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The Triple P-Positive Parenting Programme: A Universal Population-Level Approach to the Prevention of Child Abuse

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Abstract

The Triple P-Positive Parenting Programme is described as an example of an evidence-based universal parenting initiative that provides a tiered continuum of interventions of increasing strength but narrowing reach in an effort to make parenting programmes more accessible to parents. Interventions within the system range from the use of the media and brief messages to intensive family interventions for parents where parenting problems are complicated by multiple additional sources of family adversity. Several issues concerning the role of training and organizational factors that influence the successful uptake and implementation of the programme are discussed.

Key Words: positive parenting; prevention; child abuse; population approach

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In the prevention of child abuse, it is important to reorient our focus from treatment outcomes to develop and evaluate a population perspective to family problems. We suggest that a population-based strategy to enhance parental competence, prevent dysfunctional parenting practices, change parental attributions and promote teamwork between partners would reduce family risk factors associated with child maltreatment. For this to be effective, several criteria need to be met (Taylor, 1999; Sanders et al., 2003): knowledge of the prevalence and incidence of child outcomes being targeted; knowledge of the prevalence and incidence of family risk factors; knowledge that changing specific family risk and protective factors leads to a reduction in the incidence and prevalence of the target problem; use of effective family interventions; family interventions must be culturally appropriate; and interventions need to be widely available.

What is the Triple P-Positive Parenting Programme?

In an effort to meet the clinical and scientific criteria outlined above, the Triple P-Positive Parenting Programme is a multilevel, preventively oriented, parenting and family support strategy developed by Sanders and colleagues at the University of Queensland in Brisbane, Australia (Sanders 1999, 2001; Sanders et al., 2001). The Triple P system aims to prevent severe behavioural, emotional and developmental problems and child maltreatment by enhancing family protective factors and reducing risk factors associated with child maltreatment. The programme aims to: (1) enhance the knowledge, skills, confidence, self-sufficiency, coping skills and resourcefulness of parents; (2) promote nurturing, safe, engaging, non-violent and low-conflict environments for children and young people; (3) promote children's social, emotional, language, intellectual, and behavioural competencies through positive parenting practices. The programme has five levels of intervention on a tiered continuum of increasing strength (see Table 1) for parents of children from birth to age 16 years.

The rationale for the tiered multilevel strategy is that there are differing levels of family risk and protective factors and parents have differing needs and desires regarding the type, intensity and mode of assistance they require. The multilevel strategy is designed to maximize efficiency, contain costs, avoid waste and overservicing and ensure the programme has wide reach in the community. The programme targets five different developmental periods, from infancy, toddlerhood and preschool age to preadolescence and adolescence. Within each developmental period, the reach of the intervention can vary from being very broad (targeting an entire population) or quite narrow (targeting only high-risk children). This flexibility enables individual practitioners to determine the scope of the intervention given their own service priorities and funding. Alternatively, the programme can be delivered as a government-funded service provided on a free-to-consumer basis.

