

# IS STATEWIDE DELIVERY OF STEPPING STONES TRIPLE P EFFECTIVE?

RESEARCH PROGRAM FINDINGS AT A GLANCE

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## In a nutshell

- In 2012 the National Health and Medical Research Council (NHMRC) funded us to research the Stepping Stones Triple P program.
- Stepping Stones Triple P (SSTP) is a program which teaches parents how to encourage healthy behaviour and emotions in children with developmental disabilities.
- The project examined whether a program with a demonstrated ability in research trials to improve mental health outcomes could do so with positive impact across whole communities.
- The project offered free training in Stepping Stones Triple P program delivery to people already working with children with developmental disabilities, such as teachers, early childhood workers, health or disability support workers.
- These practitioners then offered Stepping Stones Triple P free of charge to families of children with developmental disabilities aged from 2 to 12 years in Queensland, New South Wales and Victoria. The program was delivered in a range of formats and at differing levels of intensity. Parents and carers were free to choose the type and level of program they wanted. A communications campaign helped raise awareness of the program's availability.



## Summary of findings

- Children's behaviour and parents' skills improved when they participated in a Stepping Stones Triple P program.
- The outcomes achieved by community practitioners and organisations were similar to those achieved in previous University located controlled research trials.
- Parenting skills improved by becoming more positive and less coercive.
- Parents' stress reduced following the program. However, reduction in parental stress was not as great in families with financial hardship.
- Participation in Stepping Stones Triple P helped families financially as they were able to take less time off work.
- Organisations and professionals adopted the program enthusiastically.
- There was a relatively high level of participation - approximately 38 per cent of the population targeted - compared with the 10 per cent who have been shown to access expert help through usual clinical sources.
- Participation of families predominantly came through the disability agencies they were connected with.
- Current funding models for the NDIS will make Stepping Stones Triple P unavailable for most families as there is inadequate funding provision for organisations to deliver group-based programs.



# What we knew before the Stepping Stones Triple P (SSTP) Project

Children with a developmental disability are three to four times more likely than other children to develop significant emotional and behavioural problems.

These problems can:

- Threaten their physical health.
- Restrict access to education.
- Lead to exclusion and isolation from the community.

In parents, the severity of their child's mental health and behavioural problems has a bigger effect on the state of their mental health than the severity of their child's disability. These behavioural problems lead to higher rates of:

- Parental distress.
- Use of respite services.
- Parents giving up care of their children.
- Parents feeling isolated and excluded from the community.
- Financial burden for families.

Only ten per cent of families with children with severe behaviour problems access expert help.



## How can we help these families?

We knew that in order to help as many children with developmental disabilities and their families as possible, any intervention would need to be:

- Cost-effective to deliver.
- Flexible enough to be able to suit the different needs of families coping with a broad range of problems.
- Most importantly, it would need to have been shown to work.

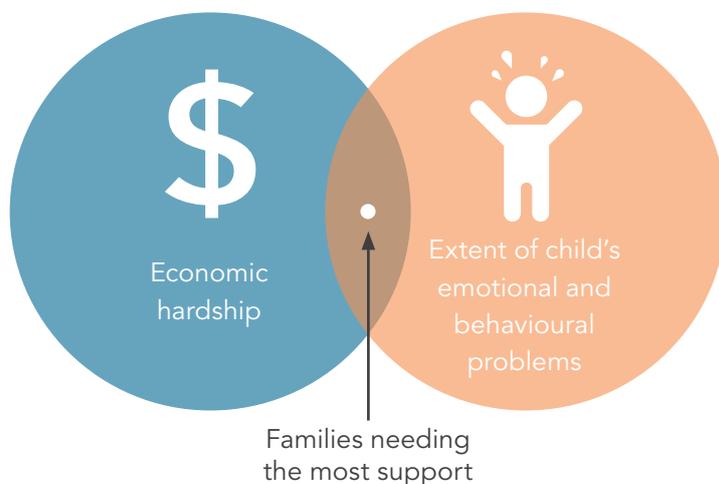
We chose SSTP for this project because it was the program that best met these criteria.

