Level 4 Group Triple P: Positive Parenting Programme

Evaluation Report

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Executive summary

The project

Level 4 Group Triple P (Triple P—Positive Parenting Program®) is a parenting intervention delivered over eight weeks for parents of children up to 12 years old. It aims to improve outcomes for children and families by enhancing positive parenting through practicing parenting strategies and observing videos and other parents in the group. It consists of four group face to face sessions followed by three one to one phone consultations and one final face to face group session.

In this project, the programme was targeted at parents of nursery children (aged 3 to 4 years) for whom nursery staff and caregivers had concerns around language and communication or children's behavioural, emotional, or social development. Triple P UK trained and accredited nursery staff to deliver the programme to a maximum of 12 parents per setting.

A total of 68 nurseries (59 school-based and nine private, voluntary, or independent) and 564 children and parents participated in this efficacy trial from September 2019 to July 2020. The original aim was to evaluate the programme using a randomised controlled trial design with outcomes looking at the impact of Level 4 Group Triple P on children's expressive language development and behaviour compared to 'business as usual' practice in control settings. An embedded implementation and process evaluation (IPE) was designed to look at factors involved in implementation, including barriers and facilitators.

However, due to the COVID-19 pandemic, closures of early years settings to most pupils between March and May 2020 and the ongoing impact of social distancing policies in summer 2020, the planned assessment of children's language was not possible. Instead, the IPE was redesigned with an additional focus on the impact of the COVID-19 pandemic on participating families, settings, and delivery of the intervention. IPE measures included surveys and semi-structured interviews with nursery staff in treatment and control settings, semi-structured interviews with parents in treatment and control settings, and three standardised parent questionnaires delivered by nursery staff as part of the Triple P programme pre and post parent training. The trial was funded by the Education Endowment Foundation (EEF), SHINE, and the Department for Education (DfE) as part of their Home Learning Environment funding round.

Key conclusions
1. For the most part, Triple P was delivered as intended and was well received by parents and nursery staff, although recruitment of parents and parental attendance at sessions were lower than planned (average attendance of 4.8 out of eight sessions).
2. Parents reported improvements in child behaviour and reductions in parental anxiety and stress. This was corroborated by nursery staff who perceived positive changes in children's language and behaviour, though practitioners were more modest in their reports compared to parents. However, the absence of a control group and the fact that parent data was collected by setting practitioners then scored and reported by the delivery team significantly limits the extent to which positive outcomes can be ascribed to Triple P alone.
3. The training, resources, and support for staff delivering the programme, as well as the resources for parents, were well-received, and nursery staff's open and honest approach was seen as a crucial condition of successful delivery.
4. Recruitment of parents into Triple P needs to be considered sensitively and requires approaches that avoid stigmatisation. This would need to be considered for future evaluations or successful roll-out.

Additional findings

A review of session attendance logs shows that on average parents attended 4.8 out of eight sessions. Due to COVID-19 restrictions, on average, seven out of eight sessions were marked as having been delivered. However, analysis of session by session attendance suggests that attendance was higher in the first five sessions, with 77% to 65% of parents attending in person or as a catch-up (97 to 115 parents of 149) dropping to 54% and 46% in sessions six and seven (79 and 67 of 146). The majority of nursery staff (80.9%, 24 of 27) reported that they found it easy to schedule sessions with parents, but a majority (85%, 22 of 26) also felt that poor attendance at the group sessions and last-minute cancellations from parents were barriers to implementation. The main reason nursery staff gave for parents missing Triple P sessions was having other commitments at the same time (80%, 24 of 30). Parent responses (38%, 11 of 29) revealed that perceptions and the stigma of being labelled a bad parent was another barrier to implementation.

The training, resources, and support for those delivering the programme—as well as the resources for parents—were seen as key factors for successful implementation of the programme, with the workbook singled out as being the most valuable resource to parents. Many parent interviewees indicated that nursery staff's open and honest approach was a crucial condition of successful delivery of the Triple P programme. Children's social, emotional, and behavioural

difficulties were the main reported reason for families receiving the programme (52%, 276 of 535), while communication difficulties were the primary reason for 36% of cases (195 of 535).

As a result of the COVID-19 pandemic, there were some changes to the intervention in terms of the timing of the final session and its remote delivery and significant changes to the evaluation of the Triple P programme. A second year of recruitment for intervention delivery in 2020/2021 was initially planned due to the small number of early years settings recruited in autumn 2019. This was unable to go ahead due to the partial closure of early years settings. In addition, assessment of children's language development in summer 2020 was discontinued. Instead, surveys and interviews were amended to also assess how the settings and families were impacted by the pandemic, as well as how the intervention was delivered in a COVID-19-affected environment. This found that parental engagement over the period of partial school closures was mixed. Despite the wide range of support mechanisms and educational resources made available by settings to support parents with home learning, half (51.1%, 33 out of 64) of nursery staff indicated that parents had been engaging with these online resources. Most settings had delivered sessions one to seven prior to the lockdown, however, setting closures meant that practitioners held the final, eighth session remotely on a one to one basis rather than in a group within the setting. There was also a forced extended gap between sessions seven and eight. It is unclear how widely the Triple P techniques were implemented by parents at home during the lockdown.

Perceived outcomes, as reported through questionnaires completed by nursery staff and parents, suggested a reduction in problem behaviours and a modest perceived improvement in children's language ability. Just under half of practitioners (48.1%, 13 out of 27) reported that they had observed an improvement in children's language development as a result of parents taking part in Triple P. As part of the Triple P programme, parents in the treatment group completed a 'strengths and difficulties' questionnaire pre and post training. According to this, on average, parents who had taken part in Triple P reported that, by the end of the programme, their child's behaviour had improved compared to the beginning; specific reported changes included reductions in negative behaviours, such as emotional problems, and gains in pro-social skills. This was supported to a certain extent by practitioners with 44.4% (12 out of 27) reporting that they strongly agreed or agreed that they themselves had seen changes in children's behaviour. Findings from parent reports collected by Triple P also suggest positive outcomes for parents including reductions in stress, anxiety, and depression and increases in positive parenting.

Overall, findings from surveys and interviews suggest that there is evidence to support the conclusion that Level 4 Group Triple P can improve child behavioural outcomes and parental mental health and, to a lesser extent, children's expressive language. However, given the limitations of the data (that is, the lack of the same measures in the comparison group and these measures not being collected independently) there is a limit to the extent to which this data can be used to draw firm conclusions.

Cost

The cost per pupil per year over three years would be £128.50 if all essential costs incurred by all early years settings are considered (the cost of the training and the materials). Some settings reported additional costs relating to travel and refreshments. The average costs incurred by some settings plus those incurred by all setting per pupil over three years would be £188.08. Based on the EEF's cost rating, both the essential costs and the additional costs make Triple P a low-cost intervention, that is, below £200 per pupil over three years.

Introduction

Background

Positive parenting has been identified as a key protective factor for healthy development in childhood (Denham et al., 2000; Hutchings et al., 2007). Conversely, behavioural problems are particularly associated with hostile, critical, punitive, and coercive parenting (Rutter et al., 1998). Research has shown that parenting programmes are among the most promising strategies for improving child wellbeing through reducing child behavioural problems, inconsistent and harsh parenting, child maltreatment, and promoting positive parenting practices (World Health Organization, 2016). The need for effective early interventions is a pressing policy concern. Reviews of early interventions, such as those by Allen (2011), the National Academy for Parenting Research (Asmussen and Weizel, 2010), and the Education Endowment Foundation (EEF, 2020) provide increasingly clear and objective advice on a range of effective family-based programmes aimed at improving parenting.

A broad body of well-designed studies has tested the effectiveness of these family-based programmes and demonstrated a positive impact on parenting skills and children's behaviour (Gould et al., 2006). Programmes have also been noted to have a positive effect on parental mental health (Lindsay et al., 2011) and reduce the number of children placed on Child Protection Registers and in local authority care (Prinz et al., 2009).

The Triple P—Positive Parenting Programme—system is a multilevel preventative intervention designed for families having at least one child in the birth to 16-year-old range and consists of five distinct levels ranging from Universal (Level 1) to Enhanced (Level 5; Prinz et al., 2009). Level 4 Group Triple P has been extensively evaluated through RCTs (Leung et al., 2003; Crisante et al., 2003; Zubrick et al., 2005; Chung et al., 2015; Kim et al., 2018; Smith et al., 2018). Positive results on the effectiveness of the Triple P programme have been reported regarding parenting skills, child problem behaviour, and parental wellbeing (Nowak and Heinrichs, 2008; Doyle et al., 2018). Similarly, a meta-analysis on 101 empirical studies of the evaluation of Triple P (at all levels) concluded that the programme can be effective in reducing children's behavioural problems and reducing parents' dysfunctional parenting practices (Sanders et al., 2014). However, a limitation of the study was the lack of information on the methodological quality of the studies included in the review.

Still, a few studies, including an independent evaluation in the U.K., reported null effects on child and parent behaviours (for example, an RCT of the Level 4 Group Triple P with 146 families in Birmingham by Little et al., 2012). Furthermore, a meta-analysis of 32 Triple P programme evaluations of various levels[1] noted that evaluations of Triple P tended to be of relatively small size—some studies including fewer than 35 participants per study arm (Coyne and Kwakkenbos, 2013; Hoath and Sanders, 2002; Wilson et al., 2012). Some also lacked follow-up due to waitlist designs where active treatment was offered to control settings following post-intervention data collection (Wilson et al., 2012).

The largest population study and RCT to date is the U.S. Triple P System Population Trial, which involved families with a child under eight years old who were randomly assigned to either the Triple P Positive Parenting Programme or the services-as-usual control (Prinz et. al, 2009). It was estimated that approximately 8,000 to 13,000 families participated in the population study of whom 71% to 75% received Level 2 or Level 3 Triple P and the remainder received Level 4 Triple P and above. The study found those counties that were assigned to one of the Triple P programmes demonstrated improvements in population indicators related to child maltreatment (Prinz et. al, 2009).[2] This is even after controlling for factors that were hypothesized to effect outcomes and impact, such as county population size, poverty rate, and child abuse rate.

In England, Level 4 Group Triple P has been delivered by local authorities as part of regular service delivery. Research has demonstrated positive effects, with significant improvements in child behavioural issues, parental styles, and parental wellbeing, as well as maintenance of those effects at 12-month follow-up (Lindsay and Strand 2013; Gray et al., 2018). The largest randomised controlled trial in Europe was run in 56 Swiss elementary schools, involving around 1,600 children entering first year at elementary school. This study found that participating in the Triple P intervention had no effect on children's externalising problem behaviour (Malti et al., 2011).

[1] The evidence in the meta-analysis is not limited to Level 4 Group Triple P; it includes evidence from various Triple P programmes.
[2] Population indicators include substantiated child maltreatment, child out-of-home placement, and child maltreatment injuries.

Most of the evidence around Triple P is from evaluations that were conducted outside the U.K., all of which measure behavioural or parenting outcomes rather than the impact on children's language-learning outcomes. Of particular relevance to this project is that Triple P draws heavily upon the work of Hart and Risley on the parental influence on child language and communication (Hart and Risley, 1995). The programme strongly emphasises incidental teaching and promoting natural use of language at home. Children are more likely to develop their language ability in a safe, positive, low-conflict environment where they feel comfortable initiating conversation (Payne et al., 1994). Its core principles were selected from the developmental literature to address specific, modifiable risk and protective factors known to predict positive child developmental and mental health outcomes. During Triple P programmes, parents learn strategies to apply these principles to their family interactions. This project offers an opportunity to identify the specific effects of the intervention on language outcomes because, at present, there is no direct evidence of language outcomes relating to Triple P, hence the need for this study. There is substantial value in understanding whether a programme primarily intended to improve family relationships and behaviour can have an impact on children's language acquisition, as measured through expressive language. This is the first Triple P trial that will test if the programme has impact on language development. In addition, studies have suggested that parenting interventions can be very effective—but only if the programmes in question are also well implemented (Brown et al., 2012). Building understanding of implementation factors that support or hinder effective delivery of Triple P is therefore critical.

This evaluation has become even more poignant given the recent impact of school and early years nursery closures as a result of the COVID-19 pandemic. A recent study found that, according to schools, children are particularly struggling with communication and language development and personal, social, and emotional development compared to their peers in previous cohorts (Bowyer-Crane et al., 2021). Similarly, parents report that setting closures have had a particularly negative impact on their child's social and emotional development and wellbeing (Pascal, et al., 2020). Many suggest that losing access to high quality early education is likely to widen already existing school readiness gaps (Pascal, et al., 2020).

Evaluation overview

This evaluation was planned as a stratified, two-arm, cluster-randomised controlled trial (cRCT) across 150 early years settings in the North of England. In total, 68 schools were recruited in the trial and within this, the programme was delivered in 34 intervention settings. For control settings (n = 34), it was business as usual during the school year 2019/2020. The aim of the efficacy trial was to help determine whether Level 4 Group Triple P that was delivered to parents of three- and four-year-olds leads to observable improved outcomes in children's expressive language. However, owing to numerous extenuating circumstances, including low recruitment in the 2019/2020 academic year and the closure of settings to the majority of pupils from spring 2020 to summer 2020, the evaluation had to be significantly adapted. As a result, the collection of independent impact measures was not possible and the impact evaluation element was foregone. The IPE activities continued—interviews, survey, and assessing aggregate data on parenting self-report measures collected by Triple P—to better understand implementation and delivery of Triple P. In addition to what was originally planned, the evaluation was rescoped to include interviews with families and practitioners to better understand (i) the impact of COVID-19 on families and settings, (ii) how it has moderated the delivery and impact of Triple P (treatment settings only), and (iii) indicative differences on intermediate outcomes of interest (for example, impact on parental and child anxiety and perceptions of change in language). Further details can be found below (see Changes to the Evaluation section).

The current evaluation was funded by the Education Endowment Foundation (EEF), Department for Education (DfE), and SHINE. The programme was delivered by the Triple P UK team and the trial was carried out by RAND Europe, which is an independent evaluator appointed by the EEF.

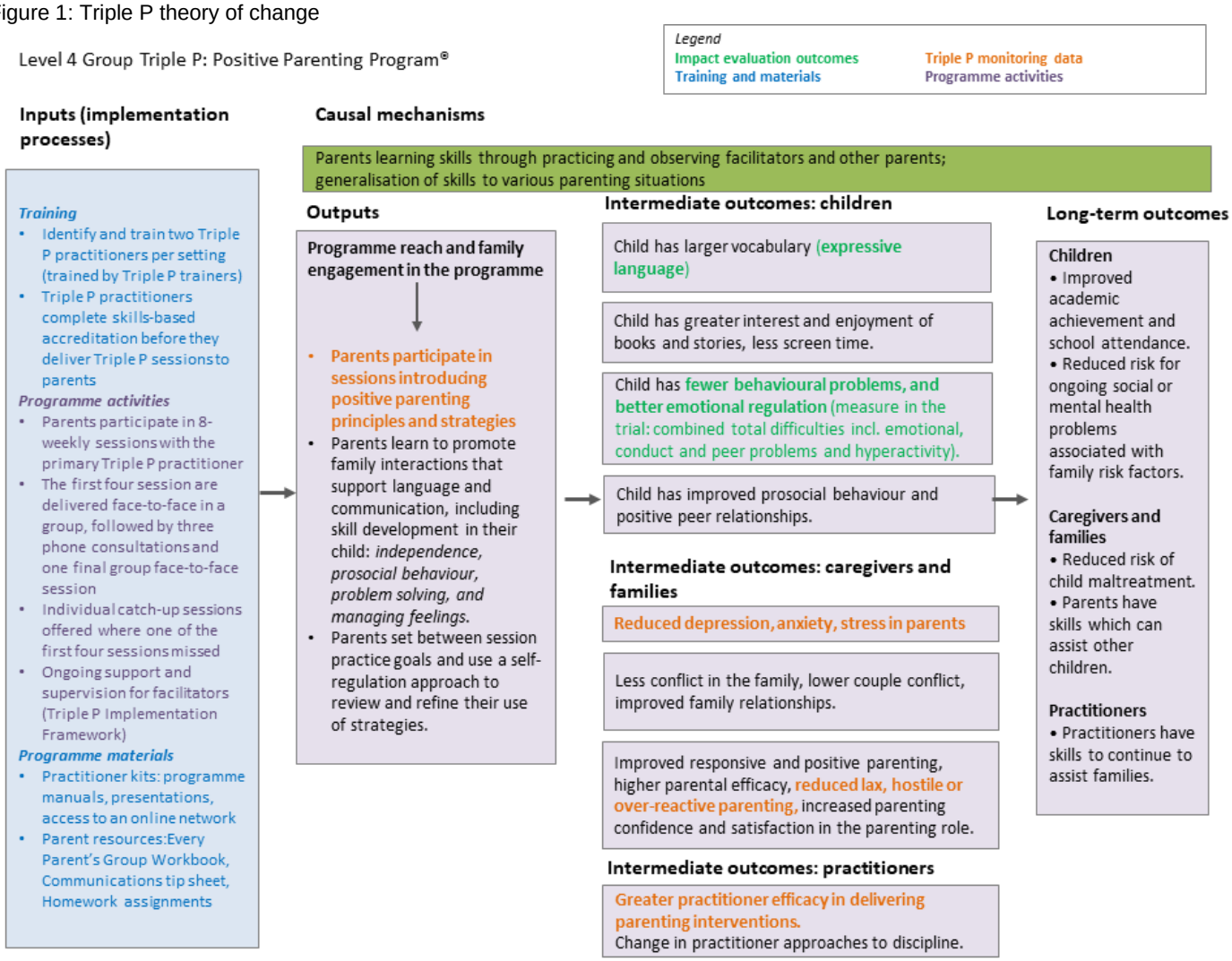
Intervention

This section outlines the underlying rationale and structure of the Level 4 Group Triple P programme (hereafter referred to as 'Triple P') as it was implemented in the trial. A visual overview of this can be seen in the Theory of Change (ToC) (see Figure 1). Both the ToC and the template for intervention description and replication (TIDieR) checklist (Hoffman et al., 2014) provide structure for the rest of this section. Both the TIDieR and ToC were developed in discussions between RAND, Triple P, and the EEF at early set-up meetings; these were further updated by RAND as the evaluation progressed.

As can be seen in the stated ToC, Triple P aims to improve outcomes for children, families, and practitioners by enhancing positive parenting through a number of practices, including sharing of positive parenting strategies and

observing practitioners and other parents in the group. Triple P's core principles were selected from a wide range of established practices and literature, including Social Learning Theory, to address specific modifiable risk and protective factors known to predict positive child developmental and mental health outcomes. Practitioners are trained and accredited in the Triple P programme and then deliver the programme to parents. During Triple P programmes, parents learn strategies to apply these principles to their family interactions.

Figure 1: Triple P theory of change



Who—recipients of the programme

In this evaluation, Triple P was delivered to primary caregivers of children aged three and four years old. Practitioners selected caregivers to take part based on practitioner or parental concerns around children's language and communication or the child's behavioural, emotional, or social development. Additionally, practitioners could invite families with increased vulnerability, such as family social disadvantage, financial stress, housing insecurity, or adverse life events.

Who—providers of the programme

Triple P was implemented by multi-disciplinary practitioners working in these early years settings who had at least a National Vocational Qualification (NVQ) level 3 qualification or a higher qualification in health or education, early childhood education, or social services. Triple P practitioners were nominated practitioners from these settings who had attended training and had become accredited to deliver the programme to parents. It was recommended that practitioners would be Early Years (EY) practitioners or, ideally, senior EY practitioners (due to the high level of expertise required).

Owing to the closure of early years settings to most children as a result of national lockdown from spring to summer 2020, adaptations were made to the programme by Triple P UK. To ensure clarity, the following sections outline what was intended (see Triple P Usual Practice) as well as a record of all changes that were made (see Unplanned

Adaptations to Delivery section). Further details on changes to the evaluation can be found in the Changes to Evaluation section.

Triple P usual practice

As outlined in the ToC model, the Triple P programme is made up of several elements:

- **Practitioner training and accreditation**: Two practitioners[3] from each setting received training on how to deliver the programme between November 2019 and January 2020. Training was delivered by Triple P (TP) trainers.[4] Training consisted of the following elements:
    - **Triple P training**: 68 practitioners participated in a three-day course delivered by one TP trainer.
    - **Pre-accreditation workshop**: Triple P training was followed by a one-day pre-accreditation workshop in which practitioners rehearsed the new skills in role-plays with others. The pre-accreditation was designed to support preparation for accreditation.
    - **Accreditation**: The half-day accreditation workshop was facilitated by a different TP trainer, meaning that each practitioner had worked with two TP trainers. Practitioners completed a multiple choice quiz ahead of their accreditation and rehearsed role plays. Accreditation was through the University of Queensland and required a demonstration of skills.
    - **Post-accreditation**: In the last week of January 2020, practitioners attended a one-day clinical workshop delivered by a TP trainer, which further prepared the practitioners for Triple P delivery by offering skill refinement and maximising confidence in programme content and process. This was related to some of the EEF trial stipulations, such as the additional procedures to collect pre and post measures and the structured introduction of the 'communication tip sheet'.

- **Triple P sessions**: Trained practitioners commenced programme delivery in the first week of February 2020. This included eight weekly sessions with a maximum of 12 parents. Detailed information for each session is given in Appendix G. Sessions consisted of the following:
    - The first four sessions were delivered face to face as group sessions.
    - These four group sessions were followed by three one to one practical and personalised telephone consultations with each parent.
    - The final session (session eight), which completes the programme, is normally delivered in a face to face group session. This session was not delivered as intended owing to setting closures as a result of COVID-19. Details on what was delivered are presented below (see section on Changes to the evaluation).
    - Group sessions lasted approximately two hours each, while the telephone consultations took approximately fifteen to thirty minutes.
    - The group sessions were held in the setting and they were usually delivered while children were attending care in the same setting (during daytime on weekdays). Practitioners were able to decide when sessions would be delivered and could schedule them at the evenings or weekends. However, they were advised by Triple P that attendance will be highest if childcare was provided.
    - Practitioners were instructed to schedule individual catch-up sessions if the parent missed one of the first four sessions.

- **Support**. Triple P UK provided practitioners in early years settings in the intervention group with support over the delivery of the intervention. Support consisted of the following elements:
    - telephone or video call supervision by Triple P trainers to practitioners with the goal to support programme adoption, delivery with fidelity, and sustainability to the programme; and
    - support also focused on how to tailor the programme and processes to suit the local context; for this project, an emphasis on the aspects of Triple P related to language and communication development was included in both training and ongoing implementation support.

[3] Training was offered to two practitioners per setting in order to mitigate risk of attrition. However, it is not mandatory criteria for settings to have two practitioners at the training.

[4] Triple P trainers are trained facilitators, experienced and accredited contractors, or members of TP staff, typically holding psychology qualifications (usually MSc or CPsychol).

What—materials

The standard implementation of Triple P involves the following inputs (see Figure 1: Triple P theory of change above):

- Practitioners received **facilitator kits**: these contained the programme manuals, copies of the parent workbooks, a presentation CD, access to a download of Triple P DVD material, and a communication tip sheet.
    - **Triple P programme materials**. Triple P programmes are manualised, meaning that practitioners are asked to follow manuals with detailed information on the programme content and principles when implementing the programme. Further details of practitioner-facing documents can be found in Box 1 (page 23).
- **Communications tip sheet**. To better support parents to promote family interactions that support language and communication, an existing communications tip sheet was modified for the purposes of this evaluation. 'Tip sheets' are part of usual Triple P delivery, used to supplement Triple P as needed. Practitioners also received access to the **Triple P provider network** where they could download assessment measures and access FAQs.
- In addition, practitioners needed laptops and data projectors for programme delivery.
- All parents received a **Triple P programme parent workbook** and a **communications tip sheet**.
- As part of standard delivery of Triple P, all parents complete pre and post assessments of the following measures:
    - parent report Strengths and Difficulties Questionnaire (SDQ; Goodman 1997);
    - Parenting Scale (PS; Arnold, et al. 1993); and
    - Adult Depression, Anxiety, and Stress Scale (DASS 21; Lovibond and Lovibond 1995).

Owing to the closure of early years settings to most children as a result of national lockdown from spring to summer 2020, adaptations were made to the programme by Triple P UK. To ensure clarity, the following sections outline what was intended (see Triple P planned adaptations below), as well as a record of all changes that were made (see Unplanned Adaptations to Delivery section). Further details on changes to the evaluation can be found in the Changes to the Evaluation section.

Planned adaptations—tailoring

Triple P programmes are evidenced-based and manualised. Triple P training addresses the importance of delivery fidelity while also exploring permissible flexibility. Triple P trainers are therefore highly skilled in facilitating discussions around flexible delivery of the programme to suit different family needs or duration requirements while maintaining programme fidelity for successful outcomes. During implementation, trainers maintained an ongoing relationship with the practitioners in the participating settings by providing support. In this trial, implementation support also focused on tailoring the programme and processes to suit the local context. An emphasis on the aspects of Triple P related to language and communication development was included in training and implementation support**.** To match the difficulties presented by parents, practitioners gave communication examples for each strategy discussed during the sessions throughout programme delivery. They could introduce a communications tip sheet, which supported parent homework following session two of Triple P and reinforced the strategies discussed.

Unplanned adaptations made to delivery—modifications

Under typical circumstances, sessions one to four and session eight of Triple P are delivered face to face in groups, with sessions five, six, and seven delivered as individual phone support. As originally planned, Triple P sessions one to seven were delivered as intended starting in February 2020 (for further details on timing see

Timeline section). However, owing to the COVID-19 closure of early years settings to most children, session eight was unable to be delivered as intended.

After it became clear that settings would not be able to deliver session eight and collect post-assessment data during lockdown, Triple P UK undertook phone consultations with a small number of practitioners to gauge the feasibility of delivering session eight and collecting the post-course Triple P outcome measures (that is, those routinely collected as part of programme implementation). This consultation concluded that there was an appetite and potential to complete session eight and, as a result, the decision to proceed was agreed with the EEF and RAND. Session eight was therefore changed to remote delivery by phone or video conference and delivered one to one, rather than face to face in a group. It should be noted that the delivery of Triple P by phone or remotely is an existing option for Triple P delivery and its effectiveness supported by research (Morawska and Sanders, 2006). The change in modality of delivery is not considered by the programme team to represent a change to programme fidelity.

Triple P-specific post-group measures (that is, DASS 21, parent SDQ, PS) could not be collected face to face either and therefore were collected remotely by phone or video conference. The Group Measures Booklets were posted to parents' home address for self-completion and included stamped, self-addressed envelopes to return to settings.

Both the remote delivery of session eight and collection of the Triple P-specific post group measures increased the required time needed to complete these activities. During standard delivery of Triple P, the time between sessions seven and eight is one week, with post group measures being generally collected during session eight. However, under the circumstances the actual delay between delivery of sessions seven and eight was between 12 and 15 weeks. Collection of parent post-group outcome measures (collected as part of Triple P's process) was also delayed by at least 12 weeks after the delivery of session seven.

To support practitioners with changes, Triple P UK provided guidance by email to support remote delivery of session eight and remote collection/return of the standard Triple P post-group parent assessments. Email and phone support was offered to all intervention settings to problem-solve issues with delivery and data collection and return. Practitioners were also provided with step by step guidance on session eight and collection of post-group parent outcome measures in an email sent on 21 May 2020.

Changes to the evaluation

The trial design was changed as a result of low recruitment in 2019/2020 and due to the COVID-19 outbreak and subsequent school closures in March 2020. The changes are outlined in more detail below.

Recruitment-driven trial re-design

The trial began recruiting schools in the 2019/2020 academic year and a protocol was drafted for the evaluation.[5] On the basis that the trial should be powered to detect an effect of d = 0.29 or smaller, we proposed recruiting 150 settings. However, due to the number of recruited settings being lower than expected in 2019/2020, a second year of recruitment was being planned for the 2020/2021 academic year. The data from the trial in year one (2019/2020) and year two (2020/2021) were to be combined to produce an estimate of impact.

[5] See Evaluation Protocol on: https://educationendowmentfoundation.org.uk/projects-and-evaluation/projects/level-4-group-triple-p-positive-parenting-program/

Some elements of the first year of the trial were run as planned including:

- baseline testing of children using the teacher-completed strength and difficulties questionnaire (SDQ-T) in autumn 2019;
- baseline survey in all schools in autumn 2019;
- 68 settings were randomised and informed of their allocation in autumn 2019; and
- practitioners in the intervention group were trained and accredited in the Triple P programme and delivery of the programme commenced as planned.

Recruitment for the 2020/2021 academic year was to begin in spring 2020, however, this was suspended due to closure of early years settings to most children as a result of national lockdown from spring to summer 2020. Despite the reopening of settings in June, the possibility of creating a comparable group in the second year was no longer considered feasible. Owing to the minimal power associated with the given sample size and the likelihood of high measurement attrition of pupils from the first year, the decision was taken to forgo the collection of independent impact measures on language and behaviour (that is, via the Clinical Evaluation of Language Fundamentals and the SDQ-T) and the impact evaluation element was foregone. The IPE activities continued (for example, interviews, survey, and aggregate data on parenting self-report measures collected by Triple P) to better understand implementation and delivery. In addition to what was originally planned, the evaluation was rescoped to include interviews with families and practitioners to better understand (i) the impact of COVID-19 on families and settings (see below), (ii) how it has moderated the delivery and impact of Triple P (treatment settings only), and (iii) indicative differences on intermediate outcomes of interest (for example, impact on parental and child anxiety and perceptions of change in language).

COVID-19-driven trial re-design

Research on the impact of COVID-19 has found that parents with children in the early years report a particularly negative impact on their child's social and emotional development and wellbeing, as well as additional stress for parents and carers (Pascal et al., 2020). It was agreed that an additional focus of the IPE should be the impact of COVID-19 on families, settings, and how it has moderated the delivery and impact of Triple P on intermediate outcomes of interest (for example, impact on parental and child anxiety and perceptions of change in language). Accordingly, the evaluation was rescoped to focus on data from the process evaluation (for example, interviews, survey, aggregate data on parenting self-report measures collected by Triple P).

