

SUBMISSION TO TASMANIA'S CHILD AND YOUTH WELLBEING STRATEGY: DISCUSSION PAPER (JANUARY 2021)

MARCH 2021



TABLE OF CONTENTS

ABOUT TRIPLE P INTERNATIONAL3

INTRODUCTION4

THE FIRST 1000 DAYS4

RESPONDING IN THE HOME ENVIRONMENT4

RESPONDING IN SCHOOLS5

RECOMMENDATION5

REFERENCES6

ABOUT TRIPLE P INTERNATIONAL

Triple P International (TPI) is the Australian organisation responsible for disseminating the Triple P – Positive Parenting Program® globally.

At TPI, we aim to create global social change by putting evidence-based parenting in the hands of every parent. We support parents to build strong, healthy family relationships within safe and prosperous communities.

TPI provides support to governments and organisations to effectively implement Triple P within their communities. It delivers Triple P Provider Training Courses and publishes digital and print resources for parents and providers.

TPI is a Certified B Corporation®, meeting the highest standards of social and environmental performance, transparency and accountability. This certification recognises that TPI is committed to using the power of business to solve social and environmental problems, and to measure success not just by profitability, but by positive global impact. TPI is the first parenting intervention business in the world to be certified B Corp™.

TPI's headquarters are in Brisbane, Australia. As a global operation, TPI has trained practitioners in 30 countries and has offices in nine countries.

Across Australia, the State Governments of Queensland, Victoria and Western Australia currently fund free access to Triple P, with two states (Queensland and Victoria) funding universal and free access to Triple P Online programs.

FOR MORE INFORMATION, PLEASE CONTACT:

Carol Markie-Dadds
Country Director – Australia
Triple P International Pty Ltd
11 Market Street North
Indooroopilly Q 4068
07 3236 1212
carolm@triplep.net

INTRODUCTION

Triple P International welcomes the opportunity to make this submission as part of the consultation process for the development of Tasmania's first Child and Youth Wellbeing Strategy for 0–25-year-olds.

As the disseminators of the Australia-developed, globally used Triple P – Positive Parenting Program®, we applaud the significant steps Tasmania has already taken to improve and reform its supports for families and young people.

Triple P introduces users to core parenting skills – practical strategies to encourage prosocial behaviour and to prevent and respond assertively when problems occur. Parents learn to apply these principles to specific situations, to support their co-parent, and to cope with stress. The program is suitable for all parents, including parents of children up to 12 years with significant social, emotional, or behavioural problems.

THE FIRST 1000 DAYS

Of all the factors affecting a child's life, parenting has a critical and pervasive influence over the life course. What occurs in the early years of a child's life has an impact on child welfare and mental health, and that of parents and other family members. The first three years are especially critical.

Childhood mental illnesses are influenced by a broad range of social and economic factors. The quality of parenting is among the most significant risk factors for mental illness - yet also the most readily modifiable.¹

Indeed, the draft National Children's Mental Health and Wellbeing Strategy (2020) states "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" (Page 26)², and identified Triple P as a platform "we can build on" (Page 28)².

RESPONDING IN THE HOME ENVIRONMENT

Preventing multiple adverse childhood experiences is key to generational change in mental health outcomes, and avoiding costs associated with their long-term impacts. The seminal Adverse Childhood Experiences (ACE) survey³ highlighted that a person who has experienced four or more ACEs is:

- 12x more likely to attempt suicide.
- 10x more likely to use intravenous drugs.
- 7x more likely to experience alcoholism.
- 5x more likely to experience depression.

Harsh and coercive parenting increases the risk of child maltreatment and the development of serious social, emotional, and behavioural problems in childhood and later in life.^{4,5,6} Poor parenting practices are associated with an increased risk of children developing conduct problems, depression, and anxiety.^{7,8} They also increase the risk of children engaging in juvenile crime⁹ and in dangerous behaviours such as drug and alcohol abuse and risky sexual behaviour¹⁰.