However, the success of SSTP had only been tested in small scale clinic-based research trials. We needed to determine if this intervention could be successfully applied in the wider community.

We needed to know whether families would engage and participate in the program. Then we needed to know whether organisations would take up and deliver it. Then we needed to know if it would result in lasting improvements in child behavior problems, parenting practices and family well-being. Would agencies continue to make the program available to families? Would agencies value and benefit from ongoing participation?

Families dealing with financial hardship as well as children's emotional and behavioural problems were the most at risk group of people we wanted to help.

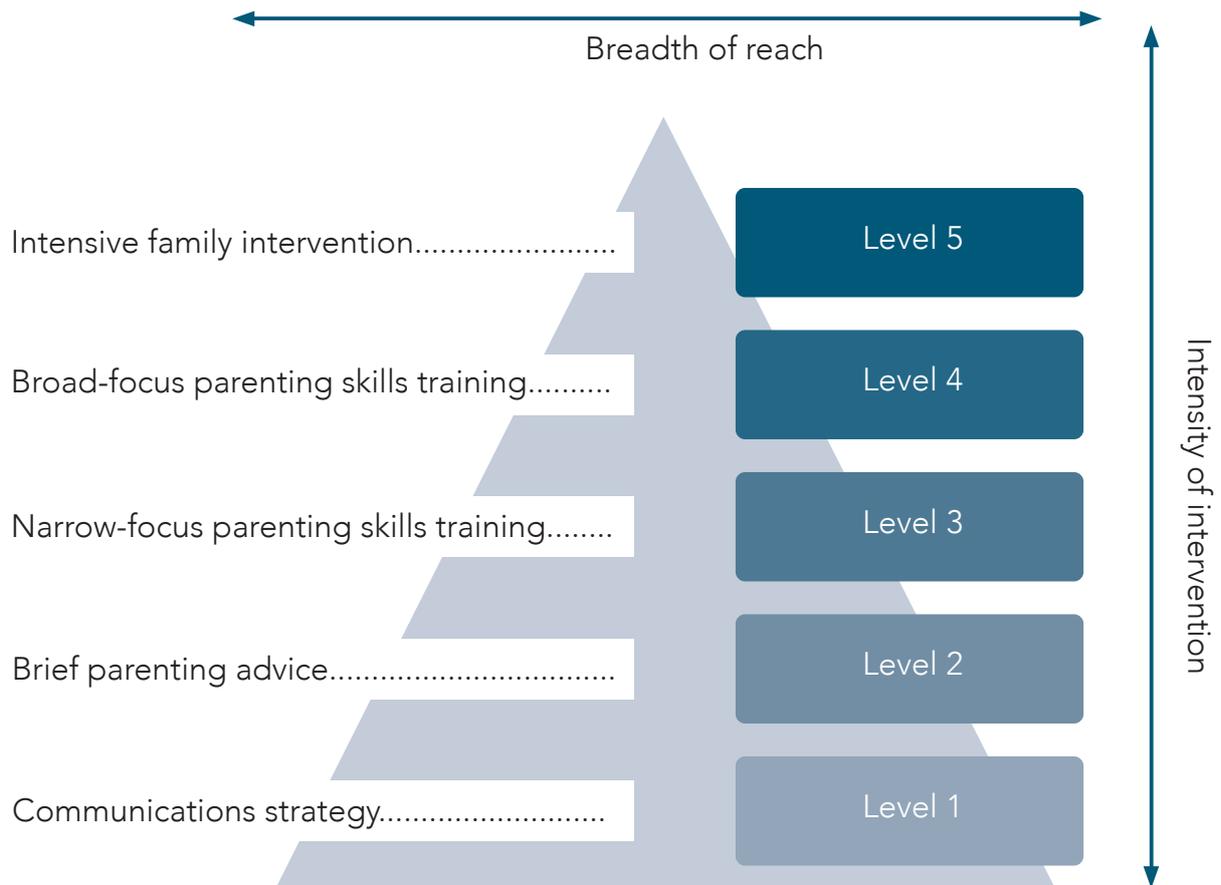
### Greatest challenges to families of children with developmental disabilities:



# What is Stepping Stones Triple P?

Stepping Stones Triple P (SSTP) is an adapted version of the Triple P – Positive Parenting Program®. It was developed specifically for families of children with a disability. It is a multi-level system of programs. Stepping Stones’ delivery to communities is introduced by a communications campaign (Level 1). Community-style “light-touch” seminars are the next level of program with interventions raising in intensity through the various program levels. Delivery style ranges from group-based delivery to one-on-one delivery.