Table 1 summarises the changes made to the original protocol, with an amended protocol being available on the EEF's website.[6]

Table 1: Changes to Triple P evaluation as a result of setting closures

	Planned	Current
Impact evaluation	150 settings randomised	68 settings randomised
	Post-intervention primary and secondary outcome testing summer 2020 (CELF, SDQ-T)	No testing of primary and secondary outcomes (CELF, SDQ-T)
	Analysis of primary and secondary impact outcomes (CELF, SDQ-T)	No analysis of primary and secondary outcomes (CELF, SDQ-T)
Implementation and process evaluation	Collection of parent views of behaviour via text messages to parents in control arm	Collection of parent views of behaviour via phone interviews with 15 parents in control arm
	65 interviews with practitioners in treatment and control arms	62 interviews with practitioners in treatment and control arms
	No focus on impact of COVID-19	Focus on COVID-19 and its impact on families, settings, and implications for delivery of Triple P

[6] **https://educationendowmentfoundation.org.uk/projects-and-evaluation/projects/level-4-group-triple-p-positive-parenting-program/**

It should be noted that pre and post Triple P Group outcomes for the intervention settings were collected (that is, Parenting Scale, parent-report SDQ, DASS 21) in line with programme requirements.

Evaluation objectives

The purpose of the evaluation is to address the following questions:

RQ 1: Was the intervention implemented with fidelity in the settings allocated to the Triple P condition?

RQ 2: What are the barriers, facilitators, and conditions needed to make Triple P succeed?

RQ 3: What are drivers of impact? What are the necessary conditions for success of the programme in terms of achieving impact?

RQ 4: What does 'business as usual' look like in control settings?

Given the unknown impact of setting and school closures on families and settings, an additional research question was added to complement the evaluation's understanding of results from the IPE:

RQ 5: What is the impact of COVID-19 on Triple P-eligible families and settings?

- How did settings support families over the period of setting closures?
- How did setting closures impact the delivery of Triple P?

Owing to changes to the evaluation outlined above (see Evaluation section), the impact evaluation research questions were replaced with perceived outcomes collected as part of the IPE.

RQ 6: To what extent did Triple P lead to perceived changes in children's expressive language outcomes?

RQ 7: To what extent did Triple P lead to changes in children's behavioural outcomes?

Ethics and trial registration

The trial was registered on the ISRCTN registry, which stands for 'International Standard Randomised Controlled Trial Number' and is used to describe RCTs and efficacy trials at inception. The trial was assigned an ID registration number: ISRCTN89357177.

The ethics and registration processes were in accordance with the ethics policies adopted by RAND Europe. Both the original evaluation and the rescoped evaluation were approved by RAND U.S. Human Subjects Protection Committee (HSPC).

School recruitment was carried out by the Triple P UK team. The Methods section provides further detail about school recruitment. The RAND Europe team was responsible for ensuring distribution of the information sheet and collection of withdrawal forms. The forms were sent out to parents by the setting after the school representatives had signed the Memorandum of Understanding (MoU) describing what was involved in the trial. The recruitment documentation, including a MoU, information sheet for parents, and withdrawal form, are provided in Appendices C, D, and F, respectively.

All eligible families were invited to take part in the evaluation. Before data was sent to the evaluation team, parents received the information sheet and privacy notice and had the right to opt children out of the trial at any point. If participants chose to withdraw their children from the study later on, their data was not collected or was deleted, as appropriate. In May 2020, the privacy notice was updated to reflect the rescoped data collection activities (including foregoing outcome testing). This was shared with all participants and schools in both arms of the study. A copy of the updated privacy notice can be found in Appendix D.

RAND Europe collected verbal consent forms for practitioners and parents who volunteered to participate in an interview. Interview participants were informed about their rights, and the nature and aim of the interview. The interview briefing and privacy notice are provided in Appendices C and D. Furthermore, the cover page for each questionnaire

survey collected as part of the study contained an informed consent sheet and data protection statements for respondents. It informed respondents that participation in the survey was entirely voluntary. Also, the surveys did not collect personal identifying information such as the respondent's name, date of birth, or contact details. None of the members of the evaluation team had any conflicts of interest in undertaking this evaluation.

Data protection

As currently applicable under the General Data Protection Regulation (GDPR), the evaluation team obtained personal data from schools and pupils as data controller. The lawful basis for RAND Europe (the data controller) processing the data under the GDPR is 'legitimate interest'. That is, it has a legitimate interest in processing the data in order to identify settings that meet the recruitment criteria, to approach those settings, and to work with the settings that wish to participate in the trial. In considering whether they could rely on legitimate interests as the lawful basis for processing the data, the data controllers have balanced their interests with the interests of the data subjects. The subjects' data was not used in any way that could be detrimental to their rights or freedoms. On this basis, the data controllers have assessed a legal basis of legitimate interests to be applicable. RAND Europe obtained pupil-level data from the early years settings.

Data was shared securely using specialised encrypted software (for example, Syncplicity or Sharepoint for Research).

The evaluation team undertook measures to ensure the trial was GDPR compliant. RAND Europe adopts good industry practices regarding the protection of personal data as part of its obligations as a 'data controller' under the Data Protection Act 2018 and takes appropriate technical and organisational measures to protect personal data. Individuals targeted by the study have the right to oppose, have access to, rectify, or remove personal or sensitive personal data held by RAND Europe. In order to ensure GDPR compliance, all data has been only saved on GDPR-compliant, secure servers inside the European Economic Area (EEA) or U.K. RAND Europe is registered with the Information Commissioner's Office (ICO), registration number Z6947026 and is certified for adhering to ISO 9001:2015 quality management practices.

RAND will delete all data one year after the project ends. For the purpose of research, following the completion of the trial, pupil-level data will be shared with the EEF archive, at which point the EEF will become the data controller. The data will be shared with the EEF's archive manager and, in an anonymised form, with the Office for National Statistics and potentially other research teams. Further matching to NPD and other administrative data including KS1 may take place during subsequent research.

Project team

Delivery team: Triple P UK

Triple P UK was responsible for recruitment, all aspects of programme delivery, and ensuring all prerequisites for programme implementation were in place. It was responsible for training school staff and providing support to all schools as per the terms of the MoU. In addition, it collected a rich amount of data from practitioners and parents. The delivery team at Triple P UK comprised:

Dr Claire Halsey: overall project lead and manager and implementation consultant.

Matt Buttery: Triple P UK Chief Executive Officer.

Jo Andreini: Operations Manager.

Evaluation team: RAND Europe

The evaluation was conducted by RAND Europe. The evaluator was responsible for the outcome and process evaluations, trial design, analysis, reporting, and quality assurance of the evaluation. The evaluation team in RAND Europe comprised:

Elena Rosa Brown: overall project and evaluation lead, August 2019–present.

Dr Alex Sutherland: overall project and evaluation lead, December 2018–August 2019 (formerly RAND Europe).

Dr. Sashka Dimova: project manager.

Core fieldwork and analysis team: Dr Sashka Dimova, Dr Andreas Culora, Lucy Gilder, Emma Leenders, and Annemari de Silva.

Methods

Design

The Triple P evaluation was planned as a two-group parallel, stratified, cluster-randomised controlled trial with early years settings being the unit of randomisation and child outcomes as the unit of analysis. To ensure comparability of these settings across the intervention arm and the control arm ('exchangeability', see Oakes, 2013),[7] randomisation was within the different geographical areas and the type of nursery (school-based versus private, voluntary, and independent nurseries, 'PVIs'); doing so served to balance study arms on geographical location and by type of nursery.

Practitioners already working in the settings allocated to the treatment group were eligible to receive training. There was only one treatment condition in this trial; throughout the 2019/2020 academic year, practitioners in settings allocated to the treatment condition received training and support to implement Triple P. For control settings, it was business as usual. As an incentive, control settings received financial compensation of £750 upon completion of staff surveys.

The core research questions that this project originally sought to answer were distributed across the impact and IPE evaluations. Despite the planned reopening of settings in summer 2020, the possibility of completing the programme with a second cohort in the following academic year, and collecting outcome data, was not considered feasible. The decision was therefore taken to forego the impact evaluation and to rescope the IPE.

For completeness, details on participant selection, sample size, randomisation, and baseline equivalence are included in this report. Further details on the impact evaluation elements of the original design that were not carried out can be found in the Evaluation Protocol (Dimova et al., 2019) alongside details of the amended protocol (Dimova et al., 2020).

The purpose of the rescoped IPE is to address the questions outlined in the Evaluation objectives. The process evaluation aims to capture multiple perspectives and is guided by the theory of change ('ToC') model. A mixed-method approach was adopted based on a detailed theory of change developed between Triple P UK and RAND Europe over the course of an 'intervention delivery and evaluation analysis' (IDEA) workshop held in spring 2019.

The main aim of the IPE was to complement the impact evaluation by providing an understanding of how the intervention worked in practice, including issues of fidelity, compliance, acceptability, and perceptions of quality.

In light of the difficulties outlined above (see Changes to the Evaluation section), it was agreed by all parties that the IPE should be rescoped and an additional focus for the IPE was added to assess and better understand how the intervention worked in a COVID-19-affected environment. Our plan was to capture the experience of school staff and parents to get a full picture of the impact of COVID-19. Activities undertaken for this rescoped evaluation are presented below in Table 2: IPE methods overview.

Key changes from the original IPE design are:

- no longer collecting control parent views of behaviour via text messages; instead, phone interviews were conducted with parents in the control arm (N = 15) to understand their perceptions of their children's behaviour and to understand the impact of lockdown on their family;
- interviews with practitioners in the treatment arm to understand better their perceptions of the impact of Triple P on child and family outcomes (N = 20); and
- an increase in the number of interviews with parents in the treatment arm (N = 30, originally 15).

Further details of the original IPE activities and changes made can be found in the Evaluation Protocol and Evaluation Protocol (amended) available on the EEF's website.[8]

[7] That is, if one were to swap the allocation of settings to intervention and control groups, the results from the trial should be the same.

[8] https://educationendowmentfoundation.org.uk/projects-and-evaluation/projects/level-4-group-triple-p-positive-parenting-program/

Table 2: IPE methods overview

Research methods	Data collection methods	Participants/ data sources	Data analysis methods	Research questions addressed	Implementation/ ToC relevance
Document analysis	Triple P practitioner training materials (i.e. those provided as part of training in Triple P)	All Triple P training materials, e.g. PowerPoint, manual	Thematic analysis	RQ3, RQ4	Quality
Document analysis	Practitioner documentation prior to randomisation	All settings	Thematic analysis	RQ2	Fidelity, take-up, quality,
Surveys (4 time points)	Practitioner questionnaires, pre- and post-training, pre- and post-accreditation	Practitioner questionnaires collected by Triple P as part of programme	Thematic analysis, descriptive statistics	RQ2, RQ3	Quality, practitioner responsiveness
Document analysis	Parent attendance logs	Attendance logs from all Triple P sessions across all clusters	Descriptive statistics, frequency counts	RQ2, RQ3	Compliance, take-up
Parent-report questionnaires	PS, DASS 21and parents SDQ[9] administered by practitioners in treatment arm, pre and post	Aggregate responses by cluster of parent measures collected by Triple P	Descriptive statistics, frequency counts	RQ2, RQ3	Reach and responsiveness
Surveys	Online questionnaires	All practitioners, treatment settings	Descriptive statistics, frequency counts	RQ1, RQ2, RQ3, RQ5, RQ6, RQ7	Fidelity, reach and responsiveness, quality, collect cost data
Surveys	Online questionnaires	All practitioners, control settings	Descriptive statistics, frequency counts	RQ4, RQ5	Business as usual
Interviews	Semi structured telephone interviews	Practitioners in treatment settings (15)	Thematic analysis, deductive coding	RQ1, RQ2, RQ3, RQ5, RQ6, RQ7	Reach and responsiveness, impact of COVID-19 on settings and families, and delivery of Triple P
Interviews	Semi structured telephone interviews	Practitioners in control settings (10)	Thematic analysis, deductive coding	RQ4, RQ5	Business as usual, impact of COVID-19 on settings and families
Interviews	Semi structured telephone interviews	Parents in treatment settings (30)	Thematic analysis, deductive coding	RQ1, RQ2, RQ3, RQ5, RQ6, RQ7	Reach and responsiveness, quality, take-up, impact of COVID-19 on settings and families
Interviews	Semi structured telephone interviews	Parents in control settings (15)	Thematic analysis, deductive coding	RQ4, RQ5	Business as usual, impact of COVID-19 on settings and families

[9] Parent SDQ is completed by the parent or carer of the child, while the teacher SDQ (SDQ-T) is completed by the teacher who knows the child best.

Participant selection

School recruitment

The Triple P UK team aimed to recruit 150 early years settings that were school-based nurseries in the first instance. However, the terms of the original protocol also outlined that they could consider recruiting non-school-based nurseries (PVI or standalone state nurseries) into the trial if they found recruiting schools challenging. As there was a risk that non-school-based nurseries (that is, PVIs) would be harder to follow up and would have higher attrition compared to school-based nurseries, it was agreed that the number of non-school-based settings would be limited in the trial to 20% of the total cohort, ideally spread across different areas. In reality, recruitment was mixed and priority was given to recruiting an appropriate number of settings (see Randomisation section for details on final recruitment numbers).

The following eligibility criteria were used for recruitment for all settings:

- The setting is located in the areas for recruitment determined by the EEF and the delivery team. These regions were Greater Manchester and Liverpool City region, North and South Tyneside, Newcastle upon Tyne, County Durham, Northumberland, North, South, West and East Yorkshire, Cheshire East and Cheshire West, and Cheshire and Blackpool, Cumbria, and Lancashire.
- The setting has not had Triple P or Incredible Years[10] delivered to three- or four-year-olds since 1 January 2018.
- The setting is not actively involved in any other EEF Home Learning Environment trial.
- The settings must be willing to:
    - provide background information to the delivery team (as specified in the Memorandum of Understanding);
    - release two practitioners to take part in the training and deliver Triple P to parents;
    - select children and consequently recruit a minimum of four parents;
    - support the administration and collection of tests two times within the project's timeline (the SDQ-T questionnaire to be completed by the teachers and administered at the beginning and end of the study, while child's language assessment was administered at the end of the study);
    - be randomly assigned to intervention or 'business as usual' at the setting level;
    - engage with the delivery team and implement the intervention; and
    - facilitate data collection by the evaluation team.

Preference was given to settings located in areas with a higher than average Income Deprivation Affecting Children Index (IDACI) score and a higher than average percentage of children eligible for free school meals. Participating early years settings signed a MoU which outlined the roles and responsibilities of all stakeholders involved. Settings and participating families were asked to consent to sharing the specified data with the delivery and evaluation team. Settings were asked to notify the delivery or research teams immediately if a practitioner or family withdrew from data collection.

Practitioner eligibility

Settings were asked to select two practitioners to receive training and deliver the Triple P sessions. Practitioners were considered eligible if:

- they had at least an NVQ level 3 qualification or a higher qualification in health or education, early childhood education, or social services; it was recommended that they were Early Years (EY) practitioners or, ideally, senior EY practitioners; and
- they attend the Triple P training and become accredited to deliver the programme to parents.

[10] This is another evidence-based parenting programme evaluated in numerous studies in the U.K. (for more information see http://www.incredibleyears.com/).

Pupil eligibility

Before randomisation, teachers were asked to nominate four to 12 children with language delay or other reported concerns around their behavioural, emotional, or social development; parents of these children needed to be willing to take part in an eight-week Level 4 Group Triple P parenting programme in spring 2020. Children were considered eligible if:

- they were three or four years old; AND
- the teacher was concerned about a delay in the child's language or communication development; OR
- the teacher or parent was concerned about a child's behavioural, emotional, or social development;[11] OR
- the practitioners decided that there was an indicator of increased family vulnerability, such as family social disadvantage, financial stress, housing insecurity, or adverse life events.

In many early years settings, there was a home visit by setting staff before the start of the academic year, meaning that practitioners would have a better idea about the family's situation. Many early years staff also had 'at-the-door' conversations when children were picked up or dropped off where parents could also discuss any concerns about the child.

Parent eligibility

Parents (or carers) of nominated children were considered eligible if:

- they understood and spoke English; AND
- had not attended *either* Triple P or Incredible Years parenting programmes prior to January 2018; AND
- agreed that they and their child could participate in the research and that they would attend the eight-week programme in the spring term 2020, if allocated to the intervention group.

The primary caregiver (for example, the parent spending the majority of time with the child) was advised to attend the sessions. In usual practice, *both* parents are encouraged to attend and if one is not able to, the other is encouraged to tell the other parent.

It was hypothesised that parents with severe mental issues may have difficulties engaging in the programme. However, both the delivery and evaluation teams agreed that it was not necessary to specify parental illness as a separate exclusion criterion as those with a severe mental or physical health problem may not have been available and/or willing to attend.

Sample size

We proposed recruiting 150 settings, which builds in a 'buffer' for attrition at person and setting levels and allows for some variability in the intra-cluster correlation (ICC). Power and minimum detectable effect size (MDES) calculations were performed using the PowerUp tools for main effects (Dong and Maynard, 2013) and moderators (Spybrook et al., 2016). For the sample size calculations, the following assumptions were made:

- an average cluster size of ten pupils (three- and four-year-old children) in each early years setting;
- an alpha of 5%, an intended 80% power to detect effects;
- equal allocation to intervention and control;
- a two-level clustered design;
- a continuous, normally distributed (Gaussian) outcome; and
- the amount of variation explained is 0.25 (equivalent to correlation of 0.50) for level 1 (pupils) and 0.00 for level 2 (based on Charman et al., 2015).

[11] The rationale for mentioning parents in regard to behaviour is that child behaviour is expected vary between the home and settings, whereas language development will be more constant, and therefore less important to include both parent and teacher perspectives. The general approach was that teachers make the decisions, but can incorporate parental concerns.

Based on these assumptions and presenting the MDES estimates for two different ICCs (0.11 and 0.13, respectively) to illustrate the impact of these on the MDES, we estimated the MDES at protocol to be 0.194 or 0.203.

Due to recruitment challenges, there were a lower number of recruited settings and participants. In the end, a total of 68 settings were randomised, giving an MDES of 0.306 or 0.320 at randomisation. Given the risk that the trial would be underpowered, a second year of the trial had been planned with the aim of recruiting a total sample of 150 settings in total across both trials. However, due to COVID-19 and the associated risk of high attrition and consequently the minimal power with the given sample size (that is, at randomisation) the decision was taken to forgo a second year of the trial (see Changes to the Evaluation).

More information on the sample size and the associated power can be found in the amended study protocol (Dimova et al., 2020).

Randomisation

Randomisation occurred as planned in autumn 2019, with settings assigned to either treatment (Triple P) or control (business as usual) condition. All settings signing up had a 50:50 chance of being assigned to the treatment within each training cluster.

Randomisation was conducted using Stata by a member of the evaluation team in October 2019 with allocation revealed to settings once teacher SDQ and parent information baseline data had been collected. Settings were required to provide the evaluation team with baseline data for a minimal number of four children per setting to be considered part of the trial. If they failed to do so, they were not included in the pool of schools to be randomised. The trial allocation was recorded and communicated to the Triple P team and the EEF in an Excel file that was password protected to prevent editing.

In preparation for randomisation, we examined the distribution of schools by region and type of nursery (school-based vs. PVI). The location for training was the main stratifying variable, while stratification by type of nursery was incorporated to ensure that PVI settings were not allocated to treatment or control unevenly. To deal with unequal treatment fractions we used the command `randtreat` and the option `misfits(global)` in Stata (Carril, 2017).

The recruited settings were initially organised in seven different clusters depending on the location for the practitioner training (see Table 3). Originally there were seven clusters, with Manchester 2 being Cluster 4. However, due to low numbers of settings Manchester 2 was merged with Manchester 1.

Table 3: Description of regions within training cluster

Training cluster	Regions	Number of settings	Intervention	Control
Cluster 1: Newcastle 1	North Tyneside, Northumberland, County Durham, Newcastle, Cumbria	12	6	6
Cluster 2: Wakefield	North, South, West, and East Yorkshire	12	6	6
Cluster 3 Manchester 1	Greater Manchester	15	8	7
Cluster 4: Newcastle 2	Northumberland, Cumbria, County Durham, South Tyneside	8	4	4
Cluster 5: Preston	Lancashire, Blackpool	10	5	5
Cluster 6: Liverpool	Liverpool, Lancashire, Cheshire, Greater Manchester.	11	5	6
	Total	68	34	34

Attrition

Following baseline data completion, only one intervention school withdrew entirely from the trial (that is, stopped implementing Triple P and did not want to participate in the evaluation activities). This setting participated in the initial Triple P training, however, due to staffing challenges caused by staff members being on sick leave, the headteacher made the decision for them to withdraw.

No control settings dropped out from the trial.

Baseline equivalence

We expected a well-conducted randomisation that would yield groups that were equivalent at baseline (Glennerster and Takavarasha, 2013). Because settings were randomly allocated to the control and intervention conditions, any imbalance at baseline would have occurred by chance. However, in line with best practice we followed EEF statistical analysis guidance (EEF, 2018) to assess imbalance at baseline. We compared groups at setting and child levels by means of cross-tabulations and histograms that assess the distribution of each characteristic within the control and intervention groups.

Characteristics of the 68 randomised settings are presented in Table 4 using pupil-level data obtained from schools or using pupil school information. Publicly available data was available for 19 of 34 treatment settings and for 16 of 34 settings allocated to the control condition. Overall, data was missing for 33 settings—nearly half of all settings (48.5%, 33 of 68) . The reasons for missing data were either (a) a successful match could not be found (57.5%, 19 of 33),[12] (b) when matched, no data was available (15.15%, 5 of 33), or (c) information was not available in the public domain because the settings were PVIs (27.27%, 9 of 33). At the setting level, information presented in Table 4 on the proportion of school-based and PVI or standalone settings across the intervention and control groups at randomisation reveals equivalence at baseline. There was only a minor difference (3.39 percentage points) in the proportion of PVI or standalone settings across the two groups at baseline (see Table 4).

Table 4: Baseline characteristics of groups as randomised

Setting-level (categorical)		Intervention group		Control group		
		n/N (missing)	Count (%)	n/N (missing)	Count (%)	
Setting type						
School-based nurseries		30/34	88.24%	29/34	85.29%	
Private, voluntary, and independent nurseries (PVI) or standalone state nurseries		4/34	11.76%	5/34	14.71%	
OFSTED Rating						
1: Outstanding		1/19 (15)	5.26%	4/16 (18)	25.00%	
2: Good		14/19 (15)	73.68%	10/16 (18)	62.50%	
3: Requires Improvement		4/19 (15)	21.05%	1/16 (18)	6.25%	

[12] We matched settings with public data using postcode and name as unique identifier.

4: Inadequate		0/19 (15)	0.00%	1/16 (18)	6.25%	
School proportion eligible for FSM		19/19 (15)	38.17%	16/16 (18)	41.07%	
School-based setting-level (continuous)	National-level mean	n/N (missing)	Mean (SD)	n/N (missing)	Mean (SD)	
Average scaled score in KS2 maths	104.78	19/19 (15)	104.16 (3.04)	16/16 (18)	103.38 (2.94)	
Average scaled score in KS2 reading	104.42	19/19 (15)	103.16 (2.63)	16/16 (18)	102.19 (2.88)	
Pupil-level (categorical)		Intervention group		Control group		
		n/N (missing)	Count (%)	n/N (missing)	Count (%)	
Gender						
Female		120/279	43.01%	114/285	40.00%	
Male		159/279	56.99%	171/285	60.00%	
Primary reason for selection						
Communication difficulties		102/271 (8)	37.64%	93/264 (21)	35.23%	
Family adversity		45/271 (8)	16.61%	19/264 (21)	7.20%	
Social, emotional, and behavioural development		124/271 (8)	45.76%	152/264 (21)	57.58%	
Secondary reason for selection[13]						
Communication difficulties		21/80 (199)	26.25%	31/98 (187)	31.63%	
Family adversity		22/80 (199)	27.50%	25/98 (187)	25.51%	
Social, emotional and behavioural development		37/80 (199)	46.25%	42/98 (187)	42.86%	
Pupil-level (continuous)		n/N (missing)	Mean (SD)	n/N (missing)	Mean (SD)	Effect size
Age (in months)		279/279	54.56 (4.87)	280/285 (5)	53.53 (6.61)	0.176

[13] The main area of concern in the child development was recorded as the primary reason for selection by practitioners. If practitioners had more than one concern about the child they could record multiple reasons for selection. A child could be selected if practitioners were concerned about language delay or about a child's behavioural, emotional, or social development or if the practitioners observed increased family vulnerability.

SDQ-T Total Difficulties Score		279/279	18.32 (5.58)	285/285	19.65 (5.55)	0.239
*Note: n refers to the sample size of a specific group (for example, intervention settings) while N refers to the total sample size (for example, all settings in the trial).						

Analysis of OFSTED ratings reveals an imbalance across treatment and control settings at baseline. Settings in the control group were more likely to be rated 'outstanding' than treatment settings (25% and 5.26% respectively) but also had 'inadequate' settings (6.25% in control compared to 0 in treatment). Settings in treatment were more likely to be rated 'good' (73.68% in treatment compared to 62.5% in control) and 'requires improvement' (21.05% in treatment compared to 6.25% in control). However, the fact that only 33 schools could be matched to Ofsted ratings made it difficult to draw any firm conclusions on baseline imbalance. School-level analysis using the school data based on the sample of schools for which data was available (35/68) indicated that the proportion of pupils eligible for free school meals ('FSM pupils') was balanced at baseline, with the average proportion at 38.17% in treatment settings and 41.07% in control settings. In terms of outcomes at the school level in KS2 maths and reading, analysis also revealed balance at baseline along both of these measures. Looking at KS2 maths scaled scores, there was only a difference of 0.78 of a scaled score between treatment settings (104.16) and control settings (103.38). Similarly, there was only a small difference (0.97) in KS2 reading scaled scores across treatment (103.16) and control (102.19).

Using data provided by settings prior to randomisation, data was available on the pupil characteristics of gender and age. Table 4 shows that in terms of gender, there was balance across intervention and control settings at baseline. Indeed, the proportion of males (56.99% and 60.00% respectively) and females (43.01% and 40.00% respectively) were well within the ten percentage point threshold for equivalence. In relation to age in months, the findings shown in Table 4 indicate that there was not balance at baseline across the intervention and control groups, with children in treatment being slightly older than children in control settings (54.56 compared to 53.53). Age information was missing for five children in the control settings. The histogram presented in Appendix H shows a similar age distribution across the intervention and control groups. However, the effect size coefficient (0.176) is above the d = 0.1 threshold established in EEF guidance (EEF, 2018) suggesting that baseline equivalence in age was not achieved.

Analysis of the primary reason for selection into the Triple P programme across the intervention and control groups reveals potential imbalance at baseline (see Reach and Responsiveness for further discussion on selection). While there was equivalence with regards to pupils selected for 'communication difficulties' (37.64% and 35.23% respectively) and (to a lesser degree) 'family adversity' (16.61% and 7.20% respectively), there was a 11.82 percentage point difference across intervention and control group pupils selected for 'social, emotional and behavioural development' (45.76% and 57.58% respectively). This suggests that there was 'imbalance' at baseline across the intervention and control group along these different selection criteria. However, the results presented in Table 4 related to the other reason for selection into the Triple P programme indicate that there was balance across the intervention and control groups.

Finally, results for the total scores on the SDQ-T test that was administered at baseline indicate that children in both arms were considered to have very high difficulties—or very low prosocial—total score range (with scores of 18 to 40 considered very high). However, balance was not achieved across the intervention and control groups. The mean of the total SDQ score was slightly lower among pupils in the intervention group (18.32) compared to the control group (19.65).[14] The effect size (0.239) indicates that there was not equivalence at baseline suggesting that children did not exhibit similar difficulties across both groups. Nonetheless, the histogram presented in Appendix H illustrates similar distributions in SDQ-T scores across the intervention and control groups.

Statistical analysis

The following analyses were planned but are no longer possible as no primary or secondary outcomes were collected post intervention: primary outcome analysis, secondary outcome analysis, subgroup analysis, effect size calculation, missing data analysis, and sensitivity analysis. Details for the analyses that had been planned can be found in the original protocol (Dimova et al., 2019).

[14] A lower overall SDQ score indicates that the child exhibits less behavioural difficulties.

Implementation and process evaluation: research methods and analysis

Data collection activities completed prior to randomisation

Collection of baseline data was mandatory for selected settings and families to be considered part of the trial. At baseline, practitioners were asked to provide records indicating the reason they selected a minimum of four children for the programme and to complete the SDQ-T for the chosen children. Selecting the appropriate children was a key part of the theory of change in terms of leading to better outcomes. Before randomisation, practitioners were required to document the reason(s) why they had selected the child into the trial.

Baseline data collection was conducted by early years setting practitioners to reduce evaluation costs. A summary of the number of children that were selected by cluster and treatment arm is presented in Table **5** below.

Table 5: Number of children nominated for Triple P

	Treatment		Control	
Cluster	Mean	Median	Mean	Median
Cluster 1: Newcastle 1	5.17	5	5.58	5
Cluster 2: Wakefield	5.41	5	4.89	5
Cluster 3 Manchester 1	5.06	5	5.25	5
Cluster 4: Newcastle 2	4.78	4	4.79	4
Cluster 5: Preston	3.72	4	6.02	6
Cluster 6: Liverpool	5.88	6	4.52	4

RAND reviewed the practitioner training materials to build a better understanding of the programme and its key components, which helped inform the later IPE tasks, such as the survey and interview questions.