Table 1. The Triple P Model of Parenting and Family Support

Level of intervention	Target population	Intervention methods	Possible target areas
1. **Universal Triple P** Media-based parenting information campaign	All parents interested in information about parenting and promoting their child's development	A coordinated information campaign using print and electronic media and other health promotion strategies to promote awareness of parenting issues and normalize participation in parenting programmes such as Triple P. May include some contact with professional staff (e.g. telephone information line)	• General parenting issues • Common everyday behavioural and developmental issues
2. **Selected Triple P** Information and advice for a specific parenting concern	Parents with specific concerns about their child's behaviour or development	Provision of specific advice on how to solve common child developmental issues and minor child behaviour problems. May involve face-to-face or telephone contact with a practitioner (about 20 min over two sessions) or (60–90-min) seminars.	• Common behaviour difficulties or developmental transitions, such as toilet training, bedtime problems
3. **Primary Care Triple P** Narrow-focus parenting skills training	Parents with specific concerns about their child's behaviour or development who require consultations or active skills training	A brief programme (about 80 min over four sessions) combining advice with rehearsal and self-evaluation as required to teach parents to manage discrete child problem behaviour. May involve face-to-face or telephone contact with a practitioner	• Discrete child behaviour problems, such as tantrums, whining, fighting with siblings
4. **Standard Triple P** **Group Triple P** **Self-Directed Triple P** Broad-focus parenting skills training	Parents wanting intensive training in positive parenting skills. Typically targets parents of children with more severe behaviour problems.	A broad-focus programme (up to 12 1-hour sessions) for parents requiring intensive training in positive parenting skills and generalization enhancement strategies. Application of parenting skills to a broad range of target behaviours, settings and children. Programme variants include individual, group or self-directed (with or without telephone assistance) options	• Multiple child behaviour problems • Aggressive behaviour • Oppositional defiant disorder • Conduct disorder • Learning difficulties
5. **Enhanced Triple P** Behavioural family intervention	Parents of children with concurrent child behaviour problems and family dysfunction	An intensive individually tailored programme (up to 11 1-hour sessions) for families with child behaviour problems and family dysfunction. Programme modules include home visits to enhance parenting skills, mood management strategies and stress coping skills, and partner support skills	• Concurrent child behaviour problems and parent problems (e.g. relationship conflict, depression, stress)

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Theoretical Basis of Triple P

Triple P is a form of behavioural family intervention that draws its programme content from several theoretical frameworks described below (Sanders, 1999, 2001; Sanders and Markie-Dadds, 1996, 2002; Sanders et al., 2001).

(i) Social learning models that emphasize how learning takes place within a social environment as one person, such as a parent, observes, reacts to and interacts with other people, such as a child (e.g. Horne and Sayger, 2000). In this social context, children learn ways of behaving as a result of the consequences that follow their behaviour. This model assumes that dysfunctional child and parent behaviours inadvertently reinforce one another

and maintain coercive patterns of family interaction (e.g. Patterson, 1982, 1986). From a social learning perspective, Triple P teaches parents a range of positive parenting strategies to promote family harmony while simultaneously reducing maladaptive familial interactional patterns.

(ii) Research in family behaviour therapy and applied behaviour analysis that has identified effective behaviour change techniques such as providing praise and positive attention contingent upon appropriate child behaviour, as well as ensuring children are busy and engaged in activity to minimize the occurrence of problem child behaviour (Risley *et al*., 1976; Sanders, 1996).

(iii) Developmental research on parenting in everyday contexts that has identified children's competencies in naturally occurring situations, particularly work that traces the origins of social and intellectual competence to early parent–child interactions (Hart and Risley, 1995; White, 1990). Hart and Risley (1995) found that children who acquired core language competencies and impulse control during early childhood were less likely to develop behaviour problems. Through Triple P, parents learn how to make use of naturally occurring everyday interactions to promote their children's social skills, language, developmental competencies and problem-solving skills.

(iv) Research from the field of developmental psychopathology that has identified specific risk and protective factors linked to adverse developmental outcomes in children (Emery, 1982; Grych and Fincham, 1990; Rutter, 1985). The risk factors of poor parent management, marital family conflict and parental distress are targeted. As parental discord is a specific risk factor for many forms of child and adolescent psychopathology (Grych and Fincham, 1990; Rutter, 1985), the programme fosters collaboration and teamwork between carers in raising children. Improving couples' communication is an important vehicle to reduce marital conflict over child-rearing issues and personal distress of parents and children in conflictual relationships (Sanders *et al*., 1998). Triple P also targets distressing emotional reactions of parents, including depression, anger, anxiety and high levels of stress-especially with the parenting role (Sanders *et al*., 1998). Distress can be alleviated through parents developing better parenting skills, which reduces feelings of helplessness, depression and stress. Enhanced levels of the intervention use cognitive behaviour therapy techniques of mood monitoring, challenging dysfunctional cognitions and attributions and teaching parents specific coping skills for high-risk parenting situations.

(v) Social information processing models that highlight the important role of parental cognitions such as attributions, expectancies and beliefs as factors that contribute to parental self-efficacy, decision-making and behavioural intentions (e.g. Bandura, 1977, 1989, 1995). Through Triple P, parents are encouraged to generate alternative social interactional explanations for their children's behaviour that include recognition of the reciprocal and bidirectional nature of parent–child interactions, thus challenging dysfunctional attributions about their child's behaviour.