Child and youth mental health and wellbeing initiatives targeted at the individual are of course important, but the home and living environment is also crucial. Improving the competence and confidence of parents can address risk and protective factors in the home and help raise resilient and mentally healthy children.¹¹

Part of this is embedding capacity in the workforces most in touch with children and youth (i.e., early childhood educators, health services, primary school teachers, high school teachers, school counsellors, and the proposed wellbeing leaders), to ensure those workforces are confident in holding consultation with parents around social, emotional, and behavioural development.

RESPONDING IN SCHOOLS

Australian research using data from the Australian Early Development Census (AEDC) and National Assessment Plan for Literacy and Numeracy (NAPLAN) demonstrates that children displaying co-operative, socially responsible, and helpful behaviours on entry to school are more likely to do better on numeracy, writing and reading tests than children who display "maladaptive" behaviours.¹²

Children engaging in this pattern of challenging behaviour are more likely to have an under-developed capacity for self-regulation.¹³

Self-regulation refers to the capacity to regulate emotions, delay impulses, and develop executive functioning including attention, planning, organising, reasoning, and problem solving.¹⁴ Triple P helps parents facilitate their children's self-regulatory capacity while concurrently developing parents' self-regulatory capacity.

Equipping teachers, counsellors, and parents with the skills to deal with these behaviours and to embed self-regulation in children makes sense.

RECOMMENDATION

Triple P believes that making evidence-based parenting support universally available to all Tasmanian families in the first 1000 days of a child's life can make a significant impact on their health and wellbeing.

This already occurs with our own program in Queensland, and to varying degrees in Victoria and Western Australia. Tasmanians deserve the same.

Easily accessible parenting support and family intervention offers both prevention and treatment effects. Evidence-based digital support is a vitally important tool for reaching families, regardless of where they live.

Notably, 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 Adverse Childhood Experiences (ACEs).¹⁵

This broad population access approach is supported by three major studies demonstrating reductions in children's mental health problems (37.5%)¹⁶, child maltreatment (16%)¹⁷, out-of-home placements (17%)¹⁷, hospital-treated child maltreatment injuries (22%)¹⁷, and parental stress and depression (27%)¹⁸.

A rollout of Triple P seminars and groups in NSW showed a 10.5% reduction of children in the clinical range for mental health concerns.¹⁹