Box 1: Triple P programme materials

Facilitator's manual for Group Triple P

The facilitator's manual targets a professional audience, providing a theoretical basis of Triple P, an overview of the planning stage of the Triple P programme, advice on selection (of participants and venues), and protocol registration. There is some Australian-specific advice about approaching 'indigenous parents', which may have been irrelevant to a U.K. setting. Following this, the 'process issues' chapter helpfully talks through some of the potential challenges that might face practitioners throughout the programme and how they can be addressed.

After the planning and preparation chapters, the manual features a very detailed and comprehensive guide to delivering the eight sessions. This includes how to welcome parents when they arrive and examples of lengthy introductory speeches, which some practitioners mentioned was helpful during interviews. Each session guide also features a list of objectives, the equipment required, along with a few pointers about how to prepare. Finally, a useful list of references is provided at the end should the practitioners want to expand their knowledge of the topic.

Participant notes for Group Triple P provider training

The notes provide an overview of the course content, objectives, and a recommended reading list to help participants prepare for the training. It includes copies of the PowerPoint slides with sections for notes to encourage interactivity and reflection on the information being presented. Towards the end of the notes is a short list of questions to prompt group discussion but also provide a space for individual written responses, which can support both independent and group learners. Overall, the information in the textbook is the same that is found in the PowerPoint slides and the practitioner manual. Aside from the group discussion and recommended reading, the book fulfils its purpose to provide space for notetaking and additional reflection.

Group Triple P session presentation

The Triple P session PowerPoint slides are clearly presented, using short sentences and bullet points to avoid overburdening the audience with too much information. As well as providing an overview of the upcoming session, the presentation also helpfully reviews the content covered in the previous session.

Data collected by Triple P UK

We analysed information collected by the delivery partners to further complement our findings. The measures collected by Triple P UK were shared with the evaluator in aggregated form at training cluster level (based on the regional areas identified in Table 3). This is a cost-effective approach that allowed us to use data from all the settings. As part of usual practice, Triple P collects a rich amount of data from practitioners and parents. This includes:

- practitioner questionnaires on confidence at four time points: pre and post training and pre and post accreditation; and
- aggregated parent measures administered by practitioners in treatment arm pre and post delivery: PS, DASS 21, and parent-report SDQ (child behaviour).[15]

This provides an insight into how effective training is at equipping practitioners to deliver the programme (training quality). The questionnaires assessed practitioners' confidence to deliver parent groups about child behaviour. It was administered at the commencement and at the end of the training courses. Several months after training, and following accreditation, practitioners were asked to complete the follow-up version after completing the accreditation process and demonstrating proficiency in the core skills required to deliver Triple P.

Triple P administers pre and post parent measures as part of its routine implementation. These measures cover the key outcomes targeted by the programme, including reduction in parental depression, anxiety, and stress, improved responsiveness and positive parenting, reduced conflict in the family, and improvements in child behaviour, as can be seen in Box 2. The parent measures were collected two times. The pre-intervention measures were collected at an informal group session prior to session one. The time of collection of parent post-trial outcome measures was also delayed by around 12 weeks post-delivery of session seven as collection was due as the closing activity of session eight.

[15] Parent SDQ is filled by the parent or carer of the child, while the teacher SDQ (SDQ-T) is filled in by the teacher who knows the child best.

Box 2: Measures collected by Triple P

Parenting scale

The parenting scale has been designed to 'measure dysfunctional discipline practices in parents of young children' (Arnold et al., 1993). It is a self-reporting instrument with 30 items. The scale was originally developed for parents of preschool children (Irvine et al., 1999). The items on the scale are constructed as hypothetical situations: parents are asked to describe their style of parenting during the past 2 months. The questions, for example, relate to what a parent does when a child misbehaves, to what extent a parent sets limits for a child, and how a parent handles a child when he or she is away from home. The questions pair a parenting 'mistake',[16] such as yelling when a child misbehaves, with a more effective counterpart, for example, speaking to the child calmly (Arnold et al., 1993). Parents indicate on a seven-point Likert scale which of these behaviours best describes their parenting style.

The parenting scale has three subscales: the 'over-reactivity factor', the 'laxness factor', and the 'verbosity factor' (Arnold et al., 1993). The over-reactivity factor consists of ten items that reflect mistakes such as displaying anger, being mean, and irritability. The laxness factor consists of 11 items and describes the ways in which parents give in and allow rules to go unenforced. Finally, the verbosity factor consists of seven items and relates to lengthy verbal responses and relying on talking even when it is ineffective. Four items are not included in the factors. The parenting scale produces a total score that averages responses on all items, as well as a factor score that averages the responses on all items of a given factor (Arnold et al., 1993). A higher score on the main scale and subscales indicates more dysfunctional parenting (Arnold et al., 1993).

Depression, Anxiety, and Stress Scale

The 21-item Depression, Anxiety, and Stress Scale (DASS-21) is a questionnaire that aims to 'measure the negative emotional states of depression, anxiety, and stress'. The scale consists of 21 items with a four-point Likert scale, where '0' indicates that the item did not apply at all to the respondent—in this case the parent—over the previous week, '1' means to some degree or some of the time, '2' indicates to a considerable degree or a good part of time, and '3' means that it applies to the parent very much or most of the time. The questionnaire includes items such as 'I found myself getting upset by quite trivial things', 'I had a feeling of shakiness', and 'I felt that life wasn't worthwhile'. The DASS-21 is a shorter version of the original 42-item DASS, as developed by Lovibond and Lovibond (1995).

The DASS has three subscales, each consisting of seven items: the depression scale, anxiety scale, and stress scale. The depression scale reflects 'hopelessness, low self-esteem, and low positive affect' (Gloster et al., 2008). The anxiety scale measures the feeling of fear, autonomic arousal, and psychological hyperarousal. The stress scale measures tension, agitation, and negative affect.

Strengths and Difficulties Questionnaire (SDQ)

The SDQ aims to screen the behaviour of children and consists of three parts. In the first part of the SDQ version for two- to four-year olds, parents answer 25 questions about their child's behaviour in the previous month. For each item, parents indicate whether it is 'not true', 'somewhat true', or 'certainly true'. Examples of items are 'considerate of other people's feelings', 'has at least one good friend'. and 'can stop and think things out before acting'. This part of the SDQ has five subscales that each contain five items: the emotional problems scale, the conduct problems scale, the hyperactivity scale, the peer problems scale, and the prosocial scale**.** The score of each scale ranges from 0 to 10 with higher scores indicating more problems, except for the prosocial scale where higher scores indicate fewer difficulties in prosocial behaviour (Bøe et al., 2016).

Additionally, the SDQ has an **impact supplement**, which asks parents if they think their child has difficulties with emotions, concentration, behaviour, or getting on with other people and, if so, some follow-up questions about their child's difficulties. A higher score for the impact supplement indicates a greater level of difficulties. The items on the impact supplement can be summed to generate an impact score that ranges from 0 to 10 for the parent-reported SDQ.

Finally, there is a follow-up to the SDQ. This consists of the same 25 items and questions about impact as the first two parts and two additional questions about whether the child's behaviour and problems have changed since coming to the clinic.

Triple P UK aggregated the parental measures at training cluster level and shared these with RAND Europe. Quantitative data from the parent questionnaires (for example, aggregate results on various measures at pre- and post-test) was summarised with results used to provide a description of child and parent responsiveness. Results have been analysed

[16] Parental discipline 'mistakes' were identified through a survey of literature (Arnold et al., 1993).

by training cluster but also compared across training clusters to understand the implementation of Triple P across the evaluation more broadly.

Attendance data

Parental attendance at Triple P programme sessions is a key part of the ToC in terms of leading to better outcomes. To minimise the number of missed sessions, they were delivered while children were attending the setting (during daytime). Parental attendance for each session was documented by practitioners delivering Triple P. The attendance logs were designed by the evaluation team and they were easy to use. Practitioners were advised to fill in the log after each session but they were collected by the evaluation team only once, at the end of Triple P delivery. The window for collection was extended to meet the needs of the settings. As a result, the time of collection of the attendance data varied across settings. Some of the settings returned the logs at the end of session seven and others returned the logs 12 weeks post the delivery of session seven.

Attendance data from the parent attendance logs provides a record of take-up and compliance. This gives an insight into the extent to which the critical ingredients of the intervention were delivered, and received, by the target participants.

Practitioner surveys

We conducted online surveys with all practitioners in both arms of the trial in July 2020. These were designed to collect perspectives of how the intervention had been implemented (in the treatment arm) and to understand what constituted normal activities in the control arm.[17] We included questions in the endline survey in both arms to collect information on (i) how settings work with parents, (ii) how they work with parents to improve behaviour and language in the home, and (iii) details of how these activities may or may not have differed in the evaluation year compared to previous years. While it is important to receive feedback from treatment settings, we prioritised understanding the activities of control settings as there was good implementation data collected by Triple P.

Descriptive findings from the survey in treatment settings were aggregated and summarised, with results used to provide evidence of the extent to which the programme was implemented with fidelity (Research Question 1), a description of barriers and conditions that support delivery (Research Question 2), and views on elements that could contribute to failure or success (for example, the quality of training and materials and practitioner responsiveness (Research Question 3). Open-text responses were analysed using a general inductive approach (Thomas, 2006) with results used to provide a description of how the intervention worked in practice. In addition, this data was used to empirically examine the assumptions underlying the key mechanisms and processes in Triple P's ToC, exploring how they worked in the context of this evaluation. This modelling is considered a key way of understanding the association between activities and outputs and their intended outcomes and is considered particularly important when the change in distal outcomes (in this case, language) is assumed to be underpinned in some way by direct effects on proximal outcomes (in this case, parent and child behaviour; Humphrey et al., 2016). This gives an insight into how effective Triple P is at equipping practitioners to deliver the programme (quality), the ability of practitioners to deliver Triple P with fidelity, and key barriers, facilitators, and conditions needed for successful delivery.

Descriptive findings from the survey in control settings were aggregated and summarised, with results used to provide a description of business as usual. The approach is similar to that used to analyse surveys of practitioners in treatment settings outlined above, however, the focus is to provide a description of the counterfactual based on the responses from practitioner surveys in control settings.

Practitioners were asked to provide information on costs associated with the delivery of Triple P (in treatment arms) or similar parenting or home language programmes (in control arms, if applicable).[18] Questions were designed to ensure adherence to the EEF's guidance and collected data on both financial costs and practitioner time.

[17] In our original proposal, we suggested a baseline practitioner survey, in addition to the endline practitioner survey, in order to collect an understanding of usual practice. However, upon consideration, we felt that the available resources would be better used to conduct parent interviews. We feel that the fact that children will be new to the setting coupled with the fact that an eligibility criterion is that settings have no prior experience of delivering an evidence-based parenting programme means that usual practice is less likely to have a significant impact on how Triple P operates in practice.

[18] In the original proposal we discussed having this completed by headteachers or setting managers, however, we agreed that it would be more cost-effective to ask practitioners to respond to this on the condition that they ask their managers if unable to answer the question.

Phone interviews with parents

We conducted semi-structured phone interviews with parents—as phone interviews have the benefit of being cost effective and minimise time burden on parents. Telephone interviews have been used successfully with parents in other EEF trials, including the Family Skills evaluation (Husain et al., 2018).

We initially invited parents from a stratified sample to draw views from a representative sample of parents in both the treatment and control settings across all training locations. However, recruiting parents to participate in interviews proved difficult, so the sampling approach was changed to a voluntary response sample. Practitioners were asked to identify parents from across a range of different family incomes and from different ethnicities as these characteristics have been associated with receptive language outcomes in previous studies (Pungello et. al., 2009). We offered a £15 high street voucher as an incentive for each parent as this has been used successfully for parent telephone interviews in previous trials (see Husain, et al., 2018).

Parent interviews in treatment settings focused on examining the intervention mechanisms of change, particularly any changes to the home learning environment and child language development in relation to parenting strategies as well as the impact of COVID-19 on their family. In designing an interview protocol, we consulted examples of other qualitative studies in the parenting field oriented towards examining intervention mechanisms of change, for example, Giusto et al., 2017 and Doubt et al., 2017. The interviews also examined parent preferences for programme delivery (Sonuga-Barke et al., 2018).

Parent interviews in control settings focused on examining the behaviour of parents to better describe business as usual and provide a comparison to behaviours of parents in treatment settings. The interview protocol included questions aimed at understanding the home learning environment and child language development in relation to parenting strategies as well as the impact of COVID-19 on their family.

In analysing interviews in both treatment and control settings, a general inductive approach was used to identify relevant themes or categories most relevant to the research objectives (Thomas, 2006). A description of the most important themes is presented, with numbers to indicate the relative frequency of the responses. This allows us to further our understanding of how the ToC worked in practice and the conditions needed to make Triple P succeed.

Phone interviews with practitioners

We conducted phone interviews with practitioners from both arms—as phone interviews have the benefit of being cost effective and minimise time burden on practitioners.

We had intended to use stratified sampling to draw views from a meaningful sample of practitioners across both arms. For treatment settings, we had planned to rank the settings according to frequency of parent attendance (‘high’, ‘medium’, or ‘low’) using the parent attendance logs. However, delays in collecting these logs from settings meant that this aspect of the evaluation was forgone to ensure that practitioners could be interviewed in a timely manner (for example, before summer holidays). Instead, we randomly selected settings from each training location (Cluster 1 to Cluster 6) in order to allow settings from different training locations to be studied in more depth. Practitioners in control settings were randomly selected.

Interviews with practitioners in the treatment settings focused on examining the intervention mechanisms of change, implementation factors, perceptions of Triple P, and practitioner responsiveness as well as the perceived impact of COVID-19 on their setting and families. We interviewed practitioners in control settings to gain in-depth understanding of usual practices in a COVID-19-affected environment.

In designing an interview protocol, we consulted examples of other studies in the parenting field of qualitative studies oriented towards examining intervention mechanisms of change, for example, Giusto et al., 2017 and Doubt et al., 2017. As with parents, a general inductive approach was used for analysis.

For an overview of how many interviews were conducted per stakeholder type and by cluster, please see Table 6 below.

	Intervention schools							Control schools						
Cluster	1	2	3	4	5	6	TOTAL	1	2	3	4	5	6	TOTAL

Number of practitioner responses	3	7	5	4	3	3	30	4	6	8	4	5	7	34

Table **7** depicts survey responses (practitioners only) by trial arm and cluster.

Table 6: Stakeholder interviews by trial arm and cluster group

	Intervention schools							Control schools						
Cluster	1	2	3	4	5	6	TOTAL	1	2	3	4	5	6	TOTAL
Number of parents interviewed	7	9	4	6	1	2	29	2	6	0	1	0	3	12
Number of practitioners interviewed	4	4	3	0	0	2	13	0	2	2	1	1	2	8

Table 7: Survey responses by trial arm and cluster group

	Intervention schools							Control schools						
Cluster	1	2	3	4	5	6	TOTAL	1	2	3	4	5	6	TOTAL
Number of practitioner responses	3	7	5	4	3	3	30	4	6	8	4	5	7	34

Costs

Cost data was gathered through practitioner online surveys as part of the implementation and process evaluation. Questions for practitioners were targeted at assessing any pre-requisite costs (for example, equipment, training, materials) and any direct and marginal costs directly attributable to early years settings participation in the intervention (for example, printing, staff time, cover, travel, etc.). To calculate the cost of training and materials, the evaluation team relied on data provided by the delivery team.

The main costs of the intervention related to training, materials, and the time of practitioners and other setting staff to complete the programme activities. RAND Europe also considered the cost of the time of practitioners and other staff in delivering the programme. We used this information to estimate cost per-child, following EEF cost guidelines (Education Endowment Foundation, 2019).

Timeline

Details of the timeline are outlined in Table **8**.

Table 8: Timeline

Dates	Activity	Staff responsible / leading
April–August, 2019	Recruitment	Triple P UK
July 2019	Practitioner/setting selection	Triple P UK
September 2019	Parent recruitment	Triple P UK / settings
September 2019	Post paper SDQ-T to all settings	RAND Europe with contact info from Triple P UK
September–October	Complete SDQ-T online scoring using RAND survey platform, write down the total problem scores	Setting practitioners
4 October	SDQ-T, children, and parent information (baseline data) completed and shared with RAND	Setting practitioners
September–October (by October 9)	Using SDQ-Ts and other criteria, select eligible children and communicate with their parents to select the parenting group	Setting practitioners
9–20 October	Randomisation occurs	RAND Europe
23 October	Implementation planning consultation begins with intervention sites	Triple P UK / settings
Mid October 2019	Practitioner training resources arrive at venues	Triple P UK
4–8 November	Setting practitioner briefings	Triple P UK
Mid November	Practitioner Level 4 Group Triple P training	Triple P UK
January 2020	Practitioner pre-accreditation and accreditation	Triple P UK /Setting
Week of 27 January 2020	Clinical workshops	Triple P UK / Setting
Week of 3 February (break for half term 10 April 2020)	Group Triple P delivery Collection of parental attendance logs	Setting
March 2020	Closure of early years settings to most children as a result of national lockdown	
June–September 2020	Online surveys with practitioners	RAND Europe
June–September 2020	Interviews with parents and practitioners	RAND Europe
31 July 2020	Parent delivery completed	Setting
September 2020	Parent pre- and post-data scored centrally / shared with RAND	Triple P UK / Setting
November–December, 2020	Write up report	RAND Europe
January 2021	Submission draft report	RAND Europe

Implementation and process evaluation results

Perceptions of the intervention

Early perceptions of Triple P suggest that:

- the majority of parents were motivated to take part to support behaviour management or to learn about parenting;
- parents and practitioners were, in general, positive and could see how the programme might benefit them; and
- some parents were worried about the potential for being stigmatised as bad parents as well as not being familiar with others in the group.

To better understand drivers of impact and the necessary conditions for success of the programme in terms of achieving impact (RQ3) as well as potential barriers, facilitators, and conditions needed to support delivery of Triple P (RQ2), the study collected practitioner and parent perceptions of their experiences with the programme.

Parents were recruited by practitioners in their settings prior to randomisation. This means that at the time of recruitment no practitioner had received formal training in Triple P.

First hearing about the programme and initial reaction

Parents

All but two of 29 parents interviewed in the intervention group first heard about the Triple P programme through their child's school or nursery. One had heard of Triple P before, but did not specify where, and another had heard about the programme through social services.

Initial reactions to Triple P varied among intervention parents. Of those that commented in interviews, some (6/29) from several different clusters were concerned before joining the programme that they would be stigmatised as a result of their participation, or worried that other parents might make assumptions about their parenting skills (5/29). This is in line with existing research that suggests recruitment of parents into parenting programmes requires approaches that avoid stigmatisation (Brown et. al, 2012).

> *'At first I thought "OMG am I a bad parent?", but they reassured me it was a pilot that every parent could join' (parent interview, cluster 3, number 49).*
>
> *'I was worried what other people would think if they knew I was taking part, that my son is badly behaved, but the school were very discrete' (parent interview, cluster 1, number 18).*

Some parents associated their selection in the programme with there being something wrong with their child (2/29). Others (4/29) were happy to take part even though they did not think their child had any difficulties with language or behaviour to begin with.

Practitioners

Only six practitioners across a number of clusters and settings said they had heard of Triple P before participating in the programme, either from other parents or teachers.

Deciding to join the programme and concerns

Parents

Many parents across a range of clusters (13/29) reported in interviews that they were motivated to take part in Triple P to seek help with behaviour management. Some parents (7/29) decided to join from the desire to learn new things about parenting rather than fix an existing problem. A few (4/29) cited speech and language related problems, as well as listening and communication (2/29), as areas they wanted support with during the programme. Other parents decided to join to support their child's school (2/29). Two parents joined the programme to connect with other parents. Overall, however, parent perceptions about joining Triple P were positive, although their motivations for doing so varied.

'It seemed helpful and supportive, like I got the impression that you weren't just being told what to do. It felt more interactive than that' (parent interview, cluster 2, number 36).

'I thought you're always going to learn something from a parenting course. I got the time and I know that I can learn something. You would be crazy to say no one can teach me about parenting' (parent interview, cluster 2, number 37).

Aside from the concern around 'bad parent' perceptions, other reservations mentioned by parents from three clusters included lack of time to commit to the programme, while a couple of parents from Cluster 2 expressed anxieties about not knowing the other parents. This was particularly the case with parents of nursery-aged children who were new to the school community and had not found time to build relationships with teachers and other parents. Additionally, a couple of parents from cluster two were concerned that Triple P's teaching would conflict with their own parenting styles.

'I had very little time to myself so I wasn't sure I wanted to commit. But what motivated me was to get to know the other parents in the class—the social aspect of it attracted me. I was a bit nervous I'd be a rebel in the class because I didn't agree with all the methodologies' (parent interview, cluster 2, number 40).

Some parents from the same setting expressed fears that Triple P was a means for the school to 'check-up' on parents and find out about private family matters (2/29).

Practitioners

Just under half of interviewed practitioners (10/22) from settings in both the treatment and control arm stated that their motivation to take part in Triple P was to help and support parents in their children's development. Other motivations mentioned in interviews by practitioners were the increase in language problems in nursery (2/22), the need to focus on communication and language development (2/22), interest in the potential benefits of the programme (2/22), and the possibility of using these skills in the future (2/22).

Just under half of the interviewed practitioners (9/22) did not have any reservations about joining the programme. Regarding the other half of the interviewees, time for delivering the programme was mentioned as a concern by six practitioners across different clusters, as well as the ability to deliver the programme (3/22).

'I was concerned about time, as I wanted to make sure that we could deliver it to the best of our ability' (control practitioner interview, cluster 6, number 14).

'Would we see the benefits after investing all the time and money?' (intervention practitioner interview, cluster 3, number 1).

The potential amount of work was also a concern for one of the interviewed practitioners (1/13) as was the effectiveness of the programme (1/13).

Initial information

On the whole, when asked in interviews almost half of intervention parents (12/29) were satisfied with the amount of information they received about Triple P. Yet several (7/29) wished that they had received more information before starting the programme. For example, a few interviewees (4/29) mentioned receiving only one leaflet or letter beforehand and therefore did not expect the interactive element of the programme (1/29). One parent would have liked to have had a face to face meeting to find out more beforehand rather than just the letter (1/29). Another interviewee from a different cluster reflected on the vagueness of the term 'positive parenting' and did not feel fully informed about what the programme entailed (1/29). All of the practitioners interviewed in the intervention group agreed that the outline of the programme was clear and precise, with communication from the Triple P team consistent throughout.

'We have been kept very well informed all along' (practitioner interview, cluster 2, number 4a).

'There was no time wasted, everything began on time and was very well structured' (practitioner interview, cluster 3, number 1a).

Perceptions of the training and resources

In all, interview and survey findings indicate that:

- the majority of practitioners found the training and resources very helpful in preparing them to deliver the Triple P sessions;
- a few practitioners found the training too comprehensive and inappropriately targeted towards beginners;
- Triple P parents also perceived the resources as useful, with the parent workbook singled out as being the most valuable; in contrast, the communication tip sheet was reportedly hardly used at all: and
- feedback from many parent interviewees indicates that the practitioners' open and honest style of delivery was a crucial condition of the success of the Triple P programme.

To assess the drivers of impact and the necessary conditions for success of the programme (RQ3) as well as potential barriers, facilitators, and conditions needed to support implementation (RQ2), the study collected practitioner perceptions of training and resources provide by Triple P UK and parent perceptions of the resources.

Training and resources were made available to all practitioners who were randomised to treatment. See Intervention section for further details.

The quality of the training delivered to Triple P practitioners

Interview and survey findings showed that most intervention practitioners found the Triple P training and workshops very helpful. The majority that took part in the survey either agreed (14.8%, 4 of 27) or strongly agreed (77.8%, 21 of 27) that the programme training helped them understand the core elements. The same proportion also agreed (14.8%) or strongly agreed (77.8%) that the training and workshops helped them develop the skills and confidence needed to effectively deliver the Triple P programme. However, two respondents (7.4%) strongly disagreed with both of these statements. Interview data broadly supports survey results insofar as just over a third of practitioners (9/13) reported finding the training session to be useful and helped them prepare for delivery.

> *'Having it modelled to us helped: you could hear how other people phrased things, how they'd link sessions together, opportunity to practice delivering it ourselves and having others critique, focusing on positive but also giving feedback on things to improve' (practitioner interview, cluster 2, number 9).*

According to feedback from the open-ended survey questions, one practitioner found that towards the end of the training, some activities became repetitive and another stated that there was too much content for the allotted time set for training. Similarly, a few interviewees (3/13) felt that the content of the sessions was too comprehensive and detailed to fit into the relatively short time span of the training. Moreover, a couple of interviewees from the same setting mentioned that the training seemed to be pitched to beginners rather than qualified education professionals. These practitioners also felt that the training should be more experience-driven and less reliant on PowerPoint.

Practitioners suggested improving the Triple P training activities by providing more role-play opportunities during the training and having more information on how to set up and download materials. One practitioner also suggested that the programme could be improved by reducing the time between different training activities. This remark was echoed by a practitioner in interviews who thought there was too long a gap between the start of the training in November and the end of the training in January, worried they would forget what they had learned over the Christmas period (1/29). In interviews, the location of the training was mentioned twice by practitioners from two clusters who had to travel long distances to attend (2/13).

In the survey, when asked about what went particularly well during the training activities, 21 respondents (77.8%) mentioned the opportunity to watch and practise the approaches using role play. This supports what was reported in interviews. Practitioners also mentioned the friendly and inclusive atmosphere of the training and the development of a network of support during the training activities. Practitioners also stated that the manual and group workbook were helpful in setting out how to deliver the programme content.

Quality of materials provided for Triple P delivery

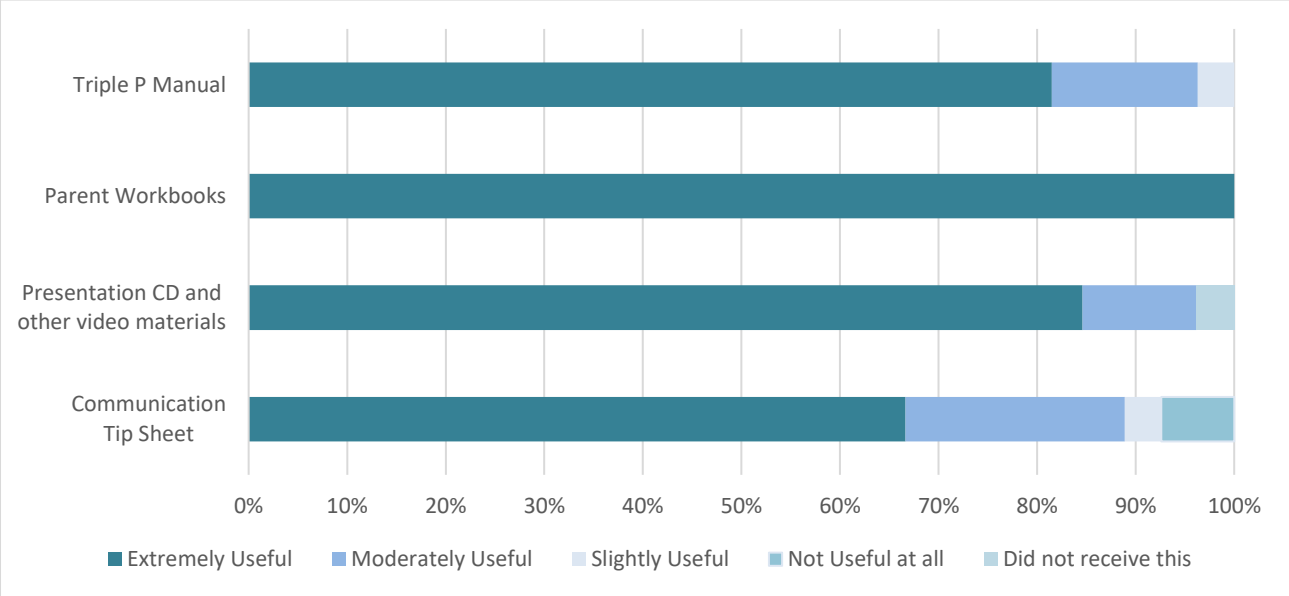
Practitioners

The majority of practitioners surveyed found the materials provided for the Triple P programme extremely useful (see Figure 2): 81.5% (22 of 27) that responded to the survey found the manual extremely helpful, all practitioners, 100% (27 of 27), found the parent workbooks extremely helpful, 81.5% (22 of 27) found the presentation CD and other video materials extremely helpful, and 81.5% (22 of 27) found the communication tip sheet extremely helpful. Three practitioners (11.1%) did not respond to any of these questions. Only one practitioner reported not receiving the presentation CD and other video materials at all. Positive reactions to the resources were also recorded in interviews as, overall, practitioners were approving of the high quality of the materials.

> *'They had everything we needed, the DVD, the questionnaires. The parents liked the fact it wasn't just a photo copied book but it was a hard copy. They were very high quality' (practitioner interview, cluster 3, number 1a).*

> *'Parent handbook was brilliant, tips on communication were good. We were wary about parents with low levels of literacy but they all really used the handbook a lot, especially during COVID-19 they went back to the handbook a lot' (practitioner interview, cluster 6, number 2).*

Figure 2: Survey responses on the usefulness of materials provided for Triple P programme



Responses are from 27 practitioners; 3 of 30 respondents did not respond to these questions.

Practitioners also reported in an open-ended survey question that the resources were comprehensive, easy to access, and were well-received by the parents. Two practitioners found that the PowerPoint slides were not needed since the material was already covered in the parent workbooks and in the videos. Another practitioner also commented that the Triple P manuals did not correspond with one another, so a lot of time was spent cross-referencing them.

Parents

In interviews with parents, the parent workbook was specifically mentioned by almost one third of parent interviewees (10/29) as a valuable resource. These parents praised the helpfulness and clarity of the workbook such that many still reported using the resource months after the Triple P sessions had ended. In addition, many parents commented that they used the workbook to refresh their memory of tips and techniques.