(vi) A population health perspective to family intervention involves the explicit recognition of the role of the broader ecological context for human development (e.g. Biglan, 1995; Mrazek and Haggerty, 1994; National Institute of Mental Health, 1998). As pointed out by Biglan (1995), the reduction of antisocial behaviour in children requires the community context for parenting to change. Triple P's media and promotional strategy, as part of a larger system of intervention, aims to change this broader ecological context of parenting by normalizing parenting experiences (particularly the process of participating in parent education) by breaking down parents' sense of social isolation and increasing social and emotional support from others in the community, and to validate and acknowledge publicly the importance and difficulties of parenting. It also involves actively seeking community involvement in and support for the programme by the engagement of key community stakeholders (e.g. community leaders, businesses, schools and voluntary organizations). The ecological model that seeks to strengthen community support for parenting is depicted in Figure 1.

Enhancing Parental Competence through Triple P

The approach to promoting parental competence views the development of a parent's capacity for self-regulation as a central skill. This involves teaching parents skills that enable

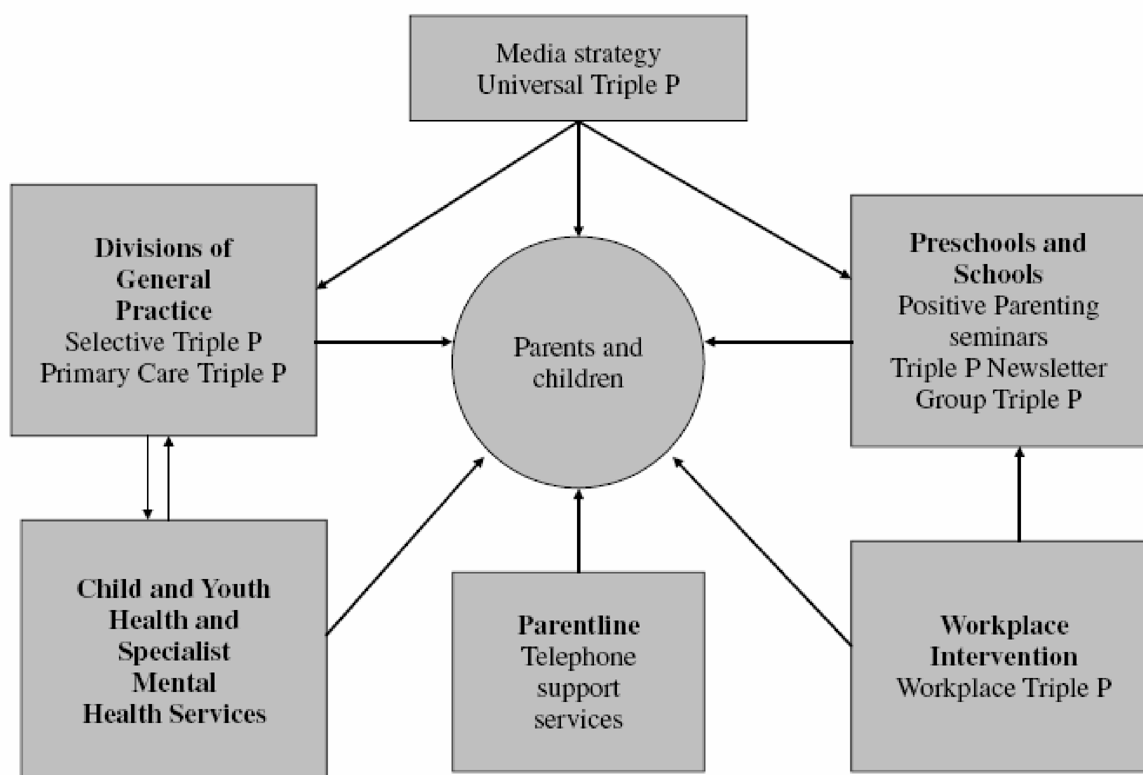

Figure 1. Ecological model of intervention.

them to become independent problem-solvers. Karoly (1993) defined self-regulation as:

> 'those processes, internal and/or transactional, that enable an individual to guide his/her goal directed activities over time and across changing circumstances (contexts). Regulation implies modulation of thought, affect, behavior, and attention via deliberate or automated use of specific mechanisms and supportive metaskills. The processes of self-regulation are initiated when routinized activity is impeded or when goal directedness is otherwise made salient (e.g. the appearance of a challenge, the failure of habitual patterns; etc.). . .' (p.25)

This definition emphasizes that self-regulatory processes are embedded in a social context that not only provides opportunities and limitations for individual self-directedness but implies a dynamic reciprocal interchange between the internal and external determinants of human motivation. From a therapeutic perspective, self-regulation is a process whereby individuals are taught skills to modify their own behaviour. These skills include how to select developmentally appropriate goals; monitor a child's or the parent's behaviour; choose an appropriate method of intervention for a particular problem; implement the solution and self-monitor their implementation of solutions via checklists relating to the areas of concern; and identify strengths or limitations in their performance and set future goals for action.

This self-regulatory framework is operationalized to include:

1. **Self-sufficiency.** As a parenting programme is timelimited, parents need to become independent problem solvers so that they trust their own judgement and become less reliant on others in carrying out basic parenting responsibilities. Self-sufficient parents have the resilience, resourcefulness, knowledge and skills to parent with confidence.
2. **Parental self-efficacy.** This refers to a parent's belief that they can overcome or solve a parenting or child management problem. Parents with high self-efficacy have more positive expectations about the possibility of change.
3. **Self-management.** The tools or skills that parents use to become more self-sufficient include self-monitoring, self-determination of performance goals and standards, self-evaluation against some performance criterion and self-selection of change strategies. As each parent is responsible for the way they choose to raise their children, parents select which aspects of their own and their child's behaviour they wish to work on, set goals for themselves, choose specific

parenting and child management techniques they wish to implement and self-evaluate their success with their chosen goals against self-determined criteria. Triple P aims to help parents make informed decisions by sharing knowledge and skills derived from contemporary research into effective child rearing practices. An active skills training process is incorporated into Triple P to enable skills to be modelled and practised. Parents receive feedback regarding their implementation of skills learned in a supportive context, using a self-regulatory framework (see Sanders *et al.*, 2000).

4. **Personal agency.** Here, the parent increasingly attributes changes or improvements in their situation to their own or their child's efforts rather than to chance, age, maturational factors or other uncontrollable events (e.g. partner's poor parenting skills or child's genes). This outcome is achieved by prompting parents to identify causes or explanations for their child's or their own behaviour that include recognition of the interactional relationship between parent and child behaviour.

Encouraging parents to become self-sufficient means that parents become more connected to social support networks such as partners, extended family, friends and child care supports. However, the broader ecological context within which a family lives cannot be ignored (e.g. poverty, dangerous neighbourhoods, community, ethnicity, culture). It is hypothesized that the more self-sufficient parents become, the more likely they are to seek appropriate support when they need it, to advocate for children, to become involved in their child's schooling and to protect children from harm (e.g. by managing conflict with partners and creating a secure, low-conflict environment).

The promotion of self-regulatory processes in parents is greatly facilitated by the parent acquiring specific parenting skills they can use on a day-to-day basis with their children. These skills are outlined in the next section.

Principles of Positive Parenting

Five core positive parenting principles are used in Triple P to address specific risk and protective factors known to promote positive developmental and mental health outcomes in children and reduce child maltreatment. These core principles translate into a range of specific parenting skills and are outlined in Table 2.

Ensuring a Safe and Engaging Environment

Children of all ages need a safe, supervised and therefore protective environment that provides opportunities for them to explore, experiment and play. This principle is essential to promote healthy development and to prevent accidents and injuries in the home (Wesch and Lutzker, 1991; Peterson and Saldana, 1996). It is also relevant to older children and adolescents, who need adequate supervision and monitoring in an appropriate developmental context (Dishion and McMahon, 1998; Forehand et al., 1997).