REFERENCES

- ¹ Scott, J.G., Mihalopoulos, C., Erskine, H.E., Roberts, J., & Rahman, Q. (2016). *Childhood Mental and Developmental Disorders*. In: V. Patel, D. Chisholm, T. Dua, R. Laxminarayan, & M. E. Medina-Mora.(Eds), *Mental, Neurological, and Substance Use Disorders: Disease Control Priorities, Third Edition (Volume 4)*. (pp. 145-161). The International Bank for Reconstruction and Development/The World Bank. <https://doi.org/10.1596/978-1-4648-0426-7>
- ² National Mental Health Commission (2020). *The National Children's Mental Health and Wellbeing Strategy*. https://consultation.mentalhealthcommission.gov.au/policy-projects/childrens-mental-health-and-wellbeing-strategy/supporting_documents/The%20National%20Childrens%20Mental%20Health%20and%20Wellbeing%20Strategy.pdf
- ³ Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-258. [https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8)
- ⁴ Pinquart, M. (2017). Associations of parenting dimensions and styles with externalizing problems of children and adolescents: An updated meta-analysis. *Developmental Psychology*, 53(5), 873-932. <https://doi.org/10.1037/dev0000295>
- ⁵ Scaramella, L. V., & Leve, L. D. (2004). Clarifying parent-child reciprocities during early childhood: The early childhood coercion model. *Clinical Child and Family Psychology Review*, 7(2), 89-107.
- ⁶ Rodriguez, C. M. (2010). Parent-child aggression: Association with child abuse potential and parenting styles. *Violence and Victims*, 25(6), 728-741. <https://doi.org/10.1891/0886-6708.25.6.728>
- ⁷ Smokowski, P. R., Bacallao, M. L., Cotter, K. L., & Evans, C. B. (2015). The effects of positive and negative parenting practices on adolescent mental health outcomes in a multicultural sample of rural youth. *Child Psychiatry & Human Development*, 46(3), 333-345. <https://doi.org/10.1007/s10578-014-0474-2>
- ⁸ Knox, M., Burkhart, K., & Khuder, S. A. (2011). Parental hostility and depression as predictors of young children's aggression and conduct problems. *Journal of Aggression, Maltreatment & Trauma*, 20(7), 800-811. <https://doi.org/10.1080/10926771.2011.610772>
- ⁹ Hoeve, M., Blokland, A., Dubas, J. S., Loeber, R., Gerris, J. R., & Van der Laan, P. H. (2008). Trajectories of delinquency and parenting styles. *Journal of Abnormal Child Psychology*, 36(2), 223-235.
- ¹⁰ Afshari, Ali. (2019). Investigation of the relationship between parenting styles with high-risk behaviours among the students. *International Journal of Medical Science in Clinical Research and Review*, 2(05), 121-128.
- ¹¹ Albanese, A. M., Russo, G. R., & Geller, P. A. (2019). The role of parental self-efficacy in parent and child well-being: A systematic review of associated outcomes. *Child: Care, Health and Development*, 45(3), 333-363. <https://doi.org/10.1111/cch.12661>
- ¹² Collie, R. J., Martin, A. J., Nassar, N., & Roberts, C. L. (2018). Social and emotional behavioral profiles in kindergarten: A population-based latent profile analysis of links to socio-educational characteristics and later achievement. *Journal of Educational Psychology*, 111(1), 170-187. <https://doi.org/10.1037/edu0000262>
- ¹³ Lonigan, C. J., Spiegel, J. A., Goodrich, J. M., Morris, B. M., Osborne, C. M., Lerner, M. D., & Phillips, B. M. (2017). Does preschool self-regulation predict later behavior problems in general or specific problem behaviors? *Journal of Abnormal Child Psychology*, 45(8), 1491-1502. <https://doi.org/10.1007/s10802-016-0260-7>
- ¹⁴ Caughy, M. O., Mills, B., Brinkley, D., & Owen, M. T. (2018). Behavioral Self-Regulation, Early Academic Achievement, and the Effectiveness of Urban Schools for Low-Income Ethnic Minority Children. *American journal of community psychology*, 61(3-4), 372-385. <https://doi.org/10.1002/ajcp.12242>
- ¹⁵ Sahle B., Reavley N., Morgan A., Yap M., Reupert A., Loftus H., Jorm A. *Communication Brief: Summary of interventions to prevent adverse childhood experiences and reduce their negative impact on children's mental health: An evidence-based review*. Centre of Research Excellence in Childhood Adversity and Mental Health, Melbourne, Australia, 2020. https://www.childhoodadversity.org.au/media/olcjin2nw/summary_evidence_interventions_report_final_aug20.pdf
- ¹⁶ Fives, A., Pursell, L., Heary, C., Nic Gabhainn, S., & 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). [http://www.childandfamilyresearch.ie/media/unescoschildandfamilyresearchcentre/documentspdf/parenting_support_for_every_parent_-_final_report_june_2014-\(Triple-P\).pdf](http://www.childandfamilyresearch.ie/media/unescoschildandfamilyresearchcentre/documentspdf/parenting_support_for_every_parent_-_final_report_june_2014-(Triple-P).pdf)
- ¹⁷ Prinz, R. J., Sanders, M. R., Shapiro, C. J., Whitaker, D. J., & Lutzker, J. R. (2009). Population-based prevention of child maltreatment: The US Triple P system population trial. *Prevention Science*, 10(1), 1-12.
- ¹⁸ 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>
- ¹⁹ Nexus Management. (2011). *Evaluation of the implementation of Triple P in NSW*. Department of Family Services: Sydney, NSW.https://webarchive.nla.gov.au/awa/20120317190440/http://www.families.nsw.gov.au/assets/triplep_eval_report.pdf