CASE study: THE NETHERLANDS

The strength of Parenting Support

Preventing severe problems through the Triple P

Positive Parenting Program

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This material is part of a compilation of various case studies from across Europe that show different facets of early childhood development, and the types of policies and interventions that we are promoting through the 'First Years, First Priority' campaign.

first years first priority

A FAIR START FOR every CHILD IN EUROPE

BACKGROUND INFORMATION

A strong welfare state, the Netherlands prides itself on having a healthcare system that provides **accessible, affordable and good quality care**[1]. Led by the motto ***"The Netherlands healthy and well"***, the Ministry of Health, Welfare and Sport aims to 1) keep everyone healthy as long as possible, 2) restore the sick to health as quickly as possible, 3) seek to support people with a physical or mental limitation and 4) promote social participation[2].

However, like in many EU countries, significant health inequalities remain. There is a six-year gap in life expectancy between people with low and high educational attainment, and poorer health outcomes for immigrants from outside the EU[3]. Currently, "***mental disorders*** *represent both the greatest burden of disease and one of the only groups of conditions with rising mortality rates in recent decades"*[4].

In terms of youth healthcare services, the Netherlands has followed the example of several countries such as England, Germany, Belgium and Finland, in creating centres for the integrated delivery of services for parents and children often labelled as **Parent and Child Centres** (PCCs)[5].

The PCCs are designed to:

1. **support better parenting**
2. **strengthen parenting competencies**
3. **identify social and health risks at an early stage**
4. **offer early interventions in case of problems with developments or parenting of children**[6]

Teams of doctors, nurses, midwives, maternity help professionals and educators are integrated into multidisciplinary teams in neighbourhood-based centres and they perform a ***gatekeeper function*** by being the first contact that new parents have with the supporting health and social care system[7].

The city of Amsterdam has a long-standing experience with integrated youth health care with its first PCC established in 1997. The city of Amsterdam is a municipality under the Dutch Municipalities Act[8] and is governed by:

1. **a municipal council** (gemeenteraad, the principal legislative authority)
2. **a municipal executive board** (college van burgemeester en wethouders)
3. **a mayor** (burgemeester). The municipal council has 45 seats and its members are elected for a four-year

1 Healthcare in the Netherlands. Ministry of Health, Welfare and Sport. Published in November 2018, p. 3
2 Ministry of Health, Welfare and Sport. Government of the Netherlands Website. Available in English.
3 Kroneman M, Boerma W, van den Berg M, Groenewegen P, de Jong J, van Ginneken E (2016). The Netherlands: health system review. Health Systems in Transition, Vol 18, n.2, 2016, p. x (executive summary)
4 Ibid.,
5 Busch V, Van Stel HF, De Leeuw JRJ, Melhuish E, Schrijvers AJP. Multidisciplinary integrated Parent and Child Centres in Amsterdam: a qualitative study. International Journal of Integrated Care. Vol 31, nr.2, 2013, p.2
6 Ibid.,
7 Ibid.,
8 (Dutch) Municipalities Act. Government of the Netherlands. (Text as at 12 November 2013), Available in English.

AMSTERDAM CASE STUDY: TRIPLE P – POSITIVE PARENTING PROGRAM

Prompted by the killing of Dutch filmmaker Van Gogh, and the subsequent national debate on integration, Amsterdam City Council tabled a motion in Spring 2005 stating '*that every child in Amsterdam deserves opportunities for education, for prosperity, for a future, but that not every child in Amsterdam gets a real chance*'. They allocated €3.5 million from the 2006 budget for a plan that would '*help parents raise their children better and, if necessary, force them to take steps to improve; support Amsterdam schools where there are gaps; offer responsible care and positive activities for young children'*.

After a rigorous selection process, the Board chose **Triple P – Positive Parenting Program** (Triple P) as one of the suitable programmes implemented in the city of Amsterdam from 2006-2014.

OVERVIEW: TRIPLE P – POSITIVE PARENTING PROGRAM

Triple P aims to ***prevent problems*** in the family, school and community before they arise and to ***create family environments that encourage children to realise their potential***. It has had more than 940 trials, studies and published papers, including more than 320 evaluation papers and over 160 randomised controlled trials, and is used in more than 25 countries[9]. It is based on social learning, cognitive behavioural and developmental theory as well as research into risk factors associated with the development of social and behavioural problems in children. Tripe P aims to equip parents with the skills and confidence they need to be ***self-sufficient*** and to be able to manage family issues without ongoing support[10].

Triple P is not one single programme, but a suite of interventions of increasing intensity for parents of children 0–16 years. Triple P is designed to help parents by encouraging self-sufficiency and prevent over-servicing and its system has **five levels**:

- **Level 1** Communications strategy
- **Level 2** Brief parenting advice
- **Level 3** Narrow-focus parenting skills training
- **Level 4** Broad-focus parenting skills training
- **Level 5** Intensive family intervention

Level 1: Stay Positive Communications Campaign that aims to:

1. De-stigmatise and normalise the process of seeking parenting help;
2. Encourage parents to participate in positive parenting interventions;
3. Increase the visibility and reach of positive parenting interventions;
4. Counter alarmist, sensational or parent-blaming messages in the media; and
5. Help parents become more confident and self-sufficient in their parenting.