## Not a “one size fits all” approach



# What we did

## Stage 1: MySay Survey — What parents and practitioners told us

We conducted a survey of over 1400 parents and 2500 practitioners. Parents of children with developmental disabilities told us they were stressed, anxious, depressed, lonely, isolated and suffering financial hardship. Few were getting the help they needed. Only 13 per cent of families had participated in a parenting program.

The survey also suggested that a child's behavioural and emotional problems, rather than their disability, presented the biggest challenges for parents.

## Reaching as many families as possible

We wanted to help as many people as possible. To do this, we designed a communications campaign involving meetings with disability organisations and clinicians, media liaison, launch events, practitioner and websites, a Stepping Stones facebook site brochures and flyers and "Getting Started" guides. The campaign had the goal of raising public awareness on issues surrounding raising a child with a disability.



## What did we learn from the communications campaign?

We found that most participating parents heard about Stepping Stones from a source with whom they already had an established relationship such as a teacher, early childhood worker, health professional or disability organisation.

## Did families participate in the project?

Nearly 3000 parents and carers participated in Stepping Stones programs. Participation reached 38% of the target population, nearly 4 times the rate observed for attendance at specialist clinical consultations.

However, practical problems such as distance, child-care, lack of time and family stress remain barriers to participation for some families who would like to participate.

## What did we learn about what prevents parents from attending a parenting program?

The most common reasons people did not take up Stepping Stones was that the location or time of the program was not convenient, childcare was unavailable, and/or they were just too stressed and busy to attend. This showed that programs need to be held at a wide range of convenient locations and times. Families experiencing financial hardship need additional supports to help them access programs.

## Did practitioners and organisations participate in the project?

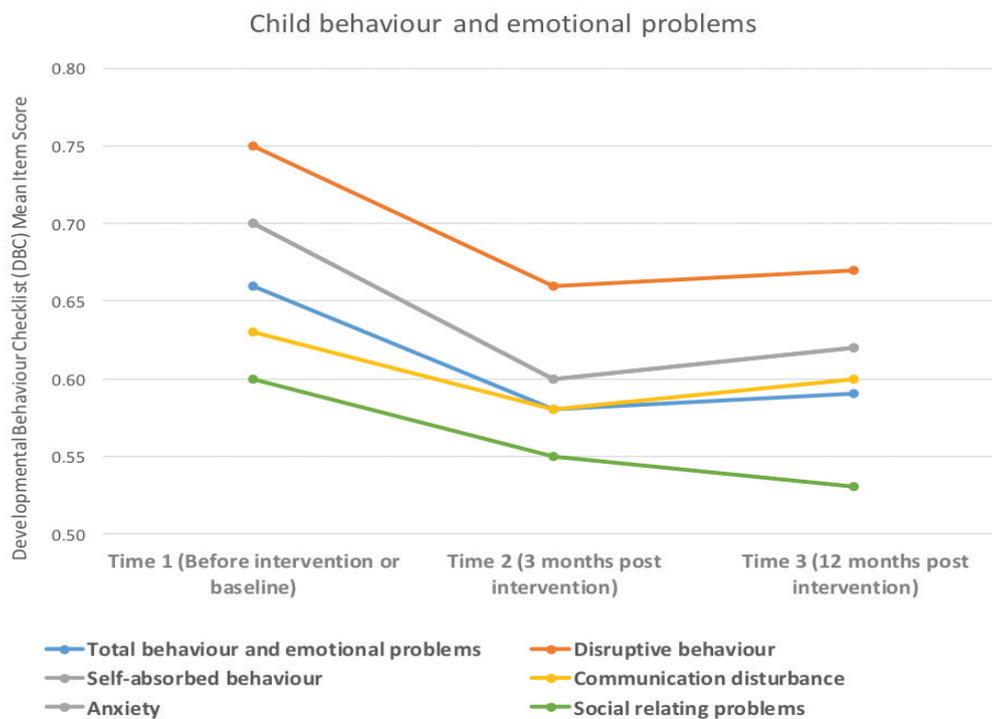
There was a high level of demand. The program had a high level of adoption amongst organisations and practitioners in the disability field. In fact there were far more applications for practitioners to be trained than there were positions for training available in the budget. Those trained under the project came from education, early intervention, disability services and private practitioners.