Creating a Positive Learning Environment

This involves educating parents in their role as their child's most important teacher. The Triple P system targets how parents can respond positively and constructively to child initiated interactions (e.g. requests for help, information, advice, attention) through incidental teaching to assist children to learn to solve problems for themselves. Incidental teaching involves parents being receptive to child-initiated interactions when children attempt to communicate with their parents. The procedure has been used extensively in the teaching of language, social skills and social problem-solving (e.g. Hart and Risley, 1975, 1995). A related technique known as 'Ask, Say, Do' involves teaching parents to break down complex skills into discrete steps and teach children the skill sequentially (in a forward fashion) through the use of graded series of prompts from the least to the most intrusive.

Using Assertive Discipline

Specific child management strategies are taught that are alternatives to coercive and ineffective discipline practices such as shouting, threatening or using physical punishment.

Table 2. Parenting skills promoted through Triple P

Strategy	Description	Recommended age	Applications
Developing positive relationships			
Spending quality time with children	Spending frequent, brief amounts of time (as little as 1 or 2 min) involved in child-preferred activities	All ages	Opportunities for children to self-disclose and practise conversational skills
Talking to children	Having brief conversations with children about an activity or interest of the child	All ages	Promoting vocabulary, conversational and social skills
Showing affection	Providing physical affection (e.g. hugging, touching, cuddling, tickling, patting)	All ages	Opportunities for children to become comfortable with intimacy and physical affection
Encouraging desirable behaviour			
Using descriptive praise	Providing encouragement and approval by describing the behaviour that is appreciated	All ages	Encouraging appropriate behaviour (e.g. speaking in a pleasant voice playing cooperatively, sharing, drawing pictures, reading, cooperation)
Giving attention	Providing positive non-verbal attention (e.g. a smile, wink, pat on the back, watching)	All ages	As above
Providing engaging activities	Arranging the child's physical and social environment to provide interesting and engaging activities, materials and age-appropriate toys (e.g. board games, paints, tapes, books, construction toys)	All ages	Encouraging independent play and promoting appropriate behaviour when in the community (e.g. shopping, travelling)
Teaching new skills and behaviours			
Setting a good example	Demonstrating desirable behaviour through parental modelling	All ages	Showing children how to behave appropriately (e.g. speak calmly, wash hands, tidy up, solve problems)
Using incidental teaching	Using a series of questions and prompts to respond to child-initiated interactions and promote learning	1–12 years	Promoting language, problem-solving, cognitive ability and independent play
Using Ask, Say, Do	Using verbal, gestural and manual prompts to teach new skills	3–12 years	Teaching self-care skills (e.g. brushing teeth, making bed) and other new skills (e.g. cooking, using tools)
Using behaviour charts	Setting up a chart and providing social attention and back-up rewards contingent on the absence of a problem behaviour or the presence of an appropriate behaviour	2–12 years	Encouraging children for appropriate behaviour (e.g. doing homework, playing cooperatively, asking nicely) and for the absence of problem behaviour (e.g. swearing, lying, stealing, tantrums)

A range of behaviour change procedures are demonstrated to parents, including: selecting ground rules for specific situations; planned ignoring; discussing rules with children; dealing with rule-breaking through directed discussion; giving clear, calm, age-appropriate instructions and requests; logical consequences; quiet time (non-exclusionary timeout); and time-out. Parents are taught to use these skills in the home as well as in community settings (e.g. getting ready to go out, having visitors and going shopping) to promote the generalization of parenting skills to diverse parenting situations (see Sanders et al., 2000 for more detail).

Table 2. (*Continued*)