Almost all parents reflected on the usefulness of the workbook to continually return to and refresh one's memory of certain techniques. Some mentioned using the materials for a similar purpose, outside of the sessions in the family home (3/29). A few mentioned the benefits of sharing the resources with partners who were not able to attend the sessions (4/29). In relation to this, one interviewee pointed out that the materials had helped improve communication between parents rather than just between parent and child (1/29). One parent mentioned engaging with the behaviour chart (1/29). Others mentioned the video materials.

> 'I have three children and each one had a different form of discipline; we didn't really have a naughty step. One child couldn't bear to be ignored, another had a different trait, so it's not a one size fits all. The videos

were useful in suggesting approaches to take and I was reassured I was doing the right thing*' (parent interview, cluster 2, number 29).*

Commonalities between parent and practitioner responses

The communication tip sheet, however, was the one resource which received less positive feedback by both practitioners and parents. In the survey, two of 30 practitioners found that the communication tip sheet was not helpful at all and in interviews few parents (5/29) recalled ever using the sheet. Of those parents who did remember the tip sheet, the extent of its usefulness varied between responses. For example, two parents remarked that it was easy to use, and two others mentioned that it reassured them they were doing the right thing as a parent. Conversely, several interviewees (3/29) suggested that the tip sheet was irrelevant as they claimed to have already put the tips into practice. When practitioners were asked in interviews about the communication tip sheet, several (4/13) commented that this resource was used mainly to highlight and explain communication development and its challenges to the parents. A couple of interviewees added caveats to this, namely that improvement in communication through use of the tip sheet nevertheless depended on the parent and child's unique needs (1/13). Moreover, another practitioner observed that some parents were using the tip sheet more than others (1/13). One practitioner also emphasized that presenting the tip sheet as a list would make it easier to read (1/13). A practitioner from another cluster said that it should be better incorporated with the other resources (1/13).

Parent and practitioner interview responses also referenced minor criticism of the videos shown during the Triple P sessions. One practitioner interviewee, for example, mentioned that some of the video footage seemed 'cheesy' and dated (1/13), a criticism also shared by several parent interviewees (4/29). Many parents valued the discussion aspect of the sessions the most; in one interview, a parent felt that the slides were not helpful, commenting that practitioners relied too much on the slides. One interviewee wanted more personal examples from practitioners in their experience as parents (see Implementation section for more details).

Quality of Triple P sessions with parents

Practitioners

Overall, findings from the survey indicate that the vast majority of practitioners perceived the Triple P sessions to be appropriate as delivered during the programme. Although most practitioners (92.6%, 25 of 27) did not feel that the parent training sessions needed to be modified in any way, two (7.4%) did feel the session length could be modified. When asked how, one practitioner commented that it was difficult to keep the sessions to time and another mentioned that session four had to be split in two sessions and delivered over two weeks. Additional improvements that emerged from interviews with practitioners included having more structure to the sessions (1/13) and having more time to talk with the parents (1/13).

'I thought both group and one to one worked well. It was a nice atmosphere in the group session, while the one to one session was confidential, and parents felt like they could open up' (practitioner interview, cluster 3, number 1).

Parents

Overall, parents spoke very approvingly of the practitioners and their capabilities delivering the Triple P sessions. A common theme in parent interviews was praise for practitioners' honesty and openness about delivering Triple P for the first time. Some parents (4/29) felt this helped create a bond in the group insofar as practitioners and parents were learning the techniques together. The practitioners' sharing of their own experiences as parents was illustrated as another example of creating a relaxed atmosphere during the sessions as it reassured parents that they were all on the same level and were not being judged (8/29). One parent specified the practitioners' knowledge of their children as a key advantage in supporting families (1/29). Finally, having a good knowledge of Triple P was also mentioned by several parents (5/29) when asked about the practitioners' delivery of the programme.

The most common response from parents across many clusters, when asked what they liked about the sessions, was the ability to connect with other parents and to share problems and tips with one another (12/29). A few specified that they felt comfortable in the small group environment of the sessions (3/29).

'The first session we had to talk about how we were feeling and talking through what areas we needed help with. But it was nice that everyone was in the same boat' (parent interview, cluster 2, number 36).

'I liked the collaborative nature, everyone talking about ideas and things they already did at home that might be helpful for the rest of us. Also having the opportunity to offload a bit about bad habits and things. It felt like a constructive environment to share ideas' (parent interview, cluster 2, number 34).

Additional 'likes' mentioned in the interviews with parents were learning to carefully plan events such as a trip to the supermarket to manage children's behaviour (1/29) and one to one phone calls with practitioners (1/29). Some parents (3/29) also praised the sessions for introducing simple techniques that parents could use in their everyday life without needing to make big changes. A small minority of parents mentioned liking the videos (3/29) while a slightly larger number found them to be 'cheesy' and could not relate to them (4/29). Other less-favourable aspects of the sessions included their intensity (1/29) and personal disagreement with certain strategies such as 'timeout' (1/29).

Some parents suggested that the content of the sessions needed to be changed, recommending that practitioners use more examples of personal experience with parenting (1/29), make sure all parents get an equal opportunity to speak up during discussions (1/29), and removing the role-play component, which a few parents felt was embarrassing (3/29). Several parents from the same cluster recommended shortening the length of the sessions to help with comfort and concentration (3/29).

Quality of ongoing support

Overall**,** findings from the survey indicate that the ongoing support provided to deliver Triple P was widely used by practitioners. Practitioners generally found the ongoing supervision by Triple P trainers and the Triple P Provider Network useful during programme delivery. In the survey, all practitioners (100%, 27 of 27) reported making use of the supervision provided by Triple P trainers via telephone or video call and the majority found this supervision either helpful (44.4%, 12 of 27) or extremely helpful (37.0%**,** 10 of 27). Four practitioners (14.8%) found the supervision neither helpful nor unhelpful and one found the supervision unhelpful. Likewise, interview data indicates an overall positive reflection among practitioners about ongoing support, with almost half of interviewees finding this support both useful and reassuring (5/13). The responsiveness of the Triple P trainers was also mentioned (2/13). Almost half of the practitioners interviewed, however, indicated that they did not need ongoing support as they encountered few problems throughout the sessions (6/13). More than half of interviewees (7/13) noted that the main type of support received from their settings was securing time and space (classrooms) to deliver Triple P. In some settings, the practitioners involved in the programme explained it to colleagues, saying that they were intending to use some of the techniques in their own professional and personal capacities—as teachers and parents (2/13).

'They gave us [one] day out per week to plan and prepare the sessions and then deliver them in the afternoon' (practitioner interview, cluster 2, number 13).

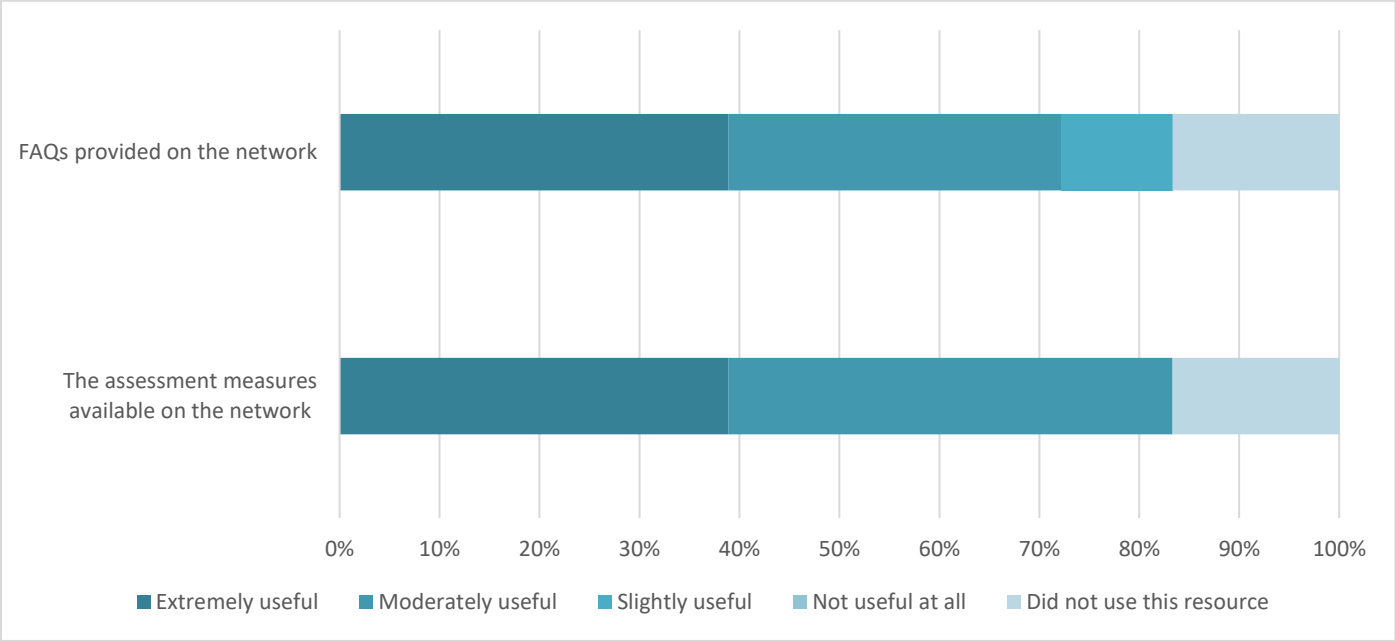
'We also had a brief training session with our staff so they could see what we were doing and they wanted to do the course themselves; it was valuable for them as parents' (practitioner interview, cluster 1, number 11).

Findings from survey data show that the majority of practitioners (66.7%, 18 of 27) had made use of the provider network although 33.3% (9 of 27) had not used it. However, reactions to the usefulness of the resources offered on the provider network were mixed: similar numbers of practitioners found the Triple P assessment measures—the Parenting Scale, DASS, and SDQ—and FAQs 'extremely useful' as 'only moderately' or 'slightly useful' (

Figure **3**).

Regarding assessment measures available on the Triple P Provider Network, 44.4% (8 of 18) of practitioners found these to be extremely useful while 38.9% (7 of 18) found them to be only moderately useful. When it came to the FAQs, 38.9% (7 of 18) of practitioners found then to be extremely useful while 33.3% (6 of 18) found them to be only moderately useful; a further 11.1% (2 of 18) found them to be only slightly useful. Forty percent (12 of 30) practitioners did not respond to these questions.

Figure 3: Usefulness of FAQs and assessment measures available on the Triple P Provider Network



Responses are from 18 practitioners; 12 of 30 respondents did not respond to these questions.

Compliance

The evaluation team gathered data on practitioner attendance at Triple P training to try and ascertain if it was implemented with fidelity. This data also relates to Research Questions 1 and 2. For the purposes of this evaluation compliance was defined as the extent to which practitioners attended training.

Attendance at training

The majority of practitioners (96.3%**,** 26 of 27) were able to attend the three-day Triple P training and all workshops (pre-accreditation, accreditation, and clinical workshop). One practitioner attended the three-day training but missed one or more of the three workshops because short staffing had meant they could not leave the setting. Three practitioners (10.0%) did not respond to this question. This data is further supported by interview responses whereby most practitioners (9/13) reported having attended all of the training sessions and workshops.

Reach and responsiveness

Overall, the data suggests that:

- while recruitment was felt by most practitioners to be appropriate, a significant number indicated that there was a greater number of children whose parents might have benefitted from Triple P;
- the children selected to take part in Triple P were those with higher than average SDQ scores and had either language difficulties or low social, emotional, and behavioural development;
- in terms of take-up, on average, parents attended 4.8 out of eight sessions, with ‘personal reasons’ and the COVID-19 pandemic being the key reasons for non-attendance; and
- another barrier, mentioned by many parent interviewees, was the stigma of attending a parenting course: many felt their parenting skills were being questioned by being asked to participate.

Information about the recruitment process, including selection of Triple P families, helps us to understand whether practitioners followed the recruitment guidance provided and gives insight into the barriers and facilitators that may have mitigated practitioners’ engagement with parents. Analysing selection and take-up data is also an important measure of

a key theory of change output (Figure 1), which posits that engagement with families to introduce positive parenting strategies will enable parents to promote family interactions that support language and communication.

Selection of children

Children scoring 16 and above on the 'total difficulties score' are considered to be outside the normal range of behavioural development suggesting that they exhibit behavioural or emotional difficulties. On average, pupils in the Triple P trial scored 19 on the SDQ (see Baseline Equivalence for further discussion), which is considered to be in the 'very high difficulties' and 'very low prosocial' total score range (18 to 40 is considered 'very high'). This suggests that practitioners were selecting pupils most likely to benefit from parental participation. Analysis of the SDQ scores completed by practitioners at baseline therefore suggests that pupils selected to take part were scoring above the normal range as defined by the measure.

Settings were asked to provide their reasons for selecting pupils to participate in Triple P. Analysis indicates that the primary reasons were either social, emotional, and behavioural difficulties (276, or 52% of cases) or communication difficulties (195, or 36%), as can be seen in Table **9**. Family adversity was the least mentioned reason for selection (64, or 12% of cases). Data was missing for 30 children. These choices are in line with the guidance set out by Triple P and suggest that those that responded to the request followed the guidelines.

Table 9: Reasons—main and secondary—for selection of pupils to take part in Triple P by treatment arm

	Primary reason for selection (n)		Secondary reason for selection (n)	
	Treatment	Control	Treatment	Control
Social, emotional, or behavioural issues	124	152	37	42
Communication difficulties	102	93	21	31
Family adversity	45	19	22	25
No response given	8	19	191	166
TOTAL	271	264	217	264

All settings.

On the whole, interview and survey data suggests that practitioners felt that the right children and families had been selected for the programme and described the process to recruit families as uncomplicated and straightforward (6/13). That said, many practitioners (in the survey) felt that some non-selected children and families may have benefitted more—an issue also flagged by several practitioners in interviews (4/13). In the survey, the majority of practitioners agreed (55.6%, 15 of 27) or strongly agreed (25.9%, 7 of 27) that the children and families selected were the most appropriate to benefit from the programme, however, 18.5% (5 of 27) disagreed with this. Conversely, the majority of practitioners also agreed (33.3%, 9 of 27) or strongly agreed (40.7%, 11 of 27) that there were other children whose parents would have benefitted more from this programme than those who participated this time; 22.2% (6 of 27) of the practitioners disagreed with this.

These mixed findings show that while there had been appropriate selection of children and their families into the programmes, practitioners also felt there were still other children whose parents would have benefitted more from the programme but that it had been challenging to recruit them. Around 10.0% (3 of 30) practitioners did not respond to either of these questions.

In terms of the barriers practitioners encountered during the parental engagement phase, some interviewees highlighted that some families felt that their parenting capabilities were being questioned by being asked to take part in Triple P (2/13). This reflects the stigmatisation of parenting programmes discussed earlier in the Perceptions of the intervention section. Finally, some practitioners (3/13) claimed their setting experienced a high drop-out rate. Some of the reasons for this will be discussed in the next section of this report.

'While we had quite a few sign up; some dropped out, and although we tried to coax them to get back on board, they didn't want to. But when the parents participated and saw how much they enjoyed it, I think the word will go out and more will be willing to take part' (practitioner interview, cluster 1, number 10).

Take-up

The analysis of the attendance logs of the participating schools shows that, on average, parents attended 4.8 of eight sessions, as shown in Table **10**. Unsurprisingly, given COVID-19 restrictions, on average, only seven of eight sessions were marked as having been delivered. Reasons for sessions being marked as 'not attended' included no parents attending and sessions marked as 'this session was not delivered yet'. There was a marked difference between the cumulative number of sessions attended by parents—group sessions, catch-up face to face sessions, phone sessions, or catch-up phone sessions) and the number of sessions delivered (the number of sessions delivered in a setting).

Table 10: Average number of sessions delivered and attended per cluster

	Cluster	Average number of sessions attended in setting	Average number of sessions delivered in setting
1	Newcastle 1	5.0	7.3
2	Wakefield	4.9	7.8
3	Manchester	3.9	6.3
4	Newcastle 2	5.6	6.5
5	Preston	4.3	6.3
6	Liverpool	7.4	8.0
	Total	4.8	7.0

This table is based on the data of the attendance logs. Two settings in Cluster 1, one setting in Cluster 4, and three settings in Cluster 6 did not share the attendance log. One setting in Cluster 3 had no parents attend any sessions.

A further exploration of sessions was conducted using parent attendance records available from 149 parents across 23 settings. As can be seen in Table **11**, session attendance tended to be higher in the first five sessions with 77% to 65% of parents (97 to 115 of 149) attending in person or as a catch-up. Sessions six and seven had an average attendance of 54% and 46%, respectively (79 and 67 of 146). Session eight experienced the lowest average attendance with just 34% of parents attending the session (49 of 146). But this is in line with reports that this session in particular was impacted by restrictions due to COVID-19. Interestingly, the average number of catch-up sessions did not increase substantially as attendance decreased, suggesting that parents were less willing to take advantage of this option to compensate for missed sessions.

Table 11: Attendance by session, across clusters

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8
Yes (total)	115	108	98	97	97	79	67	49
Yes (attended group/phone session)	109	95	92	88	91	72	49	39
Yes (attended as catch-up)	6	13	6	9	6	7	18	10
No	34	41	51	52	52	67	79	97
Total	149	149	149	149	149	146	146	146

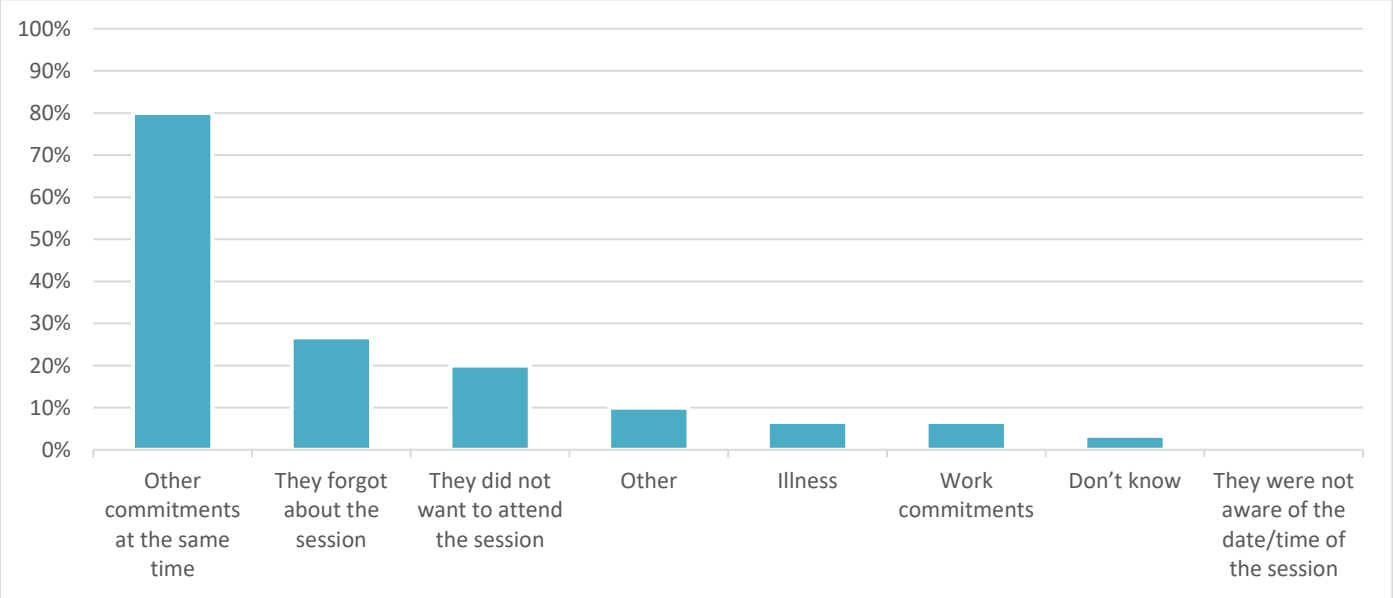
Data from 149 parents attendance logs provided by 23 settings. Data is missing on three parents from one school for the final three sessions (sessions six to eight).

According to interview data, the COVID-19 situation was the main reason for parental non-attendance at sessions; 13 of 29 parents reported this as a reason for missing the final one or two sessions.[19] Some stated they attended all sessions (5/29); others missed out on sessions because of personal reasons (6/29), work commitments (3/29), caring responsibilities for their other children (2/29), holidays (1/29), and hospital appointments (1/29).

Practitioners stated in the survey that the main reason parents missed Triple P sessions was due to having other commitments at the same time (Figure 4). Similarly, interviewed practitioners mentioned that parents missed session due to work commitments (5/13) or childcare responsibilities (7/13). Responding to an open question in the survey about any other reasons why parents did not attend sessions, one practitioner mentioned that illness combined with a bereavement was a reason for a parent missing a session. Another practitioner mentioned that parents had been discouraged from participating in the programme after responding to the pre-questionnaire. One further practitioner mentioned COVID-19 as a reason for parents missing Triple P sessions.

None of the practitioners in the survey believed that parents missed Triple P sessions due to not knowing the date or time of the session. Interviewed parents also did not mention this as an issue. However, one practitioner explained in the interview that the setting had to call the parents before each session because parents had no diaries (1/13). The survey shows that eight practitioners found that parents missed sessions because they forgot about it and six noted parents missed sessions because they did not want to attend. During the interviews, none of the parents indicated that they forgot a session or skipped a session because they did not want to attend.

Figure 4. Main reason parents missed Triple P sessions according to practitioners



Responses are from 30 (out of 30) practitioners.

If a parent is unable to attend a session, Triple P specifies that practitioners should initiate a catch-up session with parents. The attendance logs show that missed sessions were not always replaced with catch-up sessions: on average, each parent attended less than one catch-up session, although they missed on average 3.1 sessions of the eight (Table **12**). However, this data does not consider the reason why a parent did not attend a session. This means that there is no differentiation between sessions missed due to a cancellation as a result of the COVID-19 pandemic and sessions missed because of other reasons (for example, child illness or work commitments).

[19] National lockdown and movement to remote learning was announced in March, after session six or session seven was delivered in settings.

Table 12: Average number of catch-up sessions attended

Cluster		Average number of sessions missed per parent	Average number of catch-up sessions attended per parent
1	Newcastle 1	2.5	0.3
2	Wakefield	4.1	1.0
3	Manchester	2.6	0.4
4	Newcastle 2	4	1.6
5	Preston	2.4	0.1
6	Liverpool	2.3	1.6
	Total	3.1	0.7

This table is based on data from attendance logs. Two schools in Cluster 1, one school in Cluster 4, and three schools in Cluster 6 did not share the attendance log. 'Average number of sessions missed' refers to the number of originally planned group sessions or phone calls parents did not take part in. Number of sessions missed therefore includes the number of sessions that were cancelled or delayed because of COVID-19.

Findings from the survey and interviews with parents indicate that in the majority of settings, at least some parents attended catch-up sessions if they missed a Triple P session. Six of the seven interviewed parents who missed a session because of personal reasons attended a catch-up session, either in the form of a one-on-one meeting with a practitioner (6/29) or as a call with a practitioner (2/29). In the survey, only a minority of practitioners reported that all parents attended catch-up sessions: 29.6% (8 of 27) reported that all parents attended catch-up sessions, while 51.9% (14 of 27) reported that some of their parents attended catch-up sessions while others did not; 18.5% (5 of 27) practitioners reported that none of their parents attended catch-up sessions if they missed a Triple P session (there was no response from 10.0%, three of 30, practitioners). One interviewed practitioner suggested that parents did not attend catch-up sessions 'because they had the manual, they thought they could catch up on their own' (1/13).

For those who attended catch-up sessions, 87.5% (7 of 8) practitioners reported that these sessions were sufficient to keep parents up to date with the programme while one practitioner remained unsure; 73.3% (22 of 30) practitioners did not respond to this question.

Fidelity

In all, interview and survey findings suggest that:

- across most settings, delivery fidelity was strong;
- the main barrier hindering delivery fidelity was the unprecedented COVID-19 outbreak, which resulted in the cancellation of the final session(s) of the Triple P;
- prior to the pandemic, poor attendance and last-minute cancellations from parents also impacted implementation of Triple P; and
- fidelity to session length seemed to be the main variation between settings; some practitioners mentioned overrunning or not being able to cover every aspect in the sessions while others chose to shorten the session length to reduce the burden on parents' time.

The training attended by practitioners highlighted the importance of fidelity in delivering Triple P while allowing for flexibility to suit diverse family needs. It was therefore of interest to the evaluation team to gather evidence on the extent to which practitioners followed Triple P guidelines when delivering the sessions and how fidelity to the programme was facilitated or hindered by various factors. For the purposes of this evaluation, fidelity was defined as the extent to which practitioners were able to deliver the programme as intended and allowed us to better understand Research Question 1.

Many settings were not able to deliver all eight Triple P sessions. The data from the attendance logs (Table **13**) shows that on average seven sessions were delivered. The attendance log data does not differentiate between sessions that

were not delivered because of the COVID-19 pandemic and sessions that were not delivered for other reasons. Two factors point towards many sessions being cancelled because of the pandemic. Firstly, most sessions that were not delivered were at the end of the programme. Schools and nurseries in the U.K. were closed to every student barring those who were children of key workers from 20 March 2020 onwards. Because the Triple P programme started in February 2020, the pandemic would have been most likely to affect these last few sessions. Secondly, many interviewed parents indicated the final one or two face to face sessions were cancelled due to the COVID-19 pandemic (13/29). As previously mentioned, this was the most common reason mentioned by interviewees why they could not do all eight sessions. Similarly, five practitioners across many clusters explained that they could not deliver the final session because of COVID-19.

Table 13: Number of sessions delivered per cluster

	Cluster	Average number of sessions delivered in setting	Percentage of sessions delivered
1	Newcastle 1	7.3	91.3%
2	Wakefield	7.8	97.5%
3	Manchester	6.3	78.8%
4	Newcastle 2	6.5	81.3%
5	Preston	6.3	78.8%
6	Liverpool	8.0	100%
	Total	7.0	87.5%

This table is based on the data of the attendance logs. Two schools in Cluster 1, one school in Cluster 4, and three schools in Cluster 6 did not share the attendance log. N = 23.

As a result of the pandemic, some schools had to make alternative arrangements. For example, three parents (3/29) and one practitioner (1/30) mentioned that they did a phone session or a session on Zoom instead of the last face to face session. Other interviewees did not mention any catch-up sessions for the sessions that were missed because of the pandemic.

There is some variation in the information on the duration of the sessions. Two interviewed parents confirmed that the sessions were two hours long. One interviewed parent mentioned that the sessions would sometimes overrun (1/29). Another parent noted that the follow-up phone calls were ‘quite short due to COVID’ (1/29). One pair of practitioners explained that two hours was a bit too long and that they therefore condensed sessions. Conversely, another pair of practitioners indicated that they did not get through the entire session with the behaviour chart because of all the details. Another practitioner stated that if they were not able to cover a point in detail in one session, they would go over it in the next (1/13). In short, there was some variation between the settings in the duration of the sessions: whereas some needed more time, others shortened sessions.

Finally, a few interviewees indicated some other variations, but these were single cases of variation. One practitioner mentioned that she sometimes forgot to use the slides (1/13). Two practitioners from the same setting explained that the setting opened the programme to a lot of families to avoid targeting people. Lastly, one interviewed parent said she was not offered any catch-up sessions when she missed a session for personal reasons (1/29).

In general, the data from the interviews shows that, except for the cancellations and alternative arrangements due to the pandemic, there was little variation between the sessions as planned and the sessions that were delivered.

Barriers and facilitators

Practitioners

The main barrier limiting effective implementation of the Triple P programme was poor attendance at the group sessions and last-minute cancellations from parents (see

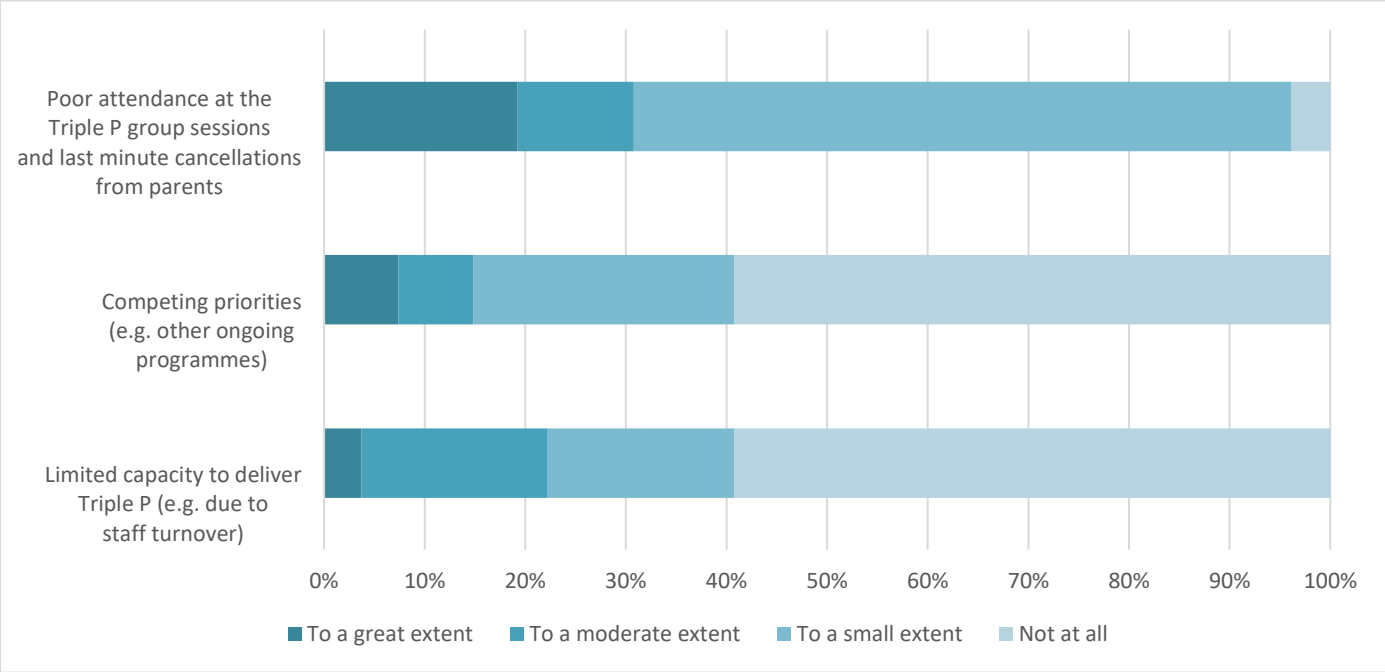
Figure **5**): 65% (17 of 26) felt this was a barrier to a small extent and 19.2% (5 of 26) felt it was a barrier to a great extent. This was also a key barrier mentioned by several of the interviewed practitioners (3/13).