## Was the program effective?

We checked-in with families three months after they attended a Stepping Stones program. We learned that, as a result of Stepping Stones, life was better in many ways:

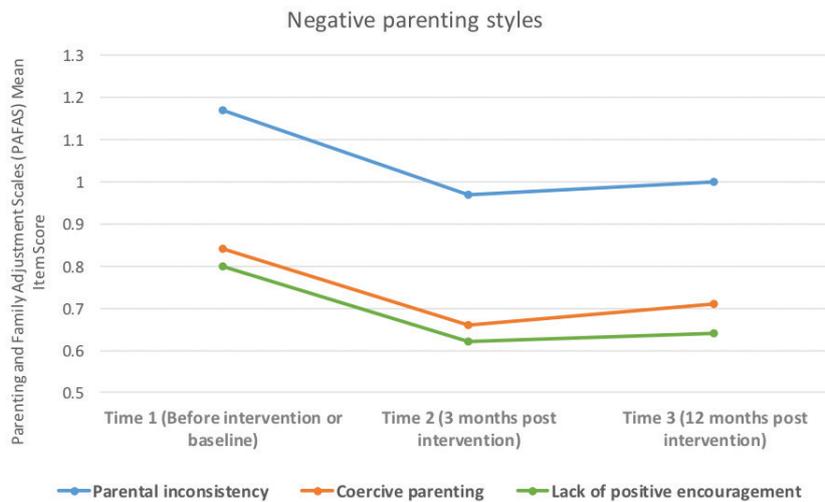
### Child behaviour improved

On all measures of negative child behaviour, a significant decrease was shown three months after the intervention and these gains were maintained 12 months later.



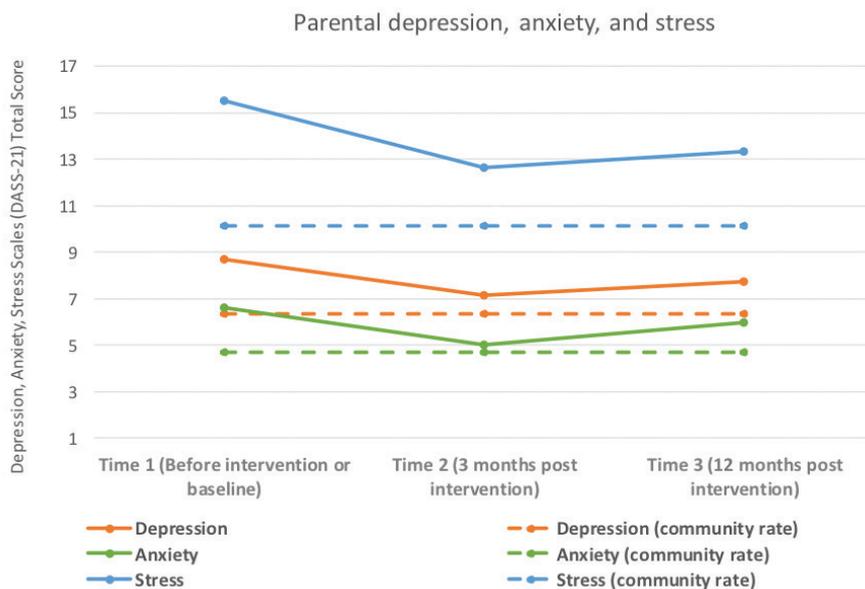
## Parents improved their parenting skills

Parents became more consistent in their parenting strategies. They used fewer coercive strategies and used more positive encouragement. A year after the program, improvements were maintained.