Strategy	Description	Recommended age	Applications
Managing misbehaviour			
Establishing ground rules	Negotiating in advance a set of fair, specific and enforceable rules	3–12 years	Clarifying expectations (e.g. for watching TV, shopping trips, visiting relatives, going out in the car)
Using directed discussion for rule-breaking	The identification and rehearsal of the correct behaviour following rule-breaking	3–12 years	Correcting occasional rule-breaking (e.g. leaving school bag on the kitchen floor, running through the house)
Using planned ignoring for minor problem behaviour	The withdrawal of attention while the problem behaviour continues	1–7 years	Ignoring attention-seeking behaviour (e.g. answering back, protesting after a consequence, whining, pulling faces)
Giving clear, calm instructions	Giving a specific instruction to start a new task or to stop a problem behaviour and start an appropriate alternative behaviour	2–12 years	Initiating an activity (e.g. getting ready to go out, coming to the dinner-table) or terminating a problem behaviour (e.g. fighting over toys, pulling hair) and saying what to do instead (e.g. share, keep your hands to yourself)
Backing up instructions with logical consequences	Using a specific consequence that involves removing an activity or privilege from the child or the child from an activity for a set time	2–12 years	Dealing with disobedience and mild problem behaviours that do not occur often (e.g. not taking turns)
Using quiet time for misbehaviour	Removing a child from an activity in which a problem has occurred and having them sit on the edge of the activity for a set time	18 months–10 years	Dealing with disobedience and children repeating a problem behaviour after a logical consequence
Using time-out for serious misbehaviour	Taking a child to an area away from others for a set time when problem behaviour occurs	2–10 years	Dealing with temper outbursts, serious misbehaviour (e.g. hurting others) and children not sitting quietly in quiet time

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Having Realistic Expectations

This involves exploring with parents their expectations, assumptions and beliefs about the causes of children's behaviour and choosing goals that are developmentally appropriate for the child and realistic for the parent. As indicated earlier, there is evidence that parents who are at risk of abusing their children are more likely to have unrealistic expectations of children's capabilities (Azar and Rohrbeck, 1986). Developmentally appropriate expectations are taught in the context of parents' specific expectations concerning difficult and prosocial behaviours rather than through the more traditional age and stages approach to teaching about child development.

Taking Care of Oneself as a Parent

Parenting is affected by a range of factors that impact on a parents self-esteem and sense of well-being. All levels of Triple P specifically address this issue by encouraging parents to view parenting as part of a larger context of personal self-care, resourcefulness and wellbeing and by teaching them practical parenting skills that both parents are able to implement. Parents develop specific coping strategies for managing difficult emotions, including anger, depression, anxiety and high levels of parenting stress at high risk times for stress.

Issues in Translating Research into Clinical Practice

The development of an evidence-based parenting intervention requires careful attention to the transfer of knowledge to clinical practice. A major concern for prevention researchers and policy-makers is the lack of uptake of empirically supported interventions by clinical practitioners (Backer et al., 1986; Biglan, 1995; Fixen and Blas´e, 1993). The gap between intervention research and clinical practice has been ascribed to a range of possible factors, including practitioner views that clinical research is irrelevant, difficulties in flexibly tailoring university-designed interventions in the field and a lack of resources, training and supervision in community based clinical settings (Henggeler et al., 1995). To overcome barriers to the uptake of the programme by community, family and health services, an ecological approach to the dissemination of Triple P has been adopted. This approach views changing professionals' consulting practices as being a complex interaction between the quality of the intervention, the skills training and the practitioner's post-training environment (Sanders and Turner, 2003).

Professionals providing mental health and family intervention services in community settings typically labour under heavy caseloads and multiple demands on their time, and have limited capacity to search for or develop programmes and resources for use in their therapeutic work. The Triple P system also addresses this need—thereby increasing its attractiveness to practitioners—through the provision of an extensive range of easy-to-use, high quality professional and parenting resources that have good ecological fit in community-based services. Each variant of Triple P intervention has been manualized, providing detailed descriptions of programme objectives, session content and process issues that can arise in delivering the programmes. Various educational aids, including participant manuals, flip charts and a wall chart, have also been developed to assist practitioners in conducting effective sessions with parents. Together with a large range of parenting resources, including parent tip sheets and a video series that can be provided to families, this body of attractive and well-designed materials can enhance practitioner effectiveness and improve efficiency in service provision.

Professionals require appropriate training in order to effectively deliver empirically based interventions. A nationally coordinated system of training and accreditation in the Triple P system has been developed for practitioners in health, education and social welfare fields. Professional training courses are available for all levels of Triple P intervention. Each course of training involves the completion of pre-training reading, attendance at a training programme and fulfilment of accreditation requirements. The training programmes provide an overview of the context and rationale of the programme and detailed information relating to intervention strategies and process issues that arise in parenting consultation. Training methods include didactic presentations, live and videotaped modelling and skills practice and clinical problem-solving exercises. A competency-based accreditation process involves the completion of a short multiple choice knowledge quiz and role-played demonstration of key competencies, requiring participants to demonstrate knowledge of important concepts and programme strategies as well as effectiveness in a range of consultation skills thought critical to working with parents.