To a lesser extent, competing priorities (7.4%, 2 of 27) and limited capacity (3.7%, 1 of 27) to deliver Triple P were also felt to be barriers to effective implementation. In interviews, for example, one practitioner mentioned difficulties with finding the time to catch up with parents who had missed sessions.

> *'One parent had shift work and couldn't get a change. She came in and did a one to one session to catch up. So that puts more time on staff to do catch up sessions with them. But we knew that was important before we went on to the third session' (practitioner interview, cluster 1, number 10).*

In relation to capacity issues, another barrier highlighted by one setting was the lack of space in which to hold the sessions and the difficulty to find a time that would suite all parents (1/13). However, 59.2% (16 of 27) of practitioners felt competing priorities and limited capacity were not barriers at all.

Figure 5: Barriers to the effective implementation of the Triple P programme



Responses are from 27 practitioners; 3 of 30 respondents did not respond to these questions.

According to survey data, other barriers that practitioners faced in delivering Triple P to parents included safeguarding issues (3.3%, 1 of 30), and the lack of availability of trained practitioners to deliver the sessions (6.6%, 2 of 30). Four practitioners (13%, 4 of 30) also mentioned the COVID-19 outbreak and the subsequent lockdown as well as social distancing measures introduced as obstacles to delivery. In interviews, some practitioners (2/13) perceived some parents' reaction to Triple P as a barrier in terms of the anxieties provoked from mention of a parenting programme.

In making arrangements to deliver Triple P sessions, most practitioners (88.9%**,** 24 of 27) agreed that they found it easy to schedule sessions with parents (14.8% strongly agreed; 74.0% agreed) and most practitioners (88.9%**,** 24 of 27) found it easy to find a suitable space for group face to face sessions (40.7% strongly agreed; 48.1% agreed). However, a few practitioners (11.1%, 3 of 27) did not find it easy to schedule Triple P sessions with parents and the same proportion also did not find it easy to find a suitable space for group face to face sessions.

Views among practitioners on the structure and format of Triple P sessions were generally very positive. Apart from the three practitioners that did not respond to the questions, all other practitioners either agreed or strongly agreed that the frequency of the sessions was adequate (48.1% strongly agreed; 51.9% agreed) and that the programme resources were appropriate for use with the selected parents (55.5% strongly agreed; 44.4% agreed).

When asked in interviews about the facilitators to the Triple P sessions, practitioners mentioned good communication between parents and practitioners (5/13), the mutual respect of the parents involved (3/13), and the helpfulness of Triple P resources (1/13; see section on Perceptions of the training and resources).

'They felt supported amongst the parents themselves' (practitioner interview, cluster 1, number 10).

'Inviting parents in to have a tea and coffee helped break down the barriers between school and home. We now have a really good relationship with those parents, who have found that they're not alone' (practitioner interview, cluster 3, number 1).

For some interviewees (3/22), a good relationship between practitioner and parent was already established prior to the programme as the school or nursery had come to know the families involved.

'The parents' relationship with us was good so they knew that we were administering it because we knew it would be good for the children' (practitioner interview, cluster 6, number 2).

Parents

In interviews, most parents did not indicate that anything prevented them from engaging in the Triple P programme. Work commitments of one or both parents (1/29) and health problems (1/29) were the only preventative factors mentioned by two parents when asked about their engagement with Triple P.

Usual practice

This section reports findings from the surveys to understand what constitutes usual practice with respect to structured programmes or activities for children or parents to improve the language or behavioural development of children in both intervention and control settings during the trial.

Overall, findings from the survey reveal that only a minority of settings in intervention and control settings were implementing other language or behavioural programmes in the early years during the trial.

To summarise:

- across both arms of the trial, most settings reported that they had not participated in programmes similar to Triple P; and
- for the minority of settings that had implemented language or behaviour programmes, it was most common for intervention practitioners to report that the main purpose was to improve the child's language or vocabulary and for control practitioners to report that the main purpose was to improve the child's spoken language ability.

Analysing intervention settings first, the majority of practitioners (81.5%, 22 of 27) reported that their setting had not paid for or taken part in other structured programmes or activities with a similar scope to Triple P. A minority (18.5%, 5 of 27) reported that their setting had taken part in such a programme or activity.[20] Of those five, the majority (4 of 5) reported that one other programme was available, while one practitioner indicated that two other programmes were available in their setting. The programmes mentioned were Talk of the town, Elklan Strategies, Early Talk Boost, and WellComm.

In control settings, the majority of practitioners (61.8%, 21 of 34) similarly reported that their setting had not taken part in any other structured programmes or activities with a similar scope to Triple P. In contrast to a small group of practitioners in the intervention group, around one-third of practitioners in control settings (32.4%, 11 of 34) indicated that at least one programme was available in their setting while a minority (5.9%, 2 of 34) indicated that they did not know. Comparatively, in interviews, many control practitioners (7/9) reported having either paid for or taken part in at least one specific programme or structured activity to improve the language or behavioural development of children in the early years during the academic year. In the survey, when asked how many programmes were available in their setting, three of these 11 practitioners reported that one was available, five reported that two were available, while three indicated that three programmes were available. Specific programmes mentioned by practitioners in these settings

[20] 10.0% (3 out of 30) of practitioners did not respond to this survey question.

included Letters and Sounds, Coastal School, Colourful Semantics, LEAP, Families Connect, Makaton, STORYING, Blast, WellComm, TalkBoost, NELI, Nursery Narrative, PECS, Forest School, and Time to Talk. In interview responses, Thrive and Ladywood were also mentioned by one practitioner (1/13). Some of these programmes (for example, Talk Boost and WellComm) were being administered among some schools in both intervention and control settings.

When asked to self-report the main purpose of these programmes in their own words, responses to the survey included language improvement, vocabulary improvement, improve sentence structure, develop intrinsic motivation and regulation of behaviour, use language to solve problems, strengthen the child's wellbeing, increase parental engagement, and emotional development. However, it was most common for intervention practitioners to report that the main purpose of the programme was to improve and develop the child's language or vocabulary**.** In interviews, one setting reported using a package aimed at assessing children's speech and language skills to decide on the level of the classes (1/9) and another one is regularly in contact with speech and language professionals (1/9). For two practitioners, this involved either working with local authorities on projects focusing on children's communication and wellbeing based on mindfulness and mental health or working with a behavioural support agency and an external language professional. In another control setting, there exists three different programmes targeting communication and language skills, vocabulary development, and parents' wellbeing (1/9). Some of these programmes were described by a few control practitioners as effective in improving children's language and behaviour (4/9). The need to provide teachers with training to ensure mutual understanding of the programme was raised by one interviewee as a limitation (1/9).

It was most common for the 11 practitioners who reported that their setting offered other programmes similar in scope to Triple P to indicate that these were delivered by internal early years practitioners (9 of 11). Just two practitioners mentioned external consultants (1 of 11) and a qualified Forest School leader (1 of 11) indicated that someone from outside of the setting had been employed to deliver these programmes. When asked about the duration of the other programmes available in their setting, control practitioners reported that they lasted between five and ten weeks (4 of 11) or longer than 20 weeks (6 of 11). Just one practitioner indicated that the programme(s) available in their school lasted 11 to 20 weeks. In terms of frequency of programme delivery, six of 11 practitioners indicated that the programmes were delivered once a week, while five of 11 reported that delivery occurred once a day.

In control settings, the most commonly mentioned purpose of these programmes was to improve the child's spoken language ability, although other purposes were mentioned as well, for example, behavioural purposes, wellbeing, and so forth. These programmes were mostly delivered by internal early years practitioners, tended to last between five and 20 weeks or more and were delivered once a week or once a day in some cases. Given that the aim of the Triple P programme was to improve children's expressive language and behavioural development, was delivered by internal early years practitioners, and took place on a weekly basis over an eight-week period, the programmes delivered in control settings were quite similar in scope and structure to the Triple P programme. Importantly, however, the IPE data collected from surveys showed no evidence of contamination within settings in the control arm of the trial.

Self-reported outcomes

Self-reported outcomes from the Triple P intervention indicate that:

- data from surveys and the parent-report SDQ suggest that positive changes had taken place in children's language ability and behaviour;
- parents perceived their behaviour across all measures to have changed in line with Triple P's aims, including reduction in stress, anxiety, and increases in positive parenting; and
- practitioners were more modest than parents in their reports of positive behaviour and language changes in children.

In the absence of an impact evaluation (see Changes to Evaluation), the evaluation sought to understand Triple P's impact by collecting perceptions from parents and practitioners via self-report. Measures collected by Triple P (see Data Collected by Triple P for more details) were also analysed to provide self-report indications of impact. These are discussed in turn below, focusing on children, parents, and practitioners.

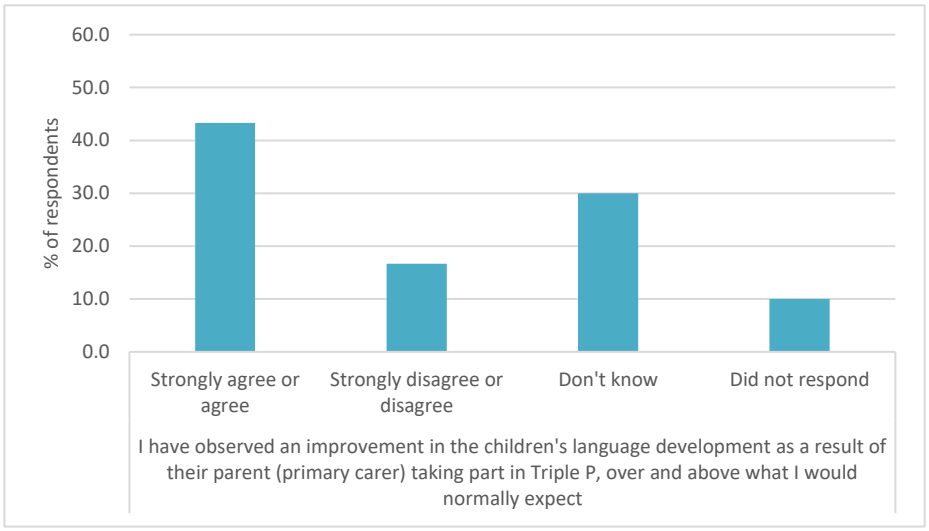
Children

In the surveys, practitioners in intervention settings were asked to report on the perceived outcomes of Triple P for the children whose families participated in the programme. Given the absence of impact data, perceptions on children's expressive language and behaviour were collected to understand how the programme might impact on outcomes.

Language ability

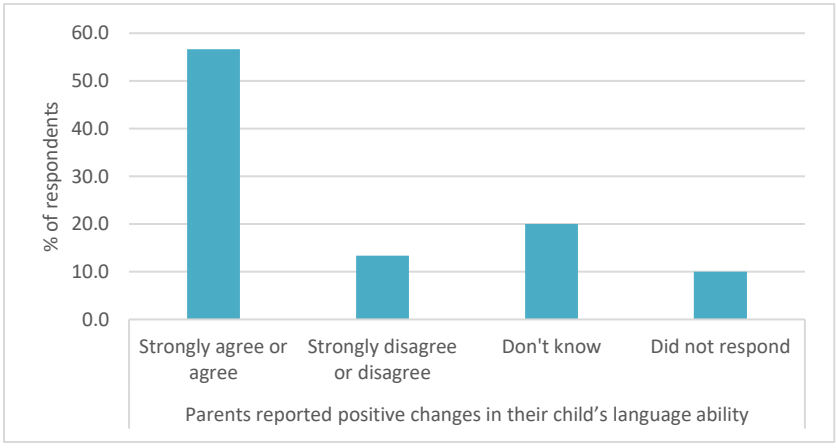
Practitioners were asked whether they had noticed an improvement in the children's language development as a result of their parent taking part in Triple P, over and above what they would normally expect (see Figure **6**). Importantly, 30% of practitioners (9 of 30) reported that they did not know whether this improvement had taken place. However, 43.3% (13 of 30) reported that they had observed an improvement while 16.6% (5 of 30) indicated they had not seen any improvement. Three practitioners did not respond to this survey question (10%,3 of 30).

Figure 6: Perceived outcomes of Triple P on children's language ability, as reported by the practitioner



Responses are from 27 practitioners.; 3 of 30 of practitioners did not respond to this survey question.

Figure 7: Perceived outcomes of Triple P on children's language ability as reported by parents to practitioners



Responses are from 27 practitioners.; 3 of 30 of practitioners did not respond to this survey question.

When asked whether parents had reported to them positive changes in their child's language ability (Figure **7**), the majority of practitioners (56.6%, 17 of 30) reported that parents had. Only a minority of practitioners disagreed with this (13.3%, 4 of 30), suggesting that it was uncommon for parents not to report improvements in their child's language ability as a result of participating in Triple P. One fifth of practitioners (6 of 30) did not know whether parents had reported improvements in their child's language ability or not.

Behaviour

Analysis of aggregate data from Triple P's usual pre-post assessment using the parent-report SDQ shows that, on average, parents who had taken part in Triple P reported that their child's behaviour had improved at the end of the programme compared to the beginning. Specifically, there were reductions in negative behaviours (emotional problems, conduct problems, hyperactivity, and peer problems) and gains in pro-social skills (Table **14**). This can be seen in Table **14** as a general reduction in scores—a reduction in difficulties—on the difficulties measures (emotional, conduct, hyper activity, peer relationships, and impact supplement) and increases in the pro-social skills. For more information on the SDQ measure see Data collected by Triple P UK.

Table 14: Difference between pre-test and post-test results for parent-report SDQ

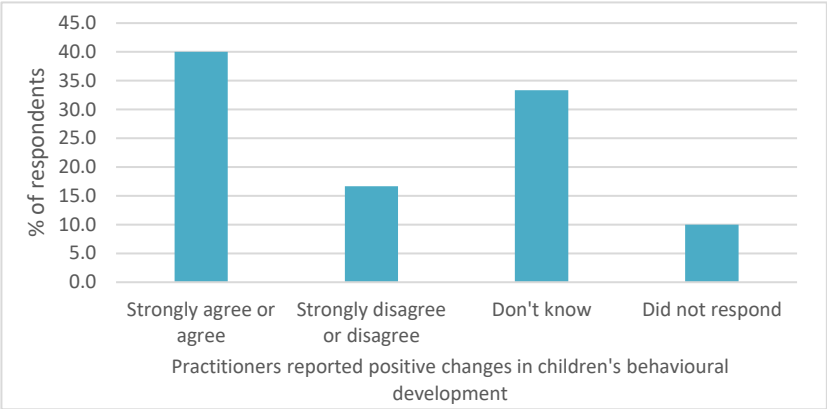
		Post-test mean score minus pre-test mean score							
		Emotional	Conduct	Hyper-activity	Peer relationships	Pro-social skills	Impact	Total difference (total post minus total pre)	Number of observations
	All cluster	-0.53	-1.02	-0.79	-0.68	0.41	-0.24	-3.02	106
	Cluster								
1	Newcastle 1	-0.23	-1.15	-1.77	-0.38	0.92	-0.15	-3.54	13
2	Wakefield	-0.34	-0.28	-0.19	-0.56	0.59	-0.06	-1.38	32
3	Manchester 1	-0.73	-1.27	-1.14	-0.95	0.55	0.18	-4.09	22
4	Newcastle 2	-0.20	-0.80	-1.20	-0.47	0.67	-0.60	-2.67	15
5	Preston	-1.00	-1.50	0.17	-0.83	-0.33	0.33	-3.17	6
6	Liverpool	-0.67	-1.11	-0.61	-0.89	0.06	-1.17	-3.28	18

Looking across clusters, variation is evident with some clusters evidencing greater magnitude of change on some subscales. For example, conduct scores show an overall reduction of parent self-report of externalising behaviour issues from beginning to end. However, there is quite a high degree of variation ranging from -0.28 to -1.50 (that is, reduction in negative behaviour). This suggests that the overall average scores compiled across the evaluation may have been driven by a few clusters and that there is a high degree of variation between clusters.

Overall, data from the parent report SDQ suggests that parents perceive their children to have responded in line with Triple P's aims, supporting the hypothesised outcomes in the theory of change. However, given the limitations of the data—the lack of a comparison group and data collected by setting practitioners and analysed by Triple P—there is a limit to the extent to which this data can be used to draw firm conclusions.

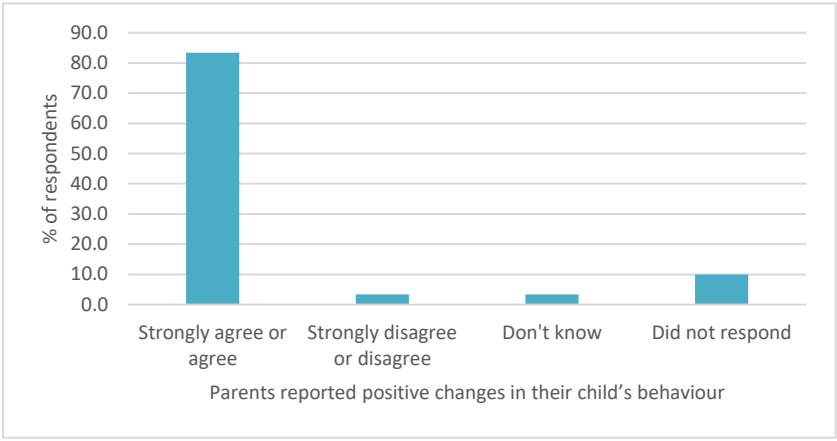
When practitioners were asked whether they had observed improvements in children's behavioural development as a result of parents taking part in Triple P, the majority (00%, 12 of 30) reported that they strongly agreed or agreed (Figure **8**). A third of practitioners did not know whether they had observed any improvements in children's behaviour as a result of parents taking part in Triple P (30.0%, 10 of 30), while only a minority of practitioners (16.6%, 5 of 30) disagreed with this.

Figure 8: Perceived outcomes of Triple P on children's behaviour, as reported by practitioners



Responses are from 27 practitioners; 3 of 30 of practitioners did not respond to this survey question.

Figure 9: Perceived outcomes of Triple P on children's behaviour, as reported by parents to practitioners



Responses are from 27 practitioners; 3 of 30 of practitioners did not respond to this survey question.

According to practitioners, parents participating in the programme were more unanimous in their assessment of the impact of Triple P on their child's behaviour (see Figure 9). The vast majority of practitioners (83.3%, 25 of 30 indicated that parents in their setting had reported positive changes in their child's behaviour. Just one practitioner indicated that they disagreed with this while one other practitioner did not know whether parents in their setting had reported positive changes in their child's behaviour or not.

Parents

The theory of change (Figure 1) predicts several positive outcomes for parents, including reduced depression, anxiety, and stress, improved responsiveness and positive parenting, and reduced family conflict. An exploration of these elements was conducted using pre- and post-test measurement data collected by Triple P and shared with the research team in aggregate form as well as responses collected via interviews with parents. These are discussed according to each outcome below.

Reduced depression, anxiety, and stress

Across all clusters, reduced parental depression, anxiety, and stress was in evidence—one of the main intermediate outcomes defined in the Triple P theory of change (see Figure 1). Data from the DASS-21 suggests that parents had benefitted from such reductions by the end of the programme compared to the beginning (Table **15**) in line with the ToC. This is indicated by the negative values between pre- and post-test.

Table 15: Difference between pre-test and post-test results for DASS-21

		Post-test mean score minus pre-test mean score			
		Depression	Anxiety	Stress	Number of observations
	All Clusters	-3.72	-2.52	-4.28	106
Cluster					
1	Newcastle 1	-5.69	-4.00	-7.69	13
2	Wakefield	-1.25	-1.56	-2.19	32
3	Manchester 1	-4.82	-2.82	-6.09	22
4	Newcastle 2	-0.80	-0.93	-2.93	15
5	Preston	-6.33	-1.67	-4.00	6
6	Liverpool	-3.44	-4.11	-2.78	18

However, given the limitations of the data—the lack of a comparison group and data collected by setting practitioners and analysed by Triple P—there is a limit to the extent to which this data can be used to draw firm conclusions.

Overall, there was some anecdotal evidence from interviews to suggest that participation in the Triple P programme had reduced stress and anxiety levels among parents. When asked about the effects that the programme had had on them personally, some parents did report feeling less reactive towards their child and calmer when dealing with behavioural problems (3/29). Others reported feeling more reflective about their parenting style (2/29) and less anxious about 'getting parenting right' (1/29).

Improved responsiveness and positive parenting

Improved responsiveness and positive parenting is another key intermediate outcome defined in the Triple P theory of change (see Figure 1). Data from the Parenting Scale suggests that parents had improved by the end of the programme compared to the beginning. This is indicated by the negative values between pre- and post-test, which indicate a trend towards a reduction in scores. Specifically, there are reductions in negative behaviours including laxness, over-reactivity, and hostility (see Table **16**).

Table 16: Difference between pre-test and post-test results for the Parenting Scale

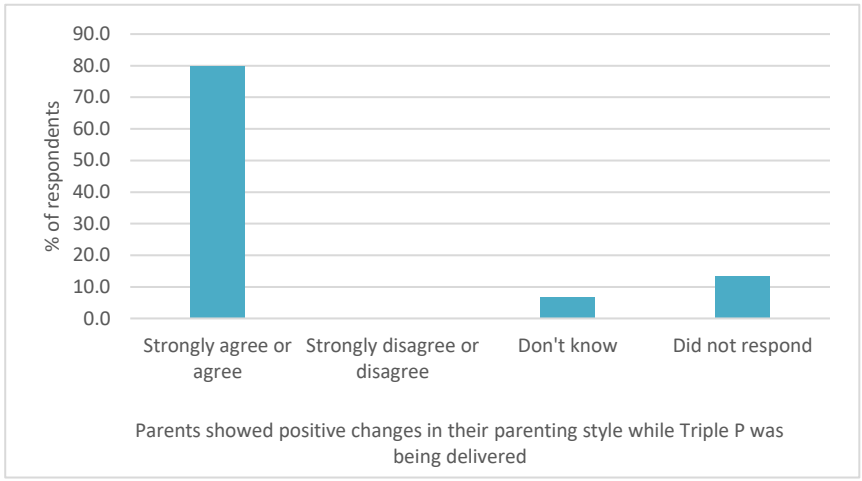
		Post-test mean score minus pre-test mean score			
		Laxness	Over-reactivity	Hostility	Total
	Average	-0.60	-0.54	-0.16	-0.47
Cluster					
1	Newcastle 1	-0.69	-0.63	-0.28	-0.46
2	Wakefield	-0.48	-0.58	-0.15	-0.37
3	Manchester 1	-0.87	-1.08	-0.33	-0.80
4	Newcastle 2	-0.52	-0.29	0.00	-0.38
5	Preston	-0.90	-0.27	-0.06	-0.62
6	Liverpool	-0.12	-0.41	-0.17	-0.19

This is predominately true across all clusters and suggests that parents perceive their behaviour to have changed in line with Triple P's aims of improving instances of positive parenting, supporting the hypothesised outcomes in the theory of change. However, given the limitations of the data—the lack of a comparison group and data collected by

setting practitioners and analysed by Triple P—there is a limit to the extent to which this data can be used to draw firm conclusions.

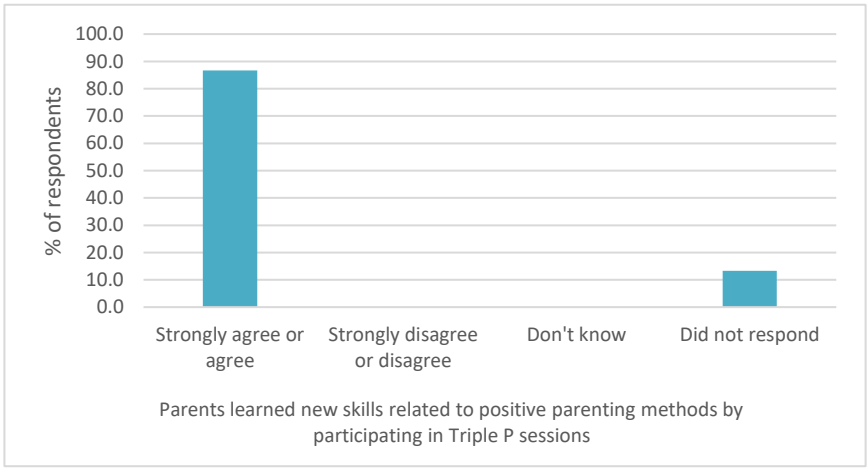
When asked whether they had observed any positive changes in the parenting styles of those that had participated in the Triple P programme, the vast majority (80.0%, 24 of 30) strongly agreed or agreed with this, while a minority did not know (6.0%, 2 of 30; see Figure 10). Small number of practitioners that participated in the survey did not respond to this question (13.33%, 4 out of 30).

Figure 10: Perceived outcome of Triple P on parents in terms of positives changes to their parenting style



Responses are from 26 practitioners.; 4 of 30 did not respond to this survey question.

Figure 11: Perceived outcome of Triple P on parents in terms of learning new parenting skills



Note: Responses are from 26 practitioners, 4 of 30 did not respond to this survey question
Views among practitioners around whether parents learned new skills related to positive parenting methods by taking part in Triple P were even more positive, with all practitioners who responded to this survey question (86.6%, 26 of 30 reporting that they strongly agreed or agreed with this (see

Figure **11**).

Reduced conflict in the family

Many control parent interviewees reported changed family relationships in the previous six months (5/12) though in many cases this was mainly a result of lockdown measures. For example, some reported closer sibling relationships (1/12) or closer relationships developing between parent and child (1/12)

As a result of the Triple P intervention, parents reported a range of family dynamics that had changed in the previous six months. One parent noticed their child had become more interactive and spent less time using an iPad (1/29). Others

mentioned how their partners took more responsibility for childcare through learning about Triple P techniques (2/29). A couple of parents (2/29) recounted siblings getting along more because of Triple P behaviour charts and communication strategies, and overall better relationships between parents and children.

Practitioners

The key outcome of Triple P for practitioners was greater efficiency in delivering parent interventions (see ToC). This was measured in interviews when practitioners were asked whether their experience with the programme has changed the way they work with children and families going forwards. Most practitioners did not comment in response to this question but of those who did, one described the intervention as having had a 'massive effect' on the school, in particular the behaviour policy (1/13) while another reported sharing the techniques they had learned with other teachers at the school (1/13). Others reported that Triple P had made them more reflective and open while speaking to parents (3/13). The continued use of Triple P resources was also highlighted by a couple of practitioners when answering this question (2/13)

Continuing with Triple P

When asked in the survey whether they would like to continue implementing Triple P sessions to families in the following academic year, 26 of 27 reported that they would, while just 1 of 27 reported that they would not.[21] Overall, then, findings from the survey indicate that the vast majority of practitioners would like to continue delivering the Triple P programme in the following academic year. Interestingly, only one practitioner interviewee mentioned that the headteacher and the senior leadership at their setting had plans to run Triple P again the following year, but this depended on the COVID-19 situation (1/13). This suggests a discrepancy between survey results and the views of those interviewed, though this may have been a random result of sampling.

Impact of COVID-19

When asked about the impact of the COVID-19 pandemic on parents, children, and settings, interview and survey findings suggest:

- the majority of settings remained open for children of key workers and vulnerable families, but parental uptake was mixed;
- settings faced a range of challenges, such as the increased cost of hygiene measures (for example, hand sanitisers and PPE), a reduction in the number of places they could offer, and the inability of state-run nurseries to access COVID-related government funding;
- settings offered a diverse range of online activities and resources to support families during the lockdown, but the take-up of these resources differed across settings and engagement by some was considered to be 'at an all-time low';
- some parents highlighted instances of behavioural regression among their children during the lockdown period, as well as feelings of anxiety about the pandemic and isolation from friends; and
- when asked about the impact of the pandemic on Triple P, the most commonly mentioned issue by intervention parents and practitioners was that they were not able to complete the final session(s) of the programme.

Considering the unexplored consequences of the pandemic, an additional research question about the impact of COVID-19 on families and settings was added to put IPE findings into context (RQ 7). Parents were asked about the

[21] 10.0% (3 out of 30) of practitioners did not respond to this survey question.

effects of the pandemic on themselves and their children, while practitioners were asked about the effects on their setting and the children under their care.

Impact of COVID-19 on settings

In interviews and surveys, practitioners in both intervention and control settings (22) were asked whether their setting remained open to key workers' children during the COVID-19 outbreak**.** The majority in intervention (83.3%, 25 of 30)[22] and control (91.2%, 31 of 34)[23] settings indicated that their setting did remain open for key worker children. Although many settings closed temporarily (17/22) during the initial lockdown period, some remained open for key worker children either all the time (4/22) or re-opened shortly after Easter (1/22). One setting was open to vulnerable families, but none of the Triple P families came forward to claim a place (1/22). One of the nurseries that closed in March offered to keep it open but there was no parental uptake (1/22). However, some of the settings were kept shut and switched to remote learning (2/22). When these setting reopened for all children to return, they reportedly did not have as many places on offer as usual (1/9).