The range of materials can include brochures, flyers, posters, radio spots, billboards, banners, parent newspapers and a local Stay Positive website[11].

9 World Health Organization (2009). *Preventing violence through the development of safe, stable and nurturing relationships between children and their parents and caregivers. Series of briefings on violence prevention: The evidence.* Geneva, Switzerland: WHO.
The United Nations Office on Drugs and Crime. (2009). *Compilation of evidence-based family skills training programs.* Retrieved from http://www.unodc.org/docs/youthnet/ Compilation/10-50018_Ebook.pdf.

10 Sanders, M. R. (2012). Development, Evaluation, and Multinational Dissemination of the Triple P-Positive Parenting Program. *Annual Review of Clinical Psychology, 8*(11), 1-35.

11 Stay Positive. Triple P Official Website.

In 2006 the Education Support and Training Service Bureau (SO&T) developed a mass media marketing campaign to support the roll out of Triple P across the city of Amsterdam and launch Stay Positive. SO&T together with Bureau Blanco, a local social marketing and advertising agency, developed a four-phase communications campaign aimed at raising awareness of Triple P and **normalising the notion of seeking parenting help**[12]. Overall, the campaign aimed to:

1. Build Triple P brand awareness among all parents with children 0–18 years old;
2. Promote free Triple P parenting services;
3. Prepare the population for Triple P's Level 2-5 interventions;
4. Offer information, tips and help on positive parenting online. From 2006-2014, residents of Amsterdam became acquainted with Stay Positive through the TIP-Paper, multiple interviews in local and national newspapers, magazine articles, advertisements, wall signs on organisations working with Triple P, and other relevant social marketing materials.

Levels 2–4[13] provide direct support to parents at increasing levels of intensity and different formats. **Level 5** addresses issues that complicate parenting (e.g. partner conflict, stress, mental health, anger management, risk of child maltreatment, separation or divorce) and the issue of childhood obesity.

TRAINING AND DELIVERY

Triple P was implemented from 2006-2014, targeting parents with children from 0-16 years old. Triple P's training is built on a self-regulatory approach and is not overly didactic. Training is condensed into a series of intensive workshops, to reduce the need for extensive time away from employment or family. Once a practitioner is trained in a core Triple P programme they may add extension trainings and modules over time[14].

In Amsterdam, a project team was established and trained in every borough (city part). The aim of the programme was to ensure that all parents with children 0-16 years old would encounter Triple P **at least once** during their child's life. Thus, all nurses in child health clinics and other practitioners working with parents and children such as social workers and early childhood educators received the core training.

The value of the Triple P training was as follows:

- Participants appreciated Triple P's bottom-up approach as it was based on the needs and questions of practitioners themselves
- Practitioners were able to apply the training to their work with parents and children immediately and continue to do so throughout the professional life, meaning the investment was cost-effective in the long-term
- The experience of Triple P differed from previous initiatives that were too frequent and lacked appropriate training & support.

Throughout the implementation of the programme, specific effort was made to reach out to first and second-generation immigrant families. Contact was made through places of interest such as schools and 'Parent and Child' Centres. The presence of existing professionals from the target group with knowledge of the language and culture, proved to be a major advantage in establishing a positive relationship and fruitful engagement. The percentage of first and second-generation immigrant families that came into contact with the programme was proportionate to the population composition. However, it was deemed necessary to continuously increase efforts and forge stronger ties to these often segregated communities.

12 Sanders, Matthew and Trevor G. Mazzucchelli. 'The Power of Positive Parenting. Transforming the Lives of Children, Parents, and Communities Using the Triple P System'. Oxford University Press, December 2017, p.385.
13 See the Triple P System Table for a summary of all courses.
14 Training and Delivery. Triple P Official Website.

EVALUATION AND SUCCESSFUL ELEMENTS

The results show that the roll-out of Triple P was very successful in Amsterdam. In total, 60,769 Triple P interventions were registered, out of approximately 110,000 parents, consisting in 77% of parents being familiar with Triple P and positive parenting. In addition, there was an increase of normalisation of seeking parenting support: after the initiative, 78% of the parents thought that it was normal in comparison to 60% before the campaign[15]. The Triple P campaign resulted in significant improvements among the targeted population, namely:

1. Less dysfunctional parenting styles;
2. Increased parenting confidence;
3. Decreased parental conflict over parenting; and
4. Improvement of conflict between parents and teens. Not only did Triple P positively affect the lives of parents and their children, but it also had a positive effect on the collaboration between organisations.