It is also believed that in order to maintain the quality of programme delivery, it is critical for researchers to attend to the post-training environment. The approach adopted by the Triple P system has been to develop mechanisms by which trained practitioners can stay connected to the programme developers and to support the development of appropriate supervision systems. Accredited practitioners are offered ongoing support through the Triple P practitioner network. This internet-based network provides accredited practitioners with access to consultation support, research updates on the scientific basis of the programme, a biannual newsletter and access to various clinical tools including a client data management software, and a media promotion kit to support their use of

the programme. An annual national conference, Helping Families Change, is also held to provide a regular forum for Triple P practitioners to extend their clinical knowledge and skills and to further the dissemination of scientific knowledge in the area of family intervention and support.

A supportive continuing education environment is required by practitioners delivering programmes such as Triple P. Practitioners require time to reflect on their clinical work and receive clear, specific and constructive feedback on their work with families (Henggeler et al., 1997). Participants of Triple P professional training courses are provided with information on how to establish and maintain peer supervision networks. An approach to peer supervision based on the self-regulatory principles that underpin the intervention approach with families has been adopted. Peer supervision meetings may include case discussion, troubleshooting discussions and attention to procedural issues. However, an emphasis is placed on direct observation of practitioner behaviour. Supervisees review audio- or videotaped samples from sessions and are encouraged to self-evaluate in the context of a professional supportive group of peers. The objective is to assist participants to identify models of competent practice, identify weaknesses, develop new clinical strategies and formulate goals for future practice.

Practitioners trained in empirical interventions such as Triple P require a range of organizational supports in order to be able to implement the programme effectively and reduce the likelihood of erosion in programme integrity. New projects and programmes are thought to be much more likely to be successful in organizations that provide administrative and managerial support (Backer et al., 1986; Ash, 1997). Staff require time release for training and supervision, allocation of adequate time for programme delivery and assistance in integrating the programme with other work responsibilities (Kavanagh, 1993). In recognition of the importance of organizational management, considerable time is spent informing administrators of the goals and purpose of the programme, its distinguishing features, costs of the programme and ways in which the programme will help achieve the agency's own goals. Detailed information products describing the Triple P resources and system of training and support have also been developed to assist in this process.

Maintaining a systematic approach to evaluation of clinical practice is considered essential to monitoring progress and providing feedback to practitioners. All training programmes introduce participants to standard evaluation practices, including the use of a range of questionnaire measures of child and parent behaviour, parental coping and the parents' relationship. Triple P practitioners can download a user-friendly database specifically tailored for the management of clinical data. In addition to allowing for easy data entry, the database can readily produce a range of reports related to client characteristics and outcomes. As wall as improving the quality and effectiveness of programme delivery to families, analysis of data collected through routine programme evaluation is considered to be a useful source of reinforcement for clinicians. Ultimately, this standardized data collection and management system will also allow comparisons of programme effects across sites and the development of benchmark levels of pre- to post-intervention changes in participating families.

Conclusion

Research trials are currently underway evaluating the efficacy of the Triple P system of intervention with populations of families notified for child maltreatment. This research primarily evaluates the use of broad parent-training interventions (levels 4 and 5 in the Triple P system). However, research strategies to address the impact of a coordinated, systematic, universal positive parenting campaign (such as level 1 Triple P interventions) need to be progressed. Given the far-reaching implications of such work, it is likely that governments will need to take an active role in progressing population-level surveys of positive parenting practices and child behaviour problems.

It is our contention that it is unlikely that there will be any reduction in child maltreatment at a population level unless a broader ecological perspective to supporting parents is adopted. Such an approach requires flexible tailoring of the strength of family interventions so that parents can access quality evidence-based programmes relevant to their parenting needs across a wide developmental age span from the birth of their child onwards.

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