Practitioners reported a number of issues related to their experience of educating children under social distancing and lockdown measures. They reported that engagement among parents since the lockdown was variable, with one survey respondent reporting that it had been 'at an all-time low'**.** For example, a couple of the interviewed practitioners remarked that online resources appeared to be used less and less by parents over time (1/22) and expressed concern that not all parents were confident in delivering the learning materials that had been supplied by the setting.

Interview findings also indicated that private nurseries had more funds for hygiene measures to prevent the spread of the virus whereas state-funded nurseries found it more challenging to fund hygiene measures, which in turn impacted the numbers of children able to return in September (2/22). Even though the government created a system for schools to claim back costs related to COVID-19 between March and July 2020, state-run nursery schools were excluded and could not make a claim in the same way that schools could (2/22). Another setting described facing challenges with staffing during the lockdown, which restricted the number of extracurricular activities that could take place (2/22).

Practitioner responses in the survey on the challenges of educating children during lockdown were mixed. One practitioner (1/30) noted that educating children about social distancing guidelines had gone well, and multiple practitioners (3/30) indicated that they had successfully created social distancing bubbles within their setting. However, one practitioner (1/30) reported that asking children to social distance 'has been very difficult/impossible'. In terms of children and their families, one practitioner (1/30) noted that children's progression in their setting was mixed: while some had shown strong progression, others had regressed during the imposition of lockdown measures. Views on the role of parents in facilitating distance learning during the COVID-19 outbreak were positive, with two practitioners (2/30) suggesting that they have been supportive and eager to share ideas with each other.

Impact of COVID-19 on families and children

A major consequence of the COVID-19 outbreak on parents was having their children at home while settings were closed during the lockdown period. Some of the interviewed parents in the intervention group (29) reflected on this positively, saying that it has allowed some of them to be more involved in parenting (3/29). Yet many other parents reported feeling more stressed and anxious as a result of the pandemic (6/29). Changes in daily routine were also mentioned several times as challenges faced by parents during the pandemic (5/29) as well as the struggles of home-schooling (3/29).

> *'A massive change was having the children at home since home-schooling was so new to them' (parent interview, cluster 1, number 24).*
>
> *'Everyone was stressed and anxious. I got a call from one of the practitioners, and it was good to talk to her' (parent interview, cluster 2, number 37).*

[22] 6.7% (2 out of 30) of practitioners in intervention settings reported that their setting did not remain open to key workers' children during the COVID-19 outbreak, while 10.0% (3 out of 30) did not respond to this question.
[23] 8.8% (3 out of 34) of practitioners in control settings reported that their setting did not remain open to key workers' children during the COVID-19 outbreak.

For children from both arms of the trial (40), the main issues related to COVID-19 included the impact of not being in school (1/40) or not interacting with other children (6/40), which resulted in confusion (2/40) and frustration (2/40). Many interviewees also mentioned the difficulties of their children not being able to see family members (3/40). Increased behavioural problems in children were exemplified by a couple of intervention parents. One interviewee, for example, noticed changes in her child after he was sent to a key worker nursery where he did not know the teachers or other children and this unhappiness caused him to misbehave in the classroom. This interviewee also observed her son killing insects as a means to 'kill the virus' and return to biting his sibling, behaviours the interviewee felt had been exacerbated by the pandemic (1/40). Two parents claimed their children developed separation anxiety after spending so much time with their family during lockdown. Other parents mentioned their child missing out on social interaction.

> *'His social skills and interaction with others have been missed out on' (parent interview, cluster 2, number 36).*
>
> *'I found out that he had missed interacting with children his own age' (parent interview, cluster 2, number 30).*

In terms of impact on parenting, interviewed parents described the period as both rewarding and challenging in the sense that the lockdown has allowed family members to spend more time together (4/40). Some interviewees even suggested that their children enjoyed staying at home (3/40). Another observed that, because of staying home more with siblings, their child had become more talkative (1/40) and another had witnessed their child evolve a greater sense of independence, that is, getting dressed alone (1/40).

However, the lockdown also required families to rethink their daily routine because of children being at home during school hours (2/11). A few interviewees mentioned that their children have been reluctant to learn in the home environment (3/11). Others cited academic regression (1/40) and behavioural problems (1/40) as consequences of the lockdown period. Additionally, general anxieties and frustrations about COVID-19 (2/40) and a lack of interaction with friends (2/40) were also highlighted by parents when asked about the impact of COVID-19 on their children. Only one parent said that there had been no effect of the pandemic on their child (1/40).

Support offered to families during the COVID-19 outbreak

All practitioners who responded in the intervention group survey (100%, 27 of 27) and the control group survey (97.1%, 33 of 34) reported that their setting had made resources available to parents in their setting to support home learning during the COVID-19 lockdown. Just one practitioner reported that their setting had not made any resources available. The findings from parent interviews concur with this insofar as almost all interviewees claimed to have had access to resources from their setting in order to support home learning, although the extent of this varied between settings. Two parents (2/29) mentioned receiving a lot of resources from their setting while a minority either received very little support with home learning or no support at all (4/29). One parent wished they would have received more feedback from the school about how they were doing with home schooling (1/29).

When asked to describe any support or resources provided to families during the COVID-19 lockdown, practitioners mentioned a wide range of support mechanisms and resources. In terms of resources, respondents mentioned delivery of home learning packs, provision of food vouchers, delivery of food parcels, delivery of activity packs, provision of online tools, resources, or portals for learning (for example, the Hub, SeeSaw), and provision of videos from practitioners. However, despite the range of resources for home learning that were provided, half (51.1%, 33 of 64) of practitioners indicated that parents had been engaging with these resources**.**

A number of approaches were used to provide support to families including regular phone calls, home visits, regular email contact, regular contact via text, and communication via social media platforms (such as via Facebook groups). In interviews, some parents indicated that their setting uploaded tasks and resources daily (5/29) or weekly (5/29). Workbooks were also provided in some cases (3/29) as well as videos sent from teachers (4/29). Many parents mentioned receiving support from settings via social media websites like Facebook (2/29) and Twitter (1/29). Moreover, a few parents took the initiative by preparing their own activities for their child (2/29) or sought resources from elsewhere, such as Joe Wick's popular YouTube PE lesson series (2/29).

Triple P during the COVID-19 outbreak

Practitioners in intervention settings were asked about their experience of delivering Triple P in light of the COVID-19 outbreak.

In interviews, most of the settings said they had delivered sessions one to seven prior to the outbreak. One of the settings continued with phone calls while working from home (1/13). At the time of the interview, most of them have not had the eighth session delivered (3/13). One of settings delivered session eight on the phone (1/13).

> *'We didn't get session eight delivered. And then we had real challenges with staffing and because of that we had very limited staff that could work with children so all clubs, interventions had to stop' (practitioner interview, cluster 1, number 3).*

> *'The parents were just organising their first activities at home but that just hasn't happened because of COVID-19 but they did get to practice in class. I'm still in touch with Triple P parents, though, but I don't think parents have been able to execute any activities that they planned to' (practitioner interview, cluster 2, number 13).*

When asked to provide any other information about delivering the Triple P programme in light of the COVID-19 outbreak, practitioners were mixed in their response. One stated that the programme had proved to be useful for parents during the lockdown, although another noted that parents had seemed to disengage from the programme during the lockdown. The most commonly mentioned issue in this context, however, was that settings were not able to complete the Triple P programme (mainly the last session) with parents but indicated that they were planning to do so when possible. Some interviewed practitioners (3/13) suggested that parents may have tried to use some of Triple P techniques while at home but acknowledged this was not always possible because of the circumstances.

Cost

This section discusses average costs of participation in, and implementation of, Level 4 Group Triple P. We estimate average marginal costs per pupil per year for intervention schools. The collection of cost data was achieved through the survey of practitioners at endline as well as information provided by the delivery team. As reported in the Implementation and Process Evaluation: Research Methods and Analysis section of this report, the analysis will focus on the following cost categories:

- *the cost of the four components of the intervention,* including the three-day training course, the one-day pre-accreditation workshop, the half-day accreditation workshop, and a one-day clinical workshop post-accreditation as well as related costs (for example, purchasing of Triple P Facilitator Kits);
- *prerequisite costs*—any resources already available in the setting that were required to implement Triple P;
- *the direct costs of staff time,* identifying separately the cost of new hires, supply staff, and any extensions made to the contract hours of teachers and TAs; and
- *any additional (unpaid) staff time* supporting the delivery of Triple P as reported by practitioners.

To accurately estimate the costs of delivering the Level 4 Group Triple P programme per pupil per setting, it is important to establish the number of pupils per setting based on the sample of settings that took part in the trial. According to data used for the baseline equivalence, on average, there were nine participating pupils per setting (ranging from 4 to 13). We also assumed that practitioners trained in Triple P would stay at the school for three years (that is, no staff changeover). Using this information, Table **17** shows the cumulative costs of implementing Level 4 Group Triple P over three years, while Table **18** provides a breakdown of the costs associated with the different components of the programme—training courses, Facilitator Kit, access to the Triple P Provider Network, and programme resources for parents.

Table 17: Cumulative costs of Level 4 Group Triple P (assuming delivery over three years)

	Year 1	Year 2	Year 3
Level 4 Group Triple P	£3,469.38	£3,469.38	£3,469.38

The total estimated cumulative cost of delivering Level 4 Group Triple P over a three-year period (excluding additional costs incurred by some settings) is £3,469.38 per setting. This equates to a cost of £128.50 per pupil per year over a three-year period, with costs primarily comprised of the cost of the training courses, provision of the Triple P Facilitator Kits, and access to the Triple P Network, which is estimated to cost £3,340 per two practitioners in a setting (£123.70 per pupil per year). According to the EEFs cost rating (see Appendix A) this is considered a low-cost intervention.

Table 18: Cost of delivering Level 4 Group Triple P—costs incurred by all settings

Item	Type of cost	Cost	Total cost over 3 years	Total cost per pupil per year over 3 years
Costs incurred by all settings				
Triple P three-day training course Triple P half-day accreditation workshop	Start-up costs per two practitioners	£3,340 (incl. VAT)[24]	£3,340	(£3,340/9/3) ≈ £123.70

[24] Price valid until March 2021

Practitioner resources (e.g. Triple P Facilitator Kit) Access to the Triple P Provider Network				
Programme resources for parents: 'Every Parent's Group Workbook' (10 workbooks per pack)	Start-up cost per setting	£129.38 (incl. postage)[25]	£129.38	(£129.38/9/3) ≈ £4.79
Total costs incurred by all schools			£3,469.38	(£3,469.38/9/3) ≈ £128.50

When additional costs not incurred by all schools are included in the estimate, the cumulative cost of delivery over a three-year period is £5,078 per setting or £188 per pupil per year. According to EEFs cost rating (see Appendix A) even with the additional costs, this would still be considered a low-cost intervention.

Table 19: Cost of delivering Level 4 Group Triple P—including additional costs incurred by some settings

Additional costs—not incurred by all schools				
Additional resources (e.g. laptops/PCs, projectors, stationary, phones, tables, chairs)	Start-up cost per setting	£498.78 (range £10–£5,000)	£498.78	(£498.78/9/3) ≈ £18.47
Travel costs for staff to attend Triple P training activities	Direct costs of staff time	£59.62 (range £15–£150)	£59.62	(£59.62/9/3) ≈ £2.20
Supply cover for staff to attending Triple P training activities	Direct costs of staff time	£628.40 (range £100–£1,500)	£628.40	(£628.40/9/3) ≈ £23.27
Other provisions for staff to attend Triple P training activities (e.g. accommodation, meal allowance)	Direct costs of staff time	£100.00	£100.00	(£100.00/9/3) ≈ £3.70
Prizes and refreshments for Triple P sessions	Recurring cost per setting	£27.36 (range £10–£50)	(£27.36*3) ≈ £82.08	(£82.08/9/3) ≈ £3.04
Childcare for parents while attending Triple P sessions (reported once)	Recurring cost per setting	£80.00	(£80.00*3) ≈ £240.00	(£240.00/9/3) ≈ £8.89
Total additional costs (average) incurred by some schools			£1,608.88	(£1,608.88/9/3) ≈ £59.59
Total core costs incurred by all schools			£3,469.38	(£3,469.38/9/3) ≈ £128.50
Total: core costs plus additional costs			£5,078.26	(£5,078.26/9/3) ≈ £188.08

[25] Price valid until March 2021.

Costs of staff time

In total, practitioners in intervention settings were expected to spend five days training to deliver Triple P. During delivery, eight weekly sessions were scheduled, although the section on the Impact of COVID-19 on settings has shown that in some settings session eight was not delivered due to the introduction of lockdown measures. Five of these sessions were planned as face to face group sessions lasting approximately two hours, while the other three were one to one practical and personalised telephone consultations lasting 15–30 minutes. If parents missed one of the first four sessions, practitioners were instructed to schedule individual catch-up sessions. Overall, then, it is likely that delivering the Triple P programme would have placed some increased strain on staff time as well as any additional time required to plan and deliver Triple P. This may result in settings incurring costs by providing cover for practitioners or perhaps having to hire new staff.

Indeed, results from the practitioner survey highlighted that it was common for settings to hire new staff to support the introduction and delivery of Triple P. While just over one-quarter of practitioners responding to the survey (26.7%, 8 of 30) indicated that they did not hire any staff to support delivery of the programme, 46.6% (14 of 30) indicated that their setting had paid for support staff. Within this, 13.3% (4 of 30) indicated that ten hours or less of cover was paid for,[26] while 33.3% (10 of 30) indicated that more than ten hours of cover was paid for (ranging from 12–100 hours).[27] [28]

Taking staff costs from training specifically into consideration, results from the practitioner survey highlighted that it was common for practitioners to spend at least one working day per month in formal training activities as well as additional time that staff spent on training in their own time. Indeed, 22.2% of practitioners (6 of 27) estimated that they spent ten hours or less per month undertaking training, with estimates ranging from 5–10 training hours; [29] 22.2% (6 of 27) estimated that they spent more than ten hours with estimates ranging from 14–56 hours.[30] [31]

Relatively similar results were obtained from the survey when considering the time that practitioners spent on delivery per month. Findings indicated that almost half of the surveyed practitioners spent at least half a day; one-third reported spending at least one and a half days: 15.4% (4 of 26) reported spending less than ten hours monthly on delivery, with estimates ranging from 4–9 hours;[32] one-third (38.5%, 10 of 26) estimated that they spent more than ten hours, ranging between 12–100 hours.[33] [34]

When asked to consider the impact on their workload, the majority of practitioners reported working more as a result of implementing the programme; 69.2% (18 of 26) reported working more hours per month while, importantly, no practitioners reported working less. However, 34.6% (9 of 26) indicated that delivering Triple P had not impacted their workload at all.[35] Among those who reported working more, half (9 of 18) indicated that they worked an additional 1–4 hours per month while 22.2% (4 of 18) reported working an additional 5–8 hours per month. Just 5.6% of practitioners (1 of 18) indicated that they worked an additional 9–12 hours while 22.2% (4 of 18) reported working an additional 13–16 hours. Overall, then, while it was most common for practitioners to report working one additional day or less per month as a result of delivering Triple P, some practitioners spent up to two additional days.

Finally, results from the practitioners' survey indicate that it was common for other staff members to invest time supporting activities related to Triple P—particularly teaching assistants and other practitioners: 15.4% (4 of 26) of practitioners reported that TAs had spent additional hours supporting the delivery of Triple P, with estimates ranging from 5–20 hours per month.[36] A further 10.0% (3 of 30) of practitioners indicated that other practitioners had spent time

[26] All survey responses here include: 5 hours; 8 hours; 10 hours (x2).
[27] All survey responses here include: 12 hours (x2); 15 hours; 16 hours; 30 hours (x2); 35 hours; 40 hours; 50 hours; 100 hours.
[28] 3.3% (1 out of 30) of practitioners reported that they did not now how many hours of cover has been paid for, while 23.3% (7 out of 30) practitioners did not respond to this question.
[29] All survey responses here include: 8 hours (x2); 10 hours (x3).
[30] All survey responses here include: 14 hours; 18 hours; 20 hours (x2); 25 hours; 56 hours.
[31] 50.0% (15 out of 30) of practitioners were not sure/unable to estimate how many training hours per month they spent during the programme, while 10.0% (3 out of 30) did not respond to this question.
[32] All survey responses here include: 4 hours; 8 hours; 9 hours (x2).
[33] All survey responses here include: 12 hours; 12.5 hours; 14 hours; 15 hours (x2); 16 hours; 18 hours (x2); 30 hours; 100 hours.
[34] 40.0% (12 out of 30) of practitioners were not sure/unable to estimate how many hours they spent delivering the programme, while 13.3% (4 out of 30) did not respond to this question.
[35] 10.0% (3 out of 30) did not respond to this question.
[36] All survey responses here include: 5 hours; 8 hours; 14.5 hours; 20 hours.

supporting activities related to Triple P, ranging from 10–25 hours.[37] Finally, one practitioner apiece reported that the following staff members spent time supporting Triple P activities: welfare assistant (24 hours per month); learning mentor (four hours per month), and childcare manager (eight hours per month).

Additional costs

Practitioners in intervention settings were asked to self-report any prerequisite, start-up, training, and other additional implementation costs incurred as a result of the Triple P programme. In terms of prerequisite costs, it was most common that one or more laptops or PCs and a projector or interactive screen were required to deliver the programme. Indeed, 60.0% (18 of 30) practitioners reported that they required one or more laptops/PCs, with cost estimates ranging from £100–£500+.[38] Just over half of practitioners (53.3%, 16 of 30) also reported that they required a projector/interactive screen with cost estimates ranging from £100–£5,000.[39] Other prerequisite costs mentioned by practitioners included stationary/office supplies (20.0%, 6 of 30; cost estimates ranging between £20–£100),[40] mobile phones (10.0%, 3 of 30; £50–£100+),[41] tables and chairs (6.7%, 2 of 30; £250–£500), refreshments (6.7%, 2 of 30; £30–£50+), a printer (3.3%, 1 of 30; £100+), and speakers (3.3%, 1 of 30; £20).

In terms of start-up costs, practitioners reported a number of different sources of costs, although none were widely mentioned across the surveyed respondents. Start-up costs mentioned by practitioners included refreshments (13.3%, 4 of 30; cost estimates ranged between £20-£30),[42] supply cover for staff to attending training (10.0%, 3 of 30; £500–£1,500),[43] prizes (10.0%, 3 of 30; £21–£30);[44] postage services (6.7%, 2 of 30; £10 each), printer (3.3%, 1 of 30; £100+), computer (3.3%, 1 of 30; £500+), and TV (3.3%, 1 of 30; £300+).

When asked to report on the additional costs tied to Triple P training activities, the most commonly mentioned cost was travel to training events. Indeed, almost half (46.7%, 14 of 30) of practitioners reported that their setting incurred travel costs related to training, with estimates ranging from £15–£150.[45] Almost a quarter (23.3%, 7 of 30) reported that their setting had paid for cover for staff to attend training (£100–£810).[46] Refreshments were also mentioned by 10.0% of practitioners (3 of 30), although no cost estimates were provided here. Accommodation to attend training was mentioned by 6.7% (2 of 30) of surveyed practitioners, with a single cost of estimate of £100+ provided. Finally, one surveyed practitioner (3.3%) mentioned that a meal allowance was a training cost incurred by the setting, with the estimated cost being £100+.

Finally, two additional implementation costs were mentioned by a small number of practitioners: provision of refreshments and childcare. Two practitioners (6.7%) reported refreshments as an additional cost, with the estimates of these costs being £10 and £20. Finally, one practitioner (3.3%) reported that childcare was an additional implementation cost incurred by the setting, with the estimated cost being £80.

[37] All survey responses here include: 10 hours; 25 hours; do not know/can't estimate.
[38] All survey responses here include: £100–£500 (x3); £200; £300 (x4); £400; £500+ (x5); Don't know (x4).
[39] All survey responses here include: £100-£500 (x2); £300; £400; £500+ (x4); £5,000 (x2); Don't know (x6).
[40] All survey responses here include: £0-£99; £20 (x3); £50; £100.
[41] All survey responses here include: £50; £100+; Don't know.
[42] All survey responses here include: £20; £30 (x3).
[43] All survey responses here include: £500+ (x2); £1,500.
[44] All survey responses here include: £21; £30 (x2).
[45] All survey responses here include: £15; £20 (x3); £30 (x3); £50; £90; £100+ (x2); £120; £150; Don't know.
[46] All survey responses here include: £100+; £370; £500; £504; £750 (x2); £810.

Conclusion

Key conclusions
1. For the most part, Triple P was delivered as intended and was well received by parents and nursery staff, although recruitment of parents and parental attendance at sessions were lower than planned (average attendance of 4.8 out of eight sessions).
2. Parents reported improvements in child behaviour and reductions in parental anxiety and stress. This was corroborated by nursery staff who perceived positive changes in children's language and behaviour, though practitioners were more modest in their reports compared to parents. However, the absence of a control group and the fact that parent data was collected by setting practitioners then scored and reported by the delivery team significantly limits the extent to which positive outcomes can be ascribed to Triple P alone.
3. The training, resources, and support for staff delivering the programme, as well as the resources for parents, were well-received, and nursery staff's open and honest approach was seen as a crucial condition of successful delivery.
4. Recruitment of parents into Triple P needs to be considered sensitively and requires approaches that avoid stigmatisation. This would need to be considered for future evaluations or successful roll-out.

Fidelity

Findings from a variety of sources suggest that Triple P was implemented as intended with high compliance at training and the majority of sessions delivered. Settings were unable to deliver the final face to face sessions due to closures on account of COVID-19, however, most practitioners reported being able to deliver these sessions via phone.

The children selected to take part in Triple P were appropriate, with either language difficulties or low social, emotional, and behavioural development. It should also be noted that while family recruitment was felt by most practitioners to be appropriate, a significant number indicated that there was a greater number of children whose parents might have benefitted from Triple P. This suggests that a future evaluation of Triple P may want to consider offering the programme to a wider variety of parents, thus increasing potential impact and reducing stigma of participation. However, this would need to be balanced by the need to generate useful results on the target population of interest to the EEF. It is clear that one barrier to implementation is parents' perceptions and the stigma of being labelled a bad parent (see below).

Barriers, facilitators, and conditions needed to make Triple P succeed

The evaluation suggests that key inputs and outputs as delivered in the trial are acceptable to settings. The majority of practitioners found the training and resources very helpful in preparing them to deliver the Triple P sessions. Triple P parents also perceived the resources as useful, with the manual singled out as being most valuable.

Parents and practitioners were, overall, positive and could see how the programme might benefit them, however, many parents were worried about being stigmatised as bad parents as well as not being familiar with others in the group. This is a critical barrier, mentioned by many parent interviewees. Findings suggest that the stigma of being asked to attend a parenting course made some parents feel that their parenting skills were being questioned. Sensitivities surrounding the recruitment of parents into parenting courses is well-documented (Brown et al., 2012). These findings, coupled with low recruitment at the start of this trial, suggest that more could be done to ensure families are not stigmatised by their involvement in Triple P or any other parenting programme, though there are no clear, one-size-fits-all solutions (Husain et al., 2018).

The most frequently reported barrier hindering delivery fidelity was the unprecedented COVID-19 outbreak, which resulted in the cancellation of one or more of the final sessions. However, prior to the pandemic, poor attendance and last-minute cancellations from parents also impacted implementation of Triple P with parents attending fewer sessions, on average, than intended. Low attendance at sessions is typical of parenting interventions, with drop-out varying between 20% and 80% (Ingoldsby, 2010) though difficulties engaging parents can be overcome by addressing practical barriers such as location and timing, supporting parents' readiness to change, and strong initial engagement followed by continued support (Brown et al., 2012).

Necessary conditions for success of the programme in terms of achieving impact

Interestingly, our evaluation found a potential mediating factor to be practitioner openness, with many parent interviewees indicating that the practitioners' open and honest style of delivery was a crucial condition of the success of the Triple P programme. This is in line with previous findings that a skilled workforce is essential to the achievement of outcomes in parenting programmes (Brown et al., 2012) and suggests that guidance on practitioner selection, or adding an element on practitioner skill development to training, may be beneficial to intended outcomes.

Another element that could impact on the success of the intervention, particularly on language outcomes, is the communication tip sheet. In this evaluation it was reported to be used less often than had been intended. It should be noted that while tip sheets are used to supplement usual Triple P practice, the communication tip sheet was updated explicitly for this evaluation. Given the lack of engagement with the sheet, further refinements need to be made to the programme to improve use of the sheets.

Usual practice

For the purposes of this evaluation, usual practice was explored by looking at the context of what settings were doing instead of delivering Triple P (in control settings) or alongside Triple P (in intervention schools). This gave an understanding of context and helped us understand what elements are in place that might facilitate delivery of the programme as well as an understanding of how active settings are in terms of establishing the counterfactual. We also report on 'contamination', in other words, whether the control schools accessed Triple P resources. We do not have systematic data across all settings but, based on the collected data, we can conclude that 'usual practice' in both control and intervention settings was similar in terms of the use of other language programmes; we may conclude that the situation in both arms of the trial was comparable. Importantly, the surveys showed no evidence of potential contamination.

Triple P in the COVID-19-affected environment

To further contextualise findings, we explored the impact of COVID-19 on children as well as on Triple P delivery. Practitioners reported there were some significant challenges for the settings and barriers to achieving the completion of the programme in light of the COVID-19 pandemic and following government guidance on lockdown. The impact included a forced extended gap between sessions seven and eight, including changes from face to face to remote delivery. When asked about the impact of the pandemic on children, some parents highlighted instances of behavioural regression among their children during the lockdown period, as well as feelings of anxiety about the pandemic and isolation from friends. Nonetheless, these views were not uniformly held, with some parents reporting benefits because of children being home. Based on the views collected in the intervention and control groups, it seems reasonable to infer that the impact of COVID-19 was similar across all settings.

Perceived changes in children's expressive language and behavioural outcomes

Due to difficulties encountered—including low initial recruitment and cancellation of independent outcome testing due to COVID-19 restrictions—the impact evaluation element of this evaluation had to be forgone. However, pre and post data collected from Triple P suggests that parents made improvements across all key outcomes described in the ToC, including reductions in stress, anxiety, and depression and increases in positive parenting. A positive impact on child outcomes was also observed via reduction in problem behaviours as measured by the parent-report SQD collected by setting practitioners and analysed by Triple P pre and post intervention. These findings are further supported by parents and practitioners who suggested in surveys and interviews that positive changes had taken place in children's language ability and behaviour, though practitioners were more modest than parents in their reports of positive behaviour and language changes in children. Of course, while these findings indicate impact in line with Triple P's aims, the absence of a counterfactual limits the extent to which this can be ascribed to Triple P alone.

Limitations and lessons learned

While this evaluation provides support to suggest that implementation was, by-and-large, successful and was well received by parents and practitioners, evidence on impact is limited by the rescoped design. Without a counterfactual it is difficult to conclude the extent to which changes in parents and children were caused by Triple P alone. While there are initial indications that there was impact on parents and children, because these come from data collected by a small number of practitioners, and via their perceptions, there is a limit to how independent and objective they may be. The

findings build upon evidence provided only by those settings and families that engaged in the surveys or interviews. Not all settings provided evidence as to the use of Triple P or in relation to the use of other similar programmes. Higher response rates would have allowed for more definitive conclusions.

In terms of lessons learned, recruitment into parenting programmes is an issue—one that has been experienced across EEF trials (Hussain et al., 2018). Given the difficulties in recruiting settings, it may be that future studies would consider approaches to mitigate against low recruitment, either by adopting a multi-year approach (that is, with settings being recruited across a number of years) or using individual randomisation.

Future research and publications

- Given the relatively successful implementation during the evaluation and the fact that Triple P was well received, we suggest that there is merit in conducting a trial of Triple P, though we acknowledge that some elements of Triple P, namely recruitment and the Triple P communication tip sheet, would need to be revised.
- Based on reports from parents, the role of practitioner skill in the delivery of successful parenting programmes seems particularly important. Understanding the role of practitioner skills, how it works in practice, and its impact on outcomes would be most beneficial.
- Finally, in any future research involving parenting programmes we propose that evaluators and delivery teams carefully consider how parents are recruited into the project to reduce stigma and support recruitment. It would also be beneficial to understand the extent to which practitioners on similar programmes are able to address practical barriers—such as location and timing—and support parents' readiness to change.

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Appendix A: EEF cost rating

Figure 12: Cost Rating

Cost rating	Description
£ £ £ £ £	*Very low:* less than £80 per pupil per year.
£ £ £ £ £	*Low:* up to about £200 per pupil per year.
£ £ £ £ £	*Moderate:* up to about £700 per pupil per year.
£ £ £ £ £	*High:* up to £1,200 per pupil per year.
£ £ £ £ £	*Very high:* over £1,200 per pupil per year.

Appendix B: Memorandum of Understanding

Memorandum of Understanding (MOU): ***Agreement to participate in the Evaluation of Level 4 Group Triple P***

Please complete the information in all of the boxes below, then sign and return this MOU electronically to: eeftrial@triplep.net

BOX 1: SETTING AND MANAGER OF EARLY YEARS SETTING CONTACT DETAILS

Setting Name: ……

Setting Address line 1: ……

Setting Address line 2: ……

Postcode: ……

Setting Telephone: ……

Manager of early years setting: ……

Headteacher email address: ……

BOX 2: INFORMATION ABOUT EARLY YEARS SETTING AND NOMINATED TEACHER/SENIOR EARLY YEARS WORKERS (TWO PER SETTING)

Nominated early years teacher/practitioner (1): ……

Email address of nominated member of staff (1): ……

Nominated early years teacher/practitioner (2): ……

Email address of nominated member of staff (2): ……

(Please update the Triple P UK team if either teacher/early years practitioner is replaced.)

