656. <https://doi.org/10.1007/s10826-016-0518-2>
- ¹² Ip, A., Zwaigenbaum, L., & Brian, J. A. (2019). Post-diagnostic management and follow-up care for Autism Spectrum Disorder. *Paediatr Child Health*, 24(7), 461-477. <https://doi.org/10.1093/pch/pxz121>
- ¹³ Mazzucchelli, T. G., Tonge, B. J., Brereton, A. V., Wade, C., Baird-Bate, K., & Dawe, S. (2023). The National Disability Insurance Scheme and parenting support for families of children with developmental disability: A need for policy reform. *Australian & New Zealand Journal of Psychiatry*, 0(0), 00048674231192369. <https://doi.org/10.1177/00048674231192369>
- ¹⁴ Sampaio, F., Barendregt, J. J., Feldman, I., Lee, Y. Y., Sawyer, M. G., Dadds, M. R., Scott, J. G., & Mihalopoulos, C. (2018). Population cost-effectiveness of the Triple P parenting programme for the treatment of conduct disorder: an economic modelling study. *Eur Child Adolesc Psychiatry*, 27(7), 933-944. <https://doi.org/10.1007/s00787-017-1100-1>
- ¹⁵ Sampaio, F., Nystrand, C., Feldman, I., & Mihalopoulos, C. (2022). Evidence for investing in parenting interventions aiming to improve child health: A systematic review of economic evaluations. *European Child and Adolescent Psychiatry*. <https://doi.org/10.1007/s00787-022-01969-w>
- ¹⁶ Sanders, M. R., Healy, K. L., Hodges, J., & Kirby, G. (2021). Delivering evidence-based parenting support in educational settings. *Journal of Psychologists and Counsellors in Schools*, 31(2), 205-220. <https://doi.org/10.1017/jgc.2021.21>
- ¹⁷ 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/uiprsur-17.2018.50>

- ¹⁸ Baker, B. L., Blacher, J., Crnic, K. A., & Edelbrock, C. (2002). Behavior Problems and Parenting Stress in Families of Three-Year-Old Children With and Without Developmental Delays. *American Journal on Mental Retardation*, 107(6), 433-444. [https://doi.org/10.1352/0895-8017\(2002\)107<0433:Bpapsi>2.0.Co;2](https://doi.org/10.1352/0895-8017(2002)107<0433:Bpapsi>2.0.Co;2)
- ¹⁹ Roux, G., Sofronoff, K., & Sanders, M. (2013). A randomized controlled trial of Group Stepping Stones Triple P: A mixed-disability trial. *Family Process*, 52(3), 411-424. <https://doi.org/10.1111/famp.12016>
- ²⁰ Epstein, J. L. (2018). *School, family, and community partnerships: Preparing educators and improving schools*. Routledge.
- ²¹ Department of Education Employment and Workplace Relations. (n.d.). *Family-School Partnerships Framework: A guide for schools and families*.
- ²² Sanders, M., Hoang, N. T., Hodges, J., Sofronoff, K., Einfeld, S., Tonge, B., Gray, K., & The Mhypedd, T. (2022). Predictors of change in Stepping Stones Triple interventions: The relationship between parental adjustment, parenting behaviors and child outcomes. *International Journal of Environmental Research and Public Health*, 19(20). <https://doi.org/10.3390/ijerph192013200>
- ²³ Duncan, J., Punch, R., Gauntlett, M., & Talbot-Stokes, R. (2020). Missing the mark or scoring a goal? Achieving non-discrimination for students with disability in primary and secondary education in Australia: A scoping review. *Australian Journal of Education*, 64(1), 54-72. <https://doi.org/10.1177/0004944119896816>
- ²⁴ de Bruin, K. (2019). The impact of inclusive education reforms on students with disability: an international comparison. *International Journal of Inclusive Education*, 23(7-8), 811-826. <https://doi.org/10.1080/13603116.2019.1623327>
- ²⁵ Iacono, T., Keeffe, M., Kenny, A., & McKinstry, C. (2019). A document review of exclusionary practices in the context of Australian school education policy. *Journal of Policy and Practice in Intellectual Disabilities*, 16(4), 264-272.
- ²⁶ Ruane, A., & Carr, A. (2019). Systematic review and meta-analysis of Stepping Stones Triple P for parents of children with disabilities. *Family Process*, 58(1), 232-246. <https://doi.org/10.1111/famp.12352>
- ²⁷ Sofronoff, K., Jahnel, D., & Sanders, M. (2011). Stepping Stones Triple P seminars for parents of a child with a disability: A randomized controlled trial. *Research in Developmental Disabilities*, 32(6), 2253-2262. <https://doi.org/10.1016/j.ridd.2011.07.046>
- ²⁸ 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>
- ²⁹ Roberts, C., Mazzucchelli, T., Studman, L., & Sanders, M. R. (2006). Behavioral family intervention for children with developmental disabilities and behavioral problems. *Journal of Clinical Child and Adolescent Psychology*, 35(2), 180-193. <https://core.ac.uk/download/15026839.pdf>
- ³⁰ Whittingham, K., Sofronoff, K., Sheffield, J., & Sanders, M. R. (2009). Stepping Stones Triple P: An RCT of a parenting program with parents of a child diagnosed with an Autism Spectrum Disorder. *Journal of Abnormal Child Psychology*, 37(4), 469-480.
- ³¹ Hinton, S., Sheffield, J., Sanders, M. R., & Sofronoff, K. (2017). A randomized controlled trial of a telehealth parenting intervention: A mixed-disability trial. *Research in Developmental Disabilities*, 65, 74-85. <https://doi.org/10.1016/j.ridd.2017.04.005>
- ³² Shapiro, C. J., Kilburn, J., & Hardin, J. W. (2014). Prevention of behavior problems in a selected population: Stepping Stones Triple P for parents of young children with disabilities. *Research in Developmental Disabilities*, 35(11), 2958-2975. <https://doi.org/10.1016/j.ridd.2014.07.036>