A harmonious family situation is the foundation for healthy parents and children, from both a physical and emotional perspective. Triple P can improve harmony in families, which in turn can lead to reductions on health care spending. The evaluation showed a fall in the intensity of the youth incidents and riots, as well as improvements in the overall well-being of children and their parents compared to the programme's starting point in 2006.

After initial implementation, support for the Triple P program was continued through a local Triple P coordinator. Also, when the new Youth Act was implemented in 2017, research amongst professionals recommended the continued use of Triple P as the key method when working with families[16]. During the COVID-19 pandemic, Triple P provided an online magazine for parents[17] including top-10 tips, available in 9 languages, to help families face the challenges during the crisis. The online parenting program, Triple P Online, was made available for parents living in Amsterdam in Dutch, English and Arabic.

15 Goossens, F. X., & de Graaf, I. M. (2010). Positief opvoeden. Campagne maakt stellen van opvoedvragen normaal. [Positive parenting. Raising questions about parenting made normal through campaign.] *Jeugd en Co Kennis, 4,* 24-33. Only in NL.

16 https://neja.nl/wp-content/uploads/2015/10/rapport-ouders-ondersteunen-bij-de-opvoeding-definitief-071117.pdf

17 https://www.positiefopvoeden.nl/nl/home/

Triple P's implementation in Amsterdam has been successful in the following areas:

1. More focus on prevention in youth care and youth support

The Triple P interventions gave parents the tools to develop their parenting skills and adequately tackle family issues. Youth care and youth support organisations were able to shift their focus from screening to supporting parents, enabling the early detection of problems, increased well-being of children and parents, and lower the overall health care costs.

2. Increased interagency cooperation between youth organisations and professionals

All professionals directly or indirectly working with parents and children were trained in Triple P, ensuring a higher level of trust and the ability to speak a 'common language' in inter-disciplinary collaborations and in working with children and families. In addition, this allowed for swift referrals, increased level of effectiveness in treatments, and early prevention of severe problems.

3. Normalisation of parenting support

The strength of Triple P relies on targeting all parents in the same way, thus destigmatising parenting support and the development of parenting skills. In addition, once parents become aware of Triple P, they are more likely to make use of the different interventions when problems arise. Thus, they are likely to be better equipped to deal with family-based challenges autonomously in the future.

4. Bottom-up customised approach

The bottom-up customised approach proved to be a key factor in the success of the initiative. Professionals could decide how to work with Triple P and how to be trained to best suit the needs of the target families. The local coordinator, appointed in each city area, worked closely with professionals, children and parents on how to meet their needs through Triple P interventions. Based on this input, a tailored approach was implemented respecting the needs of all parties involved which resulted in very little resistance during the implementation phase. In addition, Triple P's methods were received positively as they represent life-long skills.

5. Sustainable implementation

In order to ensure the successful implementation of the programme, Triple P International developed a framework to measure the effect of the programme and ensure a long-term impact based on implementation science, RE-AIM (Glasgow, 1999) and the National Implementation Research Network[18] (NIRN) Active Implementation Frameworks (2011).

This material has been produced with the financial support of the European Programme for Employment and Social Innovation (EaSI) 2014-2020: http://ec.europa.eu/social/easi.
The views expressed by Eurochild do not necessarily reflect the position or opinion of the European Commission.

OPEN SOCIETY FOUNDATIONS

With support from Open Society Foundations.

18 National Implementation Research Network's Website.

The partnership

- **Eurochild** is a network of almost 200 member organisations from 35 European countries working with and for children throughout Europe, striving for a society that respects the rights of children. Eurochild influences policies to build internal capacities and facilitates mutual learning and exchange practice and research.

- **International Step by Step Association (ISSA)** is an early childhood regional network founded in 1999, which through its programs and services connects the early childhood practice, research, and policy to improve the quality of early childhood systems in Europe and Central Asia. More than 90 ISSA members from 43 countries implement programs and cooperate to ensure quality and equitable early childhood services for young children, especially the most vulnerable.

- **European Public Health Alliance (EPHA)** is Europe's leading NGO alliance advocating for better health. A member-led organization made up of public health NGOs, patient groups, health professionals, and disease groups, EPHA works to improve health, strengthen the voice of public health and combat health inequalities across Europe.

- **Roma Education Fund (REF)** was created in the framework of the Decade of Roma Inclusion in 2005. Its mission and the ultimate goal is to close the gap in educational outcomes between Roma and non-Roma. To achieve this goal, the organization supports policies and programs which ensure quality education for Roma, including the desegregation of education systems.

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National Coordinators: Pomoc Deci (Serbia), Plataforma de Infancia (Spain), Fundação Nossa Senhora do Bom Sucesso (Portugal), Central Union for Child Welfare (Finland), Family, Child, Youth Association (Hungary), Child Rights Alliance (Ireland), Trust for Social Achievement (Bulgaria), Step by Step Center for Education and Professional Development (Romania), Ensemble pour l'Éducation de la Petite Enfance (France).