BOX 3: SETTING AGREEMENT TO:

- **On behalf of the setting we commit** to the implementation and evaluation of the *Level 4 Group Triple P parenting programme* as described below.

- **On behalf of the setting we agree** to the terms set out in this MOU between the **setting, Triple P UK Ltd and RAND Europe Community Interest Company.**

- In doing so we **understand** and **accept** that the current Triple P evaluation is a randomised controlled trial, which means our setting may not receive Triple P, but we will still engage in research activities.

- We **understand** and **accept** that the setting is not officially part of the study until the requested pupil data has been sent to the Evaluation Team.

Manager of early years setting name: ……

Manager of early years setting signature: ……

Authorised signatory of early years setting name: ……

Authorised signatory of early years setting signature: ……..

Date: ……

STUDY BACKGROUND, AIMS AND DESCRIPTION

The information is for early years settings wishing to take part in the Level 4 Group Triple P research and evaluation project in the 2019/2020 academic year. Level 4 Group Triple P is a positive parenting programme that helps parents promote their children's development and manage misbehaviour. Level 4 Group Triple P is widely used internationally and has been shown over several randomised studies to lead to improvements in children's social, emotional and behavioural outcomes. Triple P is also expected to improve children's language development and this is the first randomised evaluation to assess the programme effects on language. Level 4 Group Triple P is rated highly by the Early Intervention Foundation and is part of a suite of interventions from the Triple P – Positive Parenting Program®, which as a whole is the highest rated family skills training programme by one of UN agencies.[47]

The aim of the trial is to evaluate the effects of Level 4 Group Triple P on children's language outcomes. The results will make an important contribution to understanding the effects of parenting on children's language development. By participating in the trial, settings contribute to furthering our knowledge of strategies for supporting parents to promote children's behavioural and language outcomes, helping children to be ready for school. The Level 4 Group Triple P programme will be led by Triple P UK Ltd (the Delivery team). PLMR will be promoting the study and helping to engage settings during recruitment under the management of Triple P UK Ltd. PLMR is a communications consultancy in the UK. The trial will be independently evaluated by RAND Europe (the Evaluation Team).[48] RAND Europe is an independent not-for-profit research institute whose mission is to help improve policy and decision making through research and analysis. Testing of children will be conducted by Elklan, a network of professional speech and language therapists. The Triple P – Positive Parenting Program® is one of the world's most extensively evaluated parenting interventions. It has a strong evidence base, which clearly shows its impact through more than 300 evaluations, demonstrating that its programmes can improve child, family and community functioning. The project is funded by the Education Endowment Foundation (EEF), the UK Department for Education (DfE) and SHINE Trust.[49]

The evaluation of Level 4 Group Triple P is a 'randomised controlled trial' (RCT). This means half the settings, chosen at random within each region the trial is operating in, will take part in the intervention and will implement Level 4 Group Triple P. These are the *Intervention Settings.* The parenting programme will consist of four group sessions, followed by three telephone sessions and one more group session. The other half of the settings will not receive the intervention but will participate in testing child outcomes. These are the *Control Settings*. Once the course of Level 4 Group Triple P is completed, outcomes from children in the Intervention Settings will be compared to those in the Control Settings to find out whether the intervention has made a measurable difference. As such, both Intervention and Control Settings are vital to the evaluation. The random allocation of schools by RAND Europe is integral to the evaluation design. It is important settings understand and commit to the random allocation process, meaning each setting may or may not be allocated to Level 4 Group Triple P.

RAND Europe will evaluate the effect of the intervention on children's language outcomes in the academic year 2019/2020 through independent testing conducted by Elklan. In addition, RAND will collect data on programme outcomes and implementation from parents and setting staff.

There is no charge to take part for either intervention or control settings. Control settings will receive a payment of £750 that will be made on 30th Sept 2020 or once post-programme testing is completed, whichever is sooner. Intervention settings will receive full training and accreditation for two staff, including a package of support for delivery, in Level 4 Group Triple P. This package is normally worth approximately £3,500 per site for two people.

WHAT DO SETTINGS NEED TO DO TO PARTICIPATE?

Before randomisation, all settings will identify 12 eligible parents willing to take part. The children of those parents in your setting will be the 12 trial children. All settings will collect basic information about the trial parents and children, including parent phone numbers, and complete a questionnaire about the child's current 'strengths and difficulties'. Without this information, it is impossible to include individuals in this trial.

[47] www.unodc.org/documents/prevention/family-compilation.pdf
[48] www.rand.org/randeurope/research/education.html
[49] www.educationendowmentfoundation.org.uk/projects-and-evaluation/projects/level-4-group-triple-p-positive-parenting-program

Parents of selected children will need to sign up for the Level 4 Group Triple P delivery, and only children whose parents have agreed to take part in that delivery will be included in the study measurement in the Summer Term. Parents need to opt in to sign up to the Level 4 Group Programme (they are agreeing to take part in the sessions). Parents can choose to withdraw their children from the study at any point, their data will not be collected or will be deleted, as appropriate (see Privacy Notice). The following families are those eligible for the programme:

Selection for children:

- Children aged 3-4 years, attending the EEF trial setting.

Then any of the following:

- Teacher concern around a child's language / communication delay.
- Teacher or parental concern about a child's behavioural, emotional or social development.
- Indicator of increased vulnerability such as family social disadvantage, financial stress, housing insecurity, adverse life events.

Selection for parents:

- Parents providing direct care with the identified child.
- Parents are able to communicate effectively in English.
- Parents available and willing to attend an 8-week programme in Spring Term of 2020.
- Parent has not attended Triple P or Incredible Years parenting programme since January 2018.

The Strengths and Difficulties Questionnaire Teacher version (SDQ-T) is routinely used as a screening tool and will be administered by teachers/early years practitioners within the chosen settings.

PROJECT TIMELINE AND ACTIVITIES

Academic year 2018-19		
All settings	3rd to 7th June 2019	**Triple P UK will hold Trial Briefing Events for Head Teachers / Management**. Teacher contacts will be held by Triple P UK whilst the recruitment process is ongoing and will be transferred to the Evaluation Team after this point. The Briefings will provide an overview of the project; commitments as a setting as per MOU; Practitioner selection process including training dates; parent recruitment process and timeline, and guidance how to complete the questionnaire about the target children.
All settings	29th June 2019	**Settings return signed MOUs & nominate two staff members to undertake Triple P training** and associated events, based on the criteria provided by Triple P UK. These staff will need to be released by the setting, to attend all the dates associated with their cohort (briefing, training dates, clinical workshops, accreditation, and supervision). *The total training commitment is six days*.
All settings	1st – 16th July 2019	**Selection of facilitators:** A short telephone interview will take place with the nominated staff (two per setting) to support the selection process (12 days). Practitioners will need to be assigned to a specific cohort with dates for programme activities, so they can arrange cover, in case they are allocated to the intervention group.
Academic year 2019-20		
All settings	1st September – 4th October 2019	**Recruitment and baseline data collection:** • Settings receive Triple P Stay Positive leaflets and flyers • Teachers select up to 12 children and parents willing to take place in Level 4 Group Triple P programme. The eligibility criteria supplied at the summer term Briefing Events and a baseline screening measure, the SDQ-T, will support the identification of children as appropriate for Level 4 Group Triple P. • Settings are included in the trial after providing baseline data (by 4th Oct).
Evaluation Team	20th October 2019	RAND randomly allocates settings to either Control or Intervention.
Intervention settings	23rd October 2019 (or earlier if randomisation earlier)	• **Triple P Implementation planning is finalised with intervention settings:** Settings/Practitioners are confirmed as being in the intervention group and invites / confirmations sent to staff nominated as Triple P Facilitators for briefings and training.
Intervention settings	November 4th – 8th 2019	• **Setting Practitioner Briefings** by Triple P. Each practitioner will be allocated / choose to attend ½ day out of the sessions on offer (9.00am – 12:30pm or 1:30pm – 5.00pm)
Intervention settings	18th – 20th November 2019 *or* 25th – 27th November 2019 *or* 2nd – 4th December 2019	**Practitioner training and accreditation** • Practitioners will each attend a three-day training course, one day pre-accreditation workshop designed to support preparation for accreditation and a half day accreditation. • Practitioners will prepare for their accreditation by completing their multiple-choice quiz ahead of their accreditation date, and rehearsing their role-plays with their colleague trained from their setting.
Intervention settings	Week of January 27th 2020	**Triple P clinical workshops** Each practitioner will attend one clinical day this week (out of the five on offer)
Intervention settings	Week of 3rd February 2020 – 31st May 2020	**Triple P delivery** • Trained Triple P practitioners in each setting will deliver Level 4 Group Triple P to those parents that agreed in the Autumn Term 2019. • As part of the delivery, parents will be encouraged to complete a number of standardised measures before and at the end of the course. These measures will support the parents and practitioners and will be uploaded onto a secure Triple P platform online.

All settings	22nd June 2020 onwards	**Outcome testing** • In the Summer Term 2020, language assessments will be carried out by Elklan with the children. • In addition, settings in both the Control and Intervention Settings will be asked to repeat the SDQ-T for those children that were originally selected. The staff will also receive online surveys.
Intervention settings	Summer Term 2020	**Process evaluation** • Interviews will be conducted with parents and staff in several intervention schools/settings about the programme and its impact. It is expected that settings will support these interviews by offering space for the parents to meet the Evaluators (if needed) as well as encouraging them to participate.
Academic year 2020-21		
Schools where the settings are based and other schools	Autumn Term 2020	**Follow-up Unique Pupil Number collection** • Evaluation Team will contact the schools where the study settings are based to collect Unique Pupil Numbers for study participants to enable long-term follow-up. Where children have moved to other schools, these schools will be contacted, where possible to identify them with the help of the study schools.

RESPONSIBILITIES

The Delivery Team will:

- Be responsible for the collection (Triple P UK Ltd and PLMR) of completed setting Memorandum of Understanding (MOU) (this document).
- Communicate with the settings regarding baseline data collection.
- Provide all events associated with a cohort for the Level 4 Group Triple P briefing, training, accreditation and associated clinical support days (equivalent to 6 days) to the two nominated teachers / early years practitioners from each setting.
- Communicate with the settings about all aspects of Triple P training assessment.
- Be the first point of contact for any questions about the Triple P programme.
- Help facilitate evaluation activities where necessary, through liaison with settings.
- Be responsible for holding setting manager/early years teacher/ practitioner contact details until the trial is over.

The Evaluation Team will:

- Design and conduct the independent evaluation of Level 4 Group Triple P programme, which consists of the following activities:
    - Randomisation of participating settings to Intervention/Control conditions.
    - Coordinate the assessment of children on language and behaviour.
    - Development and implementation of data collection tools.
    - Analyse the outcome and process data from the study.
    - Ensure all members of the Evaluation and Testing Teams are appropriately trained and have Disclosure and Barring Service (DBS) clearance, where needed.
    - Publish a public report on the findings from the study on the EEF website.
    - Be the first point of contact for any evaluation-related questions about the trial.
    - Be responsible for holding teacher contact details after the recruitment process.

The Settings will:

- Inform and consult setting staff about the programme.
- Agree to be randomly allocated to either be part of the control group or intervention group (i.e. receiving Triple P, or not).
- Share the names of two members of staff, Early Years Teacher/Practitioners, who have been nominated to train in the delivery of Level 4 Group Triple P, with the Delivery Team and notify them of any staff changes. This is necessary so that these staff members can be allocated to Triple P briefings and training places.
- Distribute the Parental Information Sheet and Privacy Notice to parents selected by early years practitioners (including any who later choose not to participate).
- Distribute and collect withdrawal forms from all parents, both participating and withdrawing.
- Distribute the Staff Privacy Notices to early years practitioners who will be trained in Triple P.
  Collect and collate pupil data from three- and four-year olds in the Nursery/Early Years provision, consisting of: names, sex, date of birth, SDQ-T scores. In addition, the settings will provide information on selection for children and parents as per criteria detailed on page 3 of this document.

- If the setting is allocated to Intervention Group, release the two teachers/early years practitioners to attend all events associated with their cohort (six days).
- If the setting is allocated to Intervention Group, release the two teachers/early years practitioners to deliver Level 4 Group Triple P to parents, including supervision and support. Level 4 Group Triple P is typically delivered over eight weeks. Facilitate data collection as required e.g. SDQ-T and other baseline child/parent data; language testing and post-programme SDQ-T; interviews with parents and setting staff; online surveys with setting staff; as laid out in the 'EEF trial of Level 4 Group Triple P: information sheet for early years settings'.
- To conduct the evaluation, settings are asked to share the specified data with the Delivery Team (Triple P UK) and the Evaluation Team (RAND Europe). Settings will notify the Delivery Team immediately if a setting wishes to withdraw from the intervention *or* the research data collection. Note that even if withdrawing from the intervention activities, we would still wish to collect the outcome data for the children.
- Not be actively involved in any other EEF Home Learning Environment Trial. up until 30th Sept 2020 or once post-programme testing is completed, whichever is sooner.
- Agree not to deliver any Triple P programmes up until 30th Sept 2020 or once post-programme testing is completed, whichever is sooner if allocated to the control group.

USE OF DATA

Data sets to be collected by the setting and shared as follows:

1) School/setting staff nominated by School Manager to attend Level 4 Group Triple P training: names and contact information shared with PLMR and Triple P UK, required 29th June 2019.
2) Pupil identifiers provided by School/Setting Managers: shared with RAND Europe 4th October 2019.
3) Parent identifiers (including name and contact details): shared with RAND Europe, 4th October 2019.
4) Questionnaire responses from the 'Strengths and Difficulties Questionnaire – Teacher Version (SDQ-T)' provided by School/Setting Manager for purposes of identifying children whose parents will be invited to Level 4 Group Triple P: shared with RAND Europe 4th October 2019.
5) Outcome data 'Strengths and Difficulties Questionnaire – Teacher Version (SDQ-T)' provided by School/Setting Manager after identified parents complete Level 4 Group Triple P: shared with RAND Europe, 31st May, 2020.

The setting will process the data incorporated in the data sets on the basis of the legitimate interests of the Evaluation Team and Assessment Implementers. The Evaluation Team and Assessment Implementers have identified the minimum personal data required to deliver their respective parts of the proposed work. The personal data provided is essential to facilitate communication and selection of participants for the evaluation and for producing evaluation results regarding the effects of the programme under study. The evaluation will help improve knowledge on what works in Early Years Settings, which is in line with how people might reasonably expect such data to be used and leads to a wider public benefit.

The personal data received by Evaluation Team and Assessment Implementers will be subject to organisational and technical measures that ensure that the personal data remains within the Evaluation Team and Assessment Implementers solely for delivery of their work and only limited data will be stored in the EEF archive after the study completion. The data subject's data will not be used in any way detrimental to the rights and freedoms of the data subjects. On this basis the Evaluation Team and Assessment Implementers has assessed a legal basis of legitimate interests to be applicable. The setting shall provide the data sets above at the times set out in the timetable and upon confirmation of safe receipt by the Evaluation Team and Assessment Implementers the setting may delete the datasets.

The setting shall in relation to the data sets only act on Triple P UK or RAND Europe's documented instructions, unless required by law to act without such instructions.

The setting shall ensure that any of its staff using the data sets are subject to a duty of confidence;

The setting shall take appropriate measures to ensure the security of the processing of the data sets;

The setting shall only engage a third party to collect, construct, or transfer the data with Triple P or RAND Europe's prior authorisation and only then under a written contract;

The setting must take appropriate measures to help Triple P UK and or RAND Europe to respond to requests from parents, children, or staff to exercise their rights in respect of data;

Given the nature of the data that shall be shared by the setting and the information available, the setting shall assist Triple P UK or RAND Europe in meeting its obligations under data protection law in relation to the security of processing, the notification of personal data breaches, and data protection impact assessments;

The setting shall delete or return all personal data (e.g. SDQ-T) to Triple P UK or RAND Europe (at Triple P UK or RAND Europe's choice) at the end of the project, and the setting must also delete existing personal data unless the law requires its storage; and

The setting shall assist in any data protection audits and inspections required by law. The processor must also give the controller whatever information it needs to provide sufficient assurance that the setting complies with data protection law.

All data, including children's assessment responses and any other data, will be treated with total confidentiality by the recipients. Data will be collected by the Evaluation Team and Assessment Implementers and analysed by the Evaluation Team. After anonymisation, aggregated outcome data and UPNs data will be shared with the Department for Education, the EEF's archive manager, the Office for National Statistics, and potentially other research teams. No individual child, teacher, staff member or setting will be identified in any reports arising from the research. The study is undergoing ethical review by RAND.

Please see the Privacy Notices for further detail on how personal data will be collected and used.

Please note: parents are agreeing (consenting) to take part in the Triple P intervention, but the legal basis for data-sharing is legitimate interest.

Parents can withdraw from the Triple P intervention and/or request that their data and their child's data is not used by the Evaluation Team (RAND).

Personal data collected from children and parents					
Data (what will be collected?)	**Who will collect the data?**	**Receiver or Permitted recipient**	**Purpose (what will the data be used for?)**	**How do we collect the data?**	**When will this data be provided?**
Pupil data provided by the settings by 4th October 2019 (data already held by settings): - First name - Surname - Pupil premium status (if available) - Date of birth - Gender - Unique Pupil Number (UPN's) -	Setting (Data processor)	RAND Europe (Data controller)	Independent assessment of impact of intervention on outcomes; withdrawal; academic publications	Electronic data transfer	04.10.2019
		The EEF's archive manager (data processor).	Long-term follow-up analyses and archiving of the data. EEF becomes data controller once the data has been transferred to the EEF Data Archive, but are not data controller until this has happened.		End of trial
Pupil data provided by the settings by 4th October 2019 (data collected by settings for the trial): - Children's names from families that wish to withdraw children from the study - Children's behaviour (Early Years staff report) - Reasons for child selection into the programme: (1) Teacher concern around a child's language / communication delay. (2) Teacher or parental concern about a child's behavioural, emotional, or social development (3) Indicator of increased vulnerability such as family social disadvantage, financial stress, housing insecurity, adverse life events.	Setting (Data processor)	RAND Europe (Data controller)	Independent assessment of impact of intervention on outcomes; withdrawal; academic publications		04.10.2019
		The EEF's archive manager (data processor).	Long-term follow-up analyses and archiving of the data. EEF becomes data controller once the data has been transferred to the EEF Data Archive, but are not data controller until this has happened.	Electronic data transfer Electronic data transfer	End of trial
Parent data provided by the settings by 4th	Setting (Data processor)	RAND Europe (Data controller)	Independent assessment of impact of	Electronic data transfer	04.10.2019

Personal data collected from children and parents					
Data (what will be collected?)	**Who will collect the data?**	**Receiver or Permitted recipient**	**Purpose (what will the data be used for?)**	**How do we collect the data?**	**When will this data be provided?**
October 2019 (data already held by settings): - First name - Surname - Phone numbers of parents for text message data collection			intervention on outcomes; withdrawal; academic publications		
Contact data for other adults providing direct care to the child collected by 4th October 2019 - First Name - Surname - Phone numbers	Setting (Data processor)	RAND Europe (Data controller)	Data will be used to find out whether children have moved settings (and where to)	Electronic data transfer	04.10.2019
Outcome data collected for the evaluation in Summer Term 2020: - Children's behaviour (Early Years staff report)	Setting (Data processor)	RAND Europe (Data controller)	Independent assessment of impact of intervention on outcomes, academic publications	Electronic data transfer	31.05.2020
		EEF (Data controller) and EEF archive (Data processor)	Further analyses. EEF becomes data controller once the data has been transferred to the EEF Data Archive, but is not data controller until this has happened.		End of trial
Outcome data collected for the evaluation in Summer Term 2020: - Children's expressive language attainment (independently assessed)	RAND Europe (Data controller) (Data collection sub-contracted to Elklan as Data Processor)	RAND Europe (Data controller)	Independent assessment of impact of intervention on outcomes, academic publications	Paper forms, sent by secure mail and captured electronically by Elklan	31.05.2020
		EEF (Data controller) and EEF archive (Data processor)	Long-term follow-up analyses. EEF becomes data controller once the data has been transferred to the EEF Data Archive, but is not data controller until this has happened.	Electronic data transfer	End of trial
Parent-report measures of: - Child's behavioural, emotional and social development	Setting (Data processor) – enter data into Triple P platform – parents not	Triple P UK (Data controller) – via secure Triple P	Independent assessment of impact of intervention on	Electronic data transfer	17.07.2020

Personal data collected from children and parents					
Data (what will be collected?)	**Who will collect the data?**	**Receiver or Permitted recipient**	**Purpose (what will the data be used for?)**	**How do we collect the data?**	**When will this data be provided?**
- Parenting practices - Parental well-being	identified personally but only by setting and a unique "Triple P Identifier"	platform online RAND Europe (controller) - received the data in aggregate form from Triple P UK	outcomes, academic publications		
Process evaluation data collected for the evaluation: - Children's behaviour (parent-report) – in the control arm	RAND Europe (Data controller)	RAND Europe (Data controller)	Independent assessment of impact of intervention on outcomes, academic publications	Via direct **text messages**, using GDPR compliant platform	17.07.2020
		EEF (Data controller) and EEF archive (Data processor)	Further analyses. EEF becomes data controller once the data has been transferred to the EEF Data Archive, but are not data controller until this has happened.	Electronic data transfer	End of trial
Process evaluation - Triple P attendance records	Setting (Data processor)	RAND Europe (Data controller)	Independent assessment of impact of intervention on outcomes, academic publications	Electronic data transfer via secure server	31.05.2020
Interview notes and recordings (from interviews with parents)	RAND Europe (Data controller)	RAND Europe (Data controller)	Independent assessment of impact of intervention on outcomes, academic publications	Paper and digital notes; digital recording	15.09.2020

Appendix C: Parent and practitioner information sheets

Level 4 Group Triple Positive Parenting Programme: Parent information

Study objective

RAND Europe, a not-for-profit research institute, has been commissioned by the Education Endowment Foundation to undertake research evaluating the Level 4 Group Triple P Positive Parenting Programme (hereafter Triple P), a targeted programme, aimed at helping parents improve children's behaviour and emotional development. The programme does this by giving parents support and tools to encourage better child behaviour and help children reach their potential, and by improving parenting skills and family relationships. The research study is being conducted to make an important contribution to understanding the usefulness of the Triple P programme and the perceived impact for promoting children's competencies and improving child behavioural and language development. The research and evaluation project is looking at the programme impact on 3-4 year-olds in around 67 settings in the north of England in the 2019/20 academic year.

As part of the implementation and process evaluation of Triple P, RAND Europe is conducting interviews with parents.

The interview

Thank you for agreeing to participate in an interview. The interview will be conducted by researchers from RAND Europe over the phone. The conversation will last around 30 minutes.

How we will use the information from your interview

- With your permission we will make an **audio recording of the interview** – for note-taking purposes only. The recording will be destroyed once the report is finalised.
- We will randomly allocate a unique ID number to you. This unique ID will be used when reporting data obtained through your interview. This will ensure your contributions will remain anonymous.
- Findings will be presented in a report for the **Education Endowment Foundation** that will be made publicly available.

Topics for discussion during the interview

During our conversation we would like to discuss with you:

- Your overall experience of various aspects of the Triple P (e.g. your motivation to join the programme; your understanding of the programme at the start; your views on the Triple P sessions, your engagement with the programme) and the perceived value-added from participating in Triple P programme;
- Whether participation in the Triple P programme has led to any of the intended benefits (e.g. has improved your parenting style; improved language or behavioural development of your child; better family relationships);
- The impact of the COVID- 19 outbreak on your family and on your child (e.g. what has been the impact on your financial situation; physical and emotional wellbeing; were any resources offered from the setting to support home learning).

Further information

For any questions please contact RAND Europe **TripleP@randeurope.org**.

Level 4 Group Triple Positive Parenting Programme: Practitioner information

Study objective

RAND Europe, a not-for-profit research institute, has been commissioned by the Education Endowment Foundation to undertake research evaluating the Level 4 Group Triple P Positive Parenting Programme (hereafter Triple P), a targeted programme, aimed at helping parents improve children's behaviour and emotional development. The programme does this by giving parents support and tools to encourage better child behaviour and help children reach their potential, and by improving parenting skills and family relationships. The research study is being conducted to make an important contribution to understanding the usefulness of the Triple P programme and the perceived impact for promoting children's competencies and improving child behaviour. The research and evaluation project is looking at the programme impact on 3-4 year-olds in around 67 settings in the north of England in the 2019/20 academic year.

As part of the implementation and process evaluation of Triple P, RAND Europe is conducting interviews with participating school staff.

The interview

Thank you for agreeing to participate in an interview. The interview will be conducted by researchers from RAND Europe over the phone. The conversation will last around 30 minutes.

How we will use the information from your interview

- With your permission we will make an **audio recording of the interview** – for note-taking purposes only. The recording will be destroyed once the report is finalised.
- We will randomly allocate a unique ID number to you. This unique ID will be used when reporting data obtained through your interview. This will ensure your contributions will remain anonymous.
- Findings will be presented in a report for the Education Endowment Foundation that will be made publicly available.

Topics for discussion during the interview

During our conversation we would like to discuss with you:

- Your overall experience of various aspects of the Triple P (e.g. your motivation to join the programme; your understanding of the programme at the start; your views on the training, the programme materials, your experience with the support during delivery, barriers and enablers to delivery etc.) and the perceived value-added from participating in Triple P;
- Whether participation in the Triple P programme has led to any of the intended benefits (e.g. improved language or behavioural development among children);
- The experience of your setting during the COVID- 19 outbreak.

Further information

For any questions please contact RAND Europe **TripleP@randeurope.org**.

Appendix D: Privacy notice

Privacy Notice
Level 4 Group Triple P Positive Parenting Programme

About the project, who we are and what data we collect

The accompanying information sheets outline information about the project. This privacy notice outlines how your data will be used as part of the project.

RAND Europe Community Interest Company is a not-for-profit research organisation registered in the UK conducting independent research to inform policy.

In this project we will collect your name, email and telephone number.

Why are we collecting it?

We are collecting your data in order to arrange your participation in a telephone interview. These interviews make up part of the research activity being undertaken to evaluate the impact of the Level 4 Group Triple Positive Parenting Programme (Triple P).

What is the legal basis for processing your data?

We are using your data on the basis of our legitimate interests. Your data is collected and processed solely to facilitate your voluntary contribution to the project. The data is not excessive and will be used for the purposes of contacting you to arrange your participation in the interview, as required to meet the project goals. These project goals have been explained to you and will lead to a wider public benefit through our work. The data is necessary for the purpose of the project, as without we would be unable to undertake the interview or recognise your contribution. We also judge that there is very limited scope for harm to you as appropriate data handling safeguards have been put in place. As such the approach to processing balances our legitimate interests against your interests, rights and freedoms.

What do we use the data for?

We will use your data to contact you. We will use a random unique ID to attribute any contribution of yours that is used in our report, not your name.

How do we share the data, and how do we keep your data secure?

We will keep all data safe on our secure servers. We will not share your data with any third parties.

How long do we keep your data?

Your data will be deleted within 12 months of the end of the project (end of project estimated December 2020).

What choices do you have in our use of your data?

You may contact us to request the deletion of your personal data.

What are your rights?

RAND Europe operates in accordance with the Data Protection Act 2018 and EU law including GDPR. You are provided with certain rights that you may have the right to exercise through us. In summary those rights are:

- To access, correct or erase your data. Your right to erase your name in relation to any attribution shall expire after it has been submitted for publication.
- To object to the processing of your data. Your right to object to processing of your name in relation to any attribution shall expire after it has been submitted for publication.
- To request that our processing or your data is restricted. Your right to restrict processing of your name in relation to any attribution shall expire after it has been submitted for publication.

If you wish to exercise any of these rights please contact the RAND Europe Data Protection Officer by email at **REdpo@randeurope.org** or in writing to Data Protection Officer, RAND Europe, Westbrook Centre, Milton Road, Cambridge, CB4 1YG, UK.

How do you contact us?

You can contact us by email at **TripleP@randeurope.org**.

Appendix E: Withdrawal form

Evaluation of Triple P

Please only complete if you do NOT want your child's data to be used in the Triple P trial.

If you are happy for your child's data to contribute to this trial as described in the privacy notice, then you do not have to do anything.

If you do NOT want your child's data to be used for this research, you can withdraw your child via returning this form to the school.

I, the undersigned, hereby do NOT give permission for my child's data to be used for the purposes of the trial of Triple P.

Child's full name: _____

Setting name: _____

Parent/carer's name: _____

Parent/carer's signature: _____

Date: _____

Appendix F: Triple P session content

Description of what is covered in each session with parents

Session 1: This session provides parents with an introduction to positive parenting, why children behave as they do, and how to set goals for change.

Session 2: In the second group session, the practitioner discusses how to develop good relationships with children, how to encourage good behaviour, and the four strategies for how parents can teach their children new skills and behaviours.

Session 3: During the third group session, the practitioner offers additional strategies to assist parents with managing misbehaviour during this session. Parents will also learn to develop parenting routines to promote compliance and manage non-compliance from their children. They have an opportunity to rehearse these routines during the session.

Session 4: This session covers family survival tips, identifying high risk situations that still cause concern, and how to develop planning ahead routines to promote good child behaviour in high risk situations (e.g. shopping, learning how to take turns, fighting with siblings, getting ready for school). Parents also prepare for their individual consultations during this session.

Session 5-7: The practitioner provides feedback from initial assessments that the family completed and then uses the self-regulatory feedback model to help parents review their implementation of planning ahead routines for their high-risk situations. From this, parents set goals for further refinement of their routines, if needed.

Session 8: Parents return for a final group session to review progress, look at ways to maintain changes and plan for the future, and to close the program. If necessary, referral options are discussed.