## Parental Stress, Anxiety and Depression significantly decreased

Following participation in a Stepping Stones program, parents reported lower levels of stress, anxiety and depression. However, even though stress, anxiety and depression improved, the experience of these problems were still significantly at a higher level than in the general Australian community.



## Financial hardship impacts parental stress

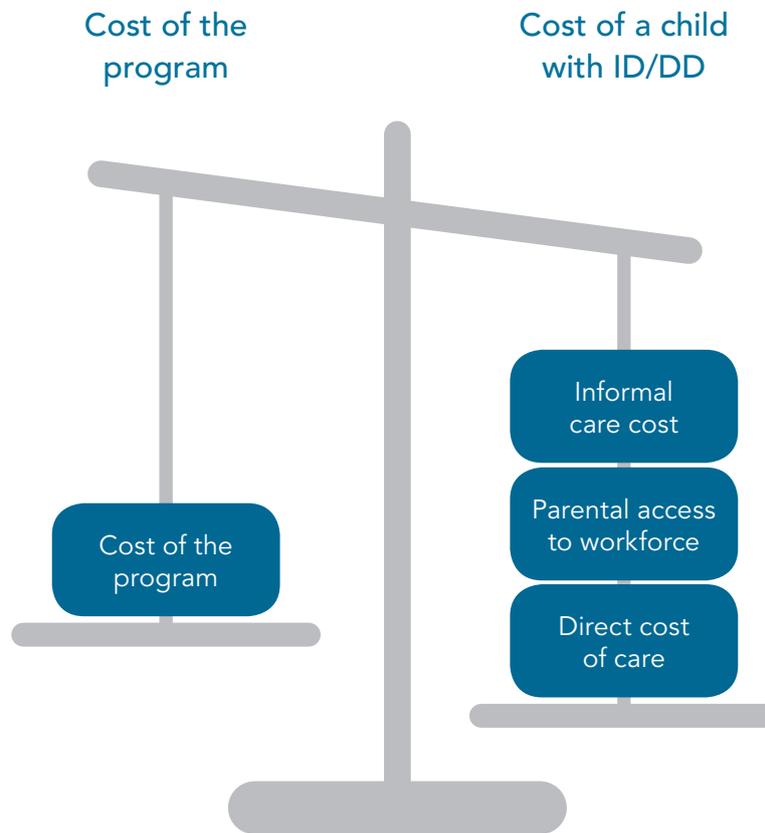
It should be noted that parents in families with no financial hardship showed the greatest decrease in parental stress, anxiety and depression after three months. For families that experience financial hardship, reductions in their level of stress were less evident.

## Group or Individual delivery?

Levels three and four were equally effective whether delivered individually or to groups of parents.

# Is Stepping Stones a cost-effective way to deliver an intervention to help families of children with developmental disabilities?

Yes, it was cost-effective.



The cost of establishing and implementing SSTP was calculated. When compared with the value of cost savings SSTP was found to save \$574 per family per year. This was primarily because of increased capacity of parents to return to work.

## What was the impact on participating organisations?

Sixteen of 19 managers of organisations who delivered the program were planning to continue to use SSTP in part or as a whole after the research program concluded. These managers emphasized the role of future NDIS support as a determinant of viability of the program.

# Recommendations

## Recommendation 1:

**Support for all children with disabilities should be evidence-based and cost effective.**

This project found evidence that a flexible, multi-level community-wide delivery of SSTP is effective for parents. It was cost effective mainly because the reduction of child behavior problems enabled parents to return to work.

## Recommendation 2:

**Organisations need to be funded to organise and deliver group programs.**

This study demonstrated that individual parents and practitioners cannot successfully organize and sustain delivery of group programs. Therefore, the NDIS funding model with its focus on individual beneficiaries needs to have a mechanism for funding delivery of group programs by organisations.

## Recommendation 3:

**A special focus is needed to overcome practical barriers to program participation.**

Practical barriers included lack of after-hours programs, inconvenient location, lack of child care, transportation problems, language and social isolation. These were particular difficulties for families experiencing financial hardship.

## For further information about the SSTP programs go to:

<https://www.triplep.net/glo-en/the-triple-p-system-at-work/the-system-explained/specialist-programs/>



# Acknowledgements

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