Appendix G: Histograms

Figure 13 SDQ T score distribution by treatment arm

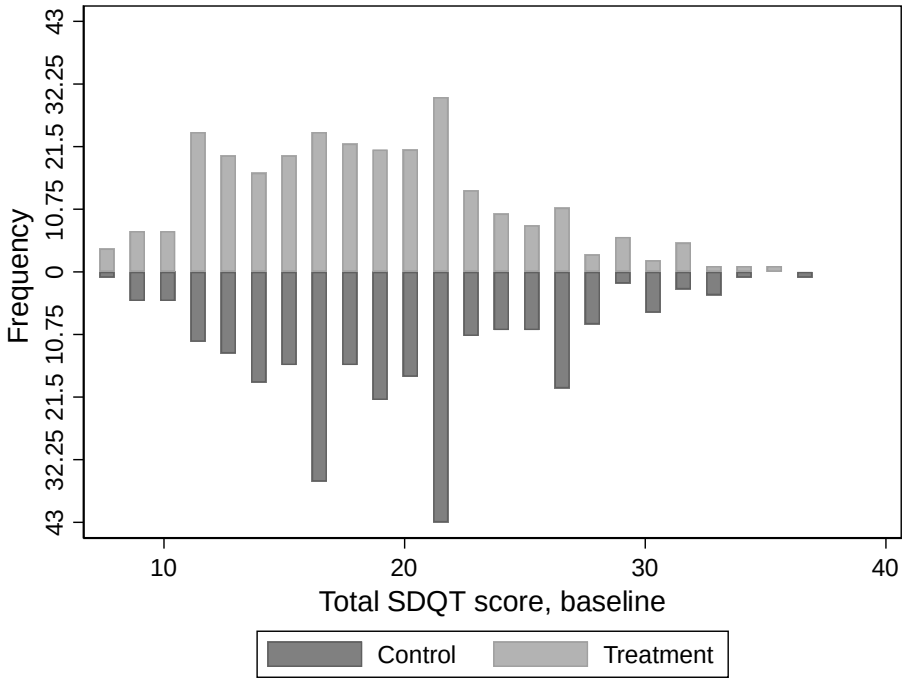
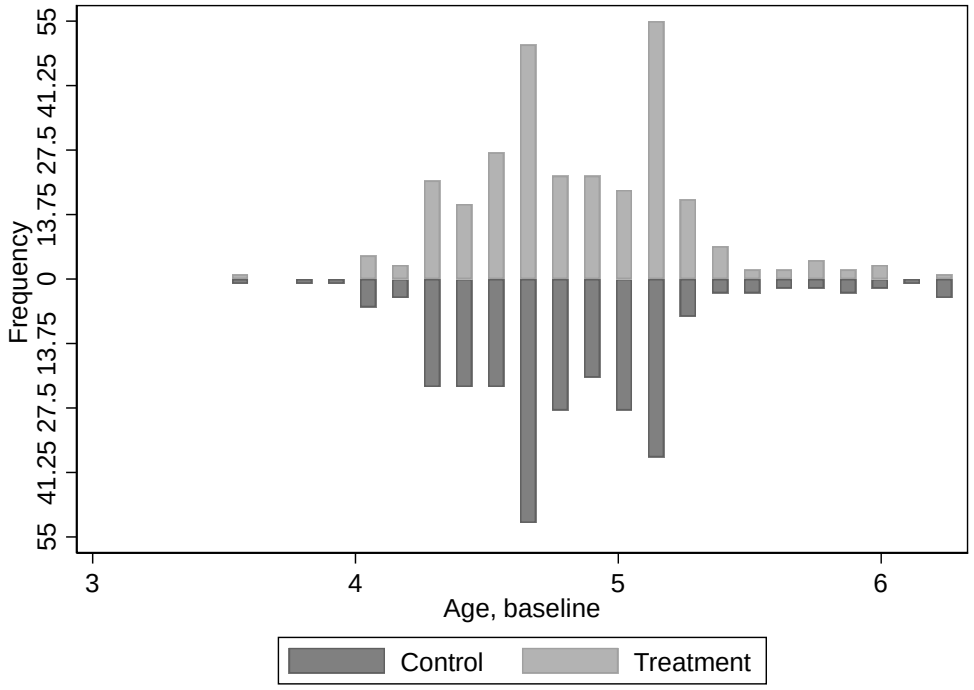


Figure 14 Age distribution by treatment arm



Appendix H: Survey questions

Triple P Survey for Practitioners: Intervention Group (ENDLINE)

Introduction

Your setting is one of the 65 in England taking part in the evaluation of the Level 4 Group Triple P parenting programme (hereafter Triple P). The purpose of this evaluation is to study the effectiveness of Triple P in supporting the expressive language and behavioural development of children in nurseries. The programme is implemented by Triple P UK. The evaluation is funded by the Education Endowment Foundation (EEF). RAND Europe has been commissioned by the EEF to conduct an independent evaluation of this intervention.

In light of the developing circumstances around the spread of COVID-19, we wish to express our understanding of the fact that during this period, the main priority of your setting is the wellbeing of children, staff and wider school communities. We also understand that at this time, you will have many competing personal and professional priorities to manage.

Now more than ever it is also important to understand what improves children's development and the role parents play in a child's life. For the evaluation of Triple P UK, this includes understanding your experience with training and Triple P delivery, prior to the situation changing.

We are therefore inviting to you fill out this quick survey about your practices prior to settings closing. This survey will take approximately 15 minutes to complete.

Mindful of the current circumstances, we wish to facilitate your participation in the survey in any way we can. The survey will remain open for a period of four weeks, and we will only remind you about its completion once.

Survey responses will be confidential. We will keep track of participating schools to record the number of responses from each institution.

If you would prefer not to respond to this survey, please click on the opt out link included in the initial email invitation to participate in the survey sent by the RAND Europe evaluation team. You will not receive any further reminders about the survey after this.

If you have any questions on this survey, please do not hesitate to contact the evaluation team at RAND Europe on TripleP@randeurope.org.

If you are happy to continue, please click 'Next Page'.

Privacy Notice

The Privacy Notice available here outlines how your data will be used in compliance with the General Data Protection Regulation (GDPR).

If you have read and understood the Privacy Notice, and are happy to proceed please select 'Next Page'.

About you

1. Please complete the boxes below *

Setting Name *

Setting Postcode *

2. Since February 2020, have you been delivering the Triple P programme to parents in your setting?

- [ ] Yes
- [ ] No

END OF SURVEY

Please forward this survey to the practitioner or appropriate member at your setting that has been trained and has delivered the Triple P programme to parents

Programmes focused on language or behaviour in your setting

This section will ask you about structured programmes and/or activities that have been implemented in your setting to improve the language and/or behavioural development of children during this academic year (2019-2020).

Definition of language/behaviour programme: This refers to any structured activity focused on language development or structured support provided for parents to encourage learning at home on top of what you would normally provide to children aged 3 to 4. Some examples include the Nuffield Early Years Language Intervention, Peep, EasyPeasy, Family Skills, PACT, ParentChild+, Incredible Years.

3. Apart from Triple P, has your Early Years Setting paid for or taken part in any specific structured programmes or activities for children or parents to improve the language and/or behavioural development of children during this academic year (2019-2020)? *

- [ ] Yes
- [ ] No
- [ ] Don't know

4. How many language and/or behavioural programmes have been available for children aged 3-4 in your Early Year Setting during this academic year (2019-2020)?

- [ ] One

- [ ] Two
- [ ] Three or more

5. What are the names of these programmes? (Please fill in N/A if the programme does not have a name)

Training and materials

We would like to know about your views of the Triple P training activities. We would like to know what aspects of the training you thought worked particularly well and helped you to deliver Triple P, as well as what you believe could be improved.

Triple P training: This was a three-day course delivered by one Triple P (TP) trainer in mid-November 2019.

Pre-accreditation workshop: This was a one-day pre-accreditation workshop designed to support preparation for accreditation in January 2020.

Accreditation workshop: This was a half-day accreditation workshop held in January 2020. Practitioners prepared for their accreditation by completing a multiple-choice quiz ahead of their accreditation date and rehearsing their role-plays with the other practitioner from the same setting. The workshop required a demonstration of skills

Clinical workshop: In the last week of January 2020, practitioners attended a one-day clinical workshop delivered by a TP trainer which further prepares the practitioner for Triple P delivery by offering skills refinement and maximising confidence in programme content and delivery.

6. Please select the statement that best describes your attendance at the training and the workshops *

- [ ] I attended the three-day Triple P training and all workshops (Pre-accreditation; Accreditation and Clinical workshop)
- [ ] I attended the three-day Triple P training but I missed one or more workshop events (Pre-accreditation; Accreditation and/or Clinical workshop)
- [ ] I did not attend the initial training, but I attended one or more workshops (Pre-accreditation; Accreditation and/or Clinical workshop)
- [ ] I did not attend any training or any of the workshops (Pre-accreditation; Accreditation or Clinical workshop)

7. Thinking about the Triple P training and workshop events, can you please specify the extent to which you agree with the following statements?

	Strongly disagree	Disagree	Agree	Strongly agree
The Triple P training helped me understand the core elements of the Triple P programme	☐	☐	☐	☐
The training and workshops helped me develop the skills and confidence to effectively deliver the Triple P programme	☐	☐	☐	☐

8. In your view, what (if anything) could have improved the Triple P training activities that you participated in?

9. In your view, what worked particularly well in the training activities?

10. You have indicated that you did not attend one or more the Triple P training activities. Could you please specify the reason(s) why? (please select any of the options as apply)

- ☐ I was not aware of the training or workshops
- ☐ I was on leave at the time (e.g. annual leave, parental leave, sick leave, etc.)
- ☐ The nearest session was too far for me to travel to
- ☐ Other (please specify):

11. How useful (if at all) did you find the following materials for delivering the Triple P programme?

	Not useful at all	Slightly useful	Moderately useful	Extremely useful	Did not receive this material
Triple P manuals	☐	☐	☐	☐	☐

	Not useful at all	Slightly useful	Moderately useful	Extremely useful	Did not receive this material
Parent Workbooks	☐	☐	☐	☐	☐
Presentation CD and video material for Group Triple P	☐	☐	☐	☐	☐
Communication Tip Sheet	☐	☐	☐	☐	☐

12. Is there anything else you would like us to know about the materials for delivering the Triple P programme?

Ongoing support for delivery

We will now ask you a few questions to understand how you used other resources, and whether these were useful tools for delivering the programme.

13. When you were delivering the Triple P programme, did you make use of the supervision provided by Triple P trainers via telephone/video call? *

- ☐ Yes
- ☐ No

14. You have indicated that you made use of the supervision provided by Triple P trainers via telephone/video call. To what extent was this supervision helpful for delivering the Triple P programme?

- ☐ Extremely unhelpful
- ☐ Unhelpful
- ☐ Neither unhelpful or helpful
- ☐ Helpful
- ☐ Extremely helpful

15. During your delivery of the Triple P programme, did you make use of the Triple P Provider Network? *

- [ ] Yes
- [ ] No

16. How useful were the following resources available on the Triple P Provider Network for delivering the programme?

	Not useful at all	Slightly useful	Moderately useful	Extremely useful	Did not use this resource
The assessment measures available on the network	☐	☐	☐	☐	☐
The FAQs provided on the network	☐	☐	☐	☐	☐

17. Is there anything else you would like us to know regarding the support you received to deliver Triple P?

Triple P in my setting

We would like to know about your views of the Triple P sessions for parents. We would like to know what sessions you thought worked particularly well, as well as what you believe could be improved.

Triple P sessions included eight weekly sessions.

Sessions 1-4 were delivered as face-to-face group sessions, and focussed on a range of themes including: providing an introduction to the approach; setting goals for change; discussing strategies for developing good relationships with children; discussing strategies to manage misbehaviour; developing parenting routines, and; discussing how to promote good child behaviour in high risk situations.

Sessions 5-7 involved one-to-one practical and personalised telephone consultations with parents, whereby practitioners would provide feedback from initial assessments completed by families, and then use the feedback to help parents review their implementation of planning ahead routines for high risk situations.

Session 8 is a final face-to-face group session to complete the programme. The main aim of this session is to review progress, look at ways of maintain changes and plan for the future.

Update: Delivery of Session 8 has been delayed due to COVID-19

18. Do you think any of the Triple P sessions that you delivered need to be modified? (Please see above for a description of the sessions)

- [ ] Yes
- [ ] No

19. Please explain why you consider that sessions should be modified. For example, consider session content, interactivity and suitability for children's age.

20. Regarding the selection of children and their families into the Triple P programme, please indicate how far you disagree or agree with the following statements.

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
The children and their families who were selected to participate in Triple P were the most appropriate to benefit from the programme	☐	☐	☐	☐	☐
There were other children whose parents would have benefitted more from this programme than those who participated this time	☐	☐	☐	☐	☐

21. Thinking of the 8 week delivery, please indicate whether you consider the following factors to have been barriers or obstacles to the effective implementation of the Triple P programme in your setting, and if so to what extent.

	Not at all	To a small extent	To a moderate extent	To a great extent
Limited capacity to deliver Triple P (e.g. due to staff turnover)	☐	☐	☐	☐
Competing priorities (e.g. other ongoing programmes)	☐	☐	☐	☐
Poor attendance at the Triple P group sessions and last minute cancellations from parents	☐	☐	☐	☐

Other, please specify:

22. Regarding your personal experience of delivering the Triple P programme, please indicate how far you disagree or agree with the following statements:

	Strongly disagree	Disagree	Agree	Strongly agree
It was easy to schedule Triple P sessions with parents	☐	☐	☐	☐
It was easy to find a suitable space where group face-to-face sessions can be delivered	☐	☐	☐	☐
The frequency of the Triple P sessions was adequate	☐	☐	☐	☐
The programme resources were appropriate for use with the selected parents	☐	☐	☐	☐
Triple P attendance				

23. In your experience, if parents missed Triple P sessions, did they attend catch-up sessions?

- ☐ Yes, they all did
- ☐ No, none of them did
- ☐ Some did, others did not

24. In your view, were the catch-up sessions sufficient to keep parents up to date with the programme when they missed group or phone consultations?

- ☐ Yes
- ☐ No
- ☐ Not sure

25. What were the main reasons for parents missing Triple P sessions? Please select all that apply.

- [ ] Other commitments at the same time (e.g. family, appointments, etc.)
- [ ] They were not aware of the date/time of the session
- [ ] They forgot about the session
- [ ] They did not want to attend the session
- [ ] Don’t know
- [ ] Other (please specify):

Delivery since the COVID-19 outbreak

In this section we will ask you about your experience in light of changes to education children in your nursery since implementing social distancing guidelines due to the COVID-19 outbreak.

26. Did your setting remain open to key workers children during the COVID-19 crisis?

- [ ] Yes
- [ ] No
- [ ] Don't know

27. Since your setting closed following the COVID-19 outbreak, have any resources been made available to the families in your setting in order to support home learning? (E. g. resource packs, telephone calls, food parcels, online support)

- [ ] Yes
- [ ] No

28. Please describe any additional support above and beyond what you would normally provide for home learning to 3-4 year old children and their families in your nursery during the COVID-19 outbreak

29. Are the families who have been taking part in Triple P engaging with the educational resources that have been made available since your setting closed?

- [ ] Yes
- [ ] No
- [ ] Don't know

30. Is there anything else you would like us to know about your experience delivering the Triple P programme in light of the COVID-19 outbreak?

31. Is there anything else you would like us to know about your experience of educating children in your setting in light of social distancing measures implemented due to the COVID-19 outbreak?

Outcomes of Triple P

In this section we wish to understand more about your views on the outcomes of the Triple P programme for parents and children

32. To what extent do you disagree or agree with the following statements?

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
Parents learned new skills related to positive parenting methods by participating in Triple P sessions	☐	☐	☐	☐	☐
Parents showed positive changes in their parenting style while Triple P was being delivered	☐	☐	☐	☐	☐

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
Parents reported positive changes in their child's behaviour	☐	☐	☐	☐	☐
Parents reported positive changes in their child's language ability	☐	☐	☐	☐	☐

33. To what extent do you disagree or agree with the following statements?

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
I have observed an improvement in the children's behavioural development as a result of their parent (primary carer) taking part in Triple P, over and above what I would normally expect	☐	☐	☐	☐	☐
I have observed an improvement in the children's language development as a result of their parent (primary carer) taking part in Triple P, over and above what I would normally expect	☐	☐	☐	☐	☐

Continuing with Triple P

34. Would you like to continue implementing Triple P sessions to families next academic year?

☐ Yes

☐ No

Triple P costs

In this section we will ask you about different types of costs that you may have incurred while participating in the Level 4 Group Triple P programme

35. Pre-requisite resources: Resources that were necessary for implementing Triple P, which were already available in your setting/nursery at the start of the programme. These are known as pre-requisite resources. Such resources may include laptops/PCs, phones, projectors, other digital technologies (e.g. tablets), books, office supplies, etc.

Please list any pre-requisite resources for implementing Triple P you can think of, accompanied by the associated value each resources. If you know the exact value, please enter that, otherwise tell us if the cost was: £0-£99; £100-500; £500+; by entering these values in the field. If you don't know the value, please just type 'don't know'. Description Total Monetary Value e.g. 2 computers e.g. 500+

	Description	Total monetary value
1		
2		
3		
4		

36. Start-up costs: these are the resources necessary to implement Triple P which had to be purchased by your setting/nursery at the start of the programme. Such resources might include laptops/PCs, phones, projectors, other digital technologies (e.g. tablets), training costs (e.g. travel, accommodation and/or subsistence for practitioners to attend training/accreditation workshops etc.), books, office supplies, etc. Please list any start-up costs of implementing Triple P you can think of, accompanied by the associated cost. If you know the exact cost incurred by your setting, please enter that, otherwise tell us if the cost was: £0-£99; £100-£499; £500+; by entering these values in the field. If you don't know the cost, please just type 'don't know'.

	Description	Total monetary value
1		
2		
3		
4		

37. Training costs may include (but are not limited to): travel to training, accommodation, subsistence, resources required to participate in the training, etc. Please do not hesitate to include any 'hidden costs' related to training that the programme design may not have foreseen. Please list any costs incurred by your setting/nursery related

specifically to practitioner training for Triple P (see above for more details on what we mean by practitioner training). If you know the exact cost incurred by your setting/nursery, please enter that, otherwise tell us if the cost was: £0-£49; £50-£99; £100+; by entering these values in the field. If you don't know the cost, please just type 'don't know'.

	Description	Total monetary value
1		
2		
3		
4		

38. Staff time is the time directly required to implement Triple P by school staff, in comparison to business-as-usual prior to your setting/nursery implementing the programme. This includes any time required to attend Triple P training and deliver Triple P sessions (including any time spent on preparing to deliver Triple P sessions). Since the beginning of the programme in November 2019, how many hours per month do you estimate that you spent on average undertaking training activities for Triple P? Please include any time that you spent at training events/workshops, and any of your own time spent training for Triple P. *

- [ ] None
- [ ] Not sure/Unable to estimate
- [ ] Total hours per month (please specify how many hours in the comment box below)

39. Since the beginning of the programme in November 2019, how many hours per month do you estimate that you spent on average delivering the Triple P programme? Please include any time you spent in Group Triple P sessions, and any time that you spent preparing to deliver Triple P sessions.

- [ ] None
- [ ] Not sure/Unable to estimate
- [ ] Total hours per month (please specify how many hours in the comment box below)

40. Please select the statement that best describes your experience in relation to the effect of implementing Triple P on the number of hours that you have worked per month since November 2019. Please ignore any time you have spent helping us to evaluate Level 4 Group Triple P, such as by completing this survey. *

- [ ] I have worked fewer hours per month as a result of implementing Triple P
- [ ] I have worked more hours per month as a result of implementing Triple P
- [ ] Implementing Triple P has had no effect on my working hours.

41. You have indicated that you have worked fewer hours per month as a result of implementing Triple P. Please estimate how many hours less per month you have worked as a result.

More than 16 hours (please specify how many hours below):

42. You have indicated that you have worked more hours per month as a result of implementing Triple P. Please estimate how many hours more per month you have worked as a result.

More than 16 hours (please specify how many hours below):

43. If any other staff members at your setting spent time in support of activities related to Triple P since November 2019, please specify their role and estimate the number of hours per month that they spent on such activities. This includes any time that they may have spent undertaking training for Triple P, as well as any time spent on delivering sessions, preparing to deliver sessions or supporting any other activities related to the Triple P programme. If you don't know the number of hours per month that was spent, please just type 'don't know'. If no other staff spent time in support of activities related to Triple P, please leave the box below blank.

	Role	Number of hours per month
1		

	Role	Number of hours per month
2		
3		

44. How many hours of cover (or supply) did your school pay for since the start of implementing Triple P (i.e. since October 2019) as a result of school staff participating in the programme? Staff supply cover are the costs incurred by arranging for supply staff to cover practitioners or other staff as a result of the implementation of Triple P, e.g. during staff training in programme implementation.

- [ ] None
- [ ] Total hours per month

45. Please list the additional implementation costs that your school incurred in the process of implementing the Triple P programme. If you know the exact cost incurred by your school, please enter that, otherwise tell us if the cost was: £0-£99; £100-£499; £500+; by entering these values in the field. If you don't know the cost, please just type 'don't know'. If no such costs were incurred, please enter 'N/A'. Additional implementation costs are other costs your setting/nursery may have incurred directly in support of implementing the Triple P programme. These do not include the staff costs and time already indicated previously, nor do they include costs for resources that you have already provided details for (e.g. laptops, projectors, etc.). Examples of valid costs may include: printing costs (e.g. the costs of printing programme manuals, parent workbooks, communication tip sheets, other paperwork, etc.), costs associated with providing care for children during Triple P sessions, the cost of office supplies required for the programme, the cost of other digital technologies used to deliver Triple P sessions, etc. These costs may have been incurred by your setting/nursery at any point throughout the implementation of the programme. Please do not hesitate to include any 'hidden costs' that the programme design may not have foreseen.

	Description (e.g. 2 computers)	Total monetary value
1		
2		
3		

END OF SURVEY

Thank you very much! The survey ends here.

Contact the evaluation team on TripleP@randeurope.org for any questions or queries.

The EEF provide a range of online resources to support remote teaching and learning during the implementation of social distancing guidance. To access online resources for literacy teaching and learning, please visit the following link to the EEF website: https://educationendowmentfoundation.org.uk/covid-19-resources/

Triple P Endline Survey for Practitioners: Control Group

Introduction

Your setting is one of the 65 in England taking part in the evaluation of the Level 4 Group Triple P parenting programme (hereafter Triple P). You are one of a special group of settings conducting crucial research, which we hope will improve the experiences of all children. By taking part in the data collection activities you are making a vital contribution to improving practice, and to high impact educational research.

The programme is implemented by Triple P UK. The evaluation is funded by the Education Endowment Foundation (EEF). RAND Europe has been commissioned to conduct an independent evaluation of this intervention.

In light of the developing circumstances around the spread of COVID-19, we wish to express our understanding of the fact that during this period, the main priority of your setting is the wellbeing of children, staff and wider school communities. We also understand that at this time, you will have many competing personal and professional priorities to manage.

At the same time, it remains important to understand what improves children's behaviour and language development. We are therefore inviting you to fill out this quick survey about your in-setting practices prior to the implementation of social distancing guidance. This survey will take approximately 15 minutes to complete.

All settings in the Triple P project are required to complete the survey. The comparisons settings are crucial to the Triple P project, and your continued involvement and commitment is recognised through our thank you payment.Only settings who respond to the survey will obtain the payment.

The survey will remain open for a period of four weeks, and we will only remind you about its completion once. Survey responses will be confidential. We will keep track of participating schools to record the number of responses from each institution.

If you would prefer not to respond to this survey, please click on the opt out link included in the initial email invitation sent by the RAND Europe evaluation team. You will not receive any further reminders about the survey after this.

If you have any questions on this survey, please do not hesitate to contact the evaluation team at RAND Europe on TripleP@randeurope.org.

If you are happy to continue, please click 'Next Page'.

Privacy Notice

The Privacy Notice available here outlines how your data will be used in compliance with the General Data Protection Regulation (GDPR).

If you have read and understood the Privacy Notice, and are happy to proceed please select 'Next Page'.

About You

1. Please complete the boxes below: *

Setting Name *

Setting Postcode *

Programmes focused on language or behaviour in your setting

This section will ask you about specific structured programmes and/or activities that have been implemented in your setting to improve the language and/or behavioural development of children during this academic year (2019-2020).

Definition of language/behaviour programme: This refers to any structured activity focused on language or behaviour development or structured support provided for parents to encourage learning at home on top of what you would normally provide to children aged 3 to 4. Some examples include the Nuffield Early Years Language Intervention, Peep, EasyPeasy, Family Skills, PACT, ParentChild+, Incredible Years, Triple P.

2. Has your Early Years Setting paid for or taken part in any specific programmes or structured activities to improve the language or behavioural development of children during this academic year (2019-2020)?

- [ ] Yes
- [ ] No
- [ ] Don't know

3. How many language and/or behavioural programmes or structured activities were available for children aged 3-4 in your Early Year Setting during this school year (2019-2020)?

- [ ] One
- [ ] Two
- [ ] Three or more

We will now ask you to provide a small amount of information about each of these programmes. If you selected the option 'Three or more' in the previous question, you will only be asked to provide information on the first three programmes. Please remember that we are only interested in language or behavioural programmes designed for 3 to 4 years old children or their parents/legal guardians.

4. What is the name of the programme? (Please fill in N/A if the programme does not have a name)

5. What would you say is the main purpose of the programme? (Please select all relevant options)

- [ ] Improve child's spoken language ability
- [ ] Improve child's behavioural development
- [ ] Enhance parental engagement in the early years
- [ ] Other (please specify):

6. Who normally delivers this programme?

- [ ] Internal Early Years' Practitioners
- [ ] External Consultants
- [ ] Other (please specify):

7. How long does the programme last?

- [ ] Less than 5 weeks
- [ ] 5-10 weeks
- [ ] 11-20 weeks
- [ ] More than 20 weeks
- [ ] Don't know

8. How frequently do the programme activities take place?

- [ ] At least once a day
- [ ] At least once a week
- [ ] Once a term
- [ ] We don't really implement the programme activities

9. Please summarise the main purpose of the programme.

We will now ask you to provide a small amount of information about each of these programmes. If you selected the option 'Three or more' in the previous question, you will only be asked to provide information on the first three programmes. Please remember that we are only interested in language or behavioural programmes designed for 3 to 4 years old children or their parents/legal guardians.

10. What is the name of the programme? (Please fill in N/A if the programme does not have a name)

11. What is the main purpose of the programme? Please select all relevant options.

- [ ] Improve child's spoken language ability
- [ ] Improve child's behavioural development
- [ ] Enhance parental engagement in the early years
- [ ] Other (please specify):

12. Who normally delivers this programme?

- [ ] Internal Early Years' Practitioners
- [ ] External Consultants
- [ ] Other (please specify):

13. How long does the programme last?

- [ ] Less than 5 weeks
- [ ] 5-10 weeks
- [ ] 11-20 weeks
- [ ] More than 20 weeks
- [ ] Don't know

14. How frequently do the programme activities take place?

- [ ] At least once a day
- [ ] At least once a week
- [ ] Once a term
- [ ] We don't really implement the programme activities

15. Please summarise the main purpose of the programme.

We will now ask you to provide a small amount of information about each of these programmes. If you selected the option 'Three or more' in the previous question, you will only be asked to provide information on the first three programmes. Please remember that we are only interested in language or behavioural programmes designed for 3 to 4 years old children or their parents/legal guardians.

16. What is the name of the programme? (Please fill in N/A if the programme does not have a name)

17. What is the main purpose of the programme? Please select all relevant options.

- [ ] Improve child's spoken language ability
- [ ] Improve child's behavioural development
- [ ] Enhance parental engagement in the early years
- [ ] Other (please specify):

18. Who normally delivers this programme?

- [ ] Internal Early Years' Practitioners
- [ ] External Consultants
- [ ] Other (please specify):

19. How long does the programme last?

- [ ] Less than 5 weeks
- [ ] 5-10 weeks
- [ ] 11-20 weeks
- [ ] More than 20 weeks

- [ ] Don’t know

20. How frequently do the programme activities take place?

- [ ] At least once a day
- [ ] At least once a week
- [ ] Once a term
- [ ] We don't really implement the programme activities

21. Please summarise the main purpose of the programme.

Structured activities since setting closure due to the COVID-19 outbreak

In this section we will ask you about your experience educating children in your nursery since implementing social distancing guidelines due to the COVID-19 outbreak.

22. Did your setting remain open to key workers children during the COVID-19 crisis?

- [ ] Yes
- [ ] No
- [ ] Don't know

23. Since your setting closed following the COVID-19 outbreak, have any support or resources been made available to the families in your setting in order to support home learning? (E.g. resource packs, telephone calls, food parcels, online support)

- [ ] Yes
- [ ] No

24. Please describe any additional support above and beyond what you would normally provide for home learning to 3-4 year old children and their families in your nursery during the COVID-19 outbreak.

25. Are the majority of families engaging with the resources that have been made available online since your setting closed?

- [ ] Yes
- [ ] No
- [ ] Don't know

26. Is there anything else you would like us to know about your experience of educating children in your setting in light of social distancing measures implemented due to the COVID-19 outbreak?

END OF SURVEY

Thank you very much! The survey ends here.

Contact the evaluation team on **TRIPLEP@randeurope.org** for any questions or queries.

The EEF provide a range of online resources to support remote teaching and learning during the implementation of social distancing guidance. To access online resources for literacy teaching and learning, please visit the following link to the EEF website: **https://educationendowmentfoundation.org.uk/covid-19-resources/**

This document is available for download at https://educationendowmentfoundation.org.uk

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