




From intent to implementation: Triple P Online in a child and adolescent mental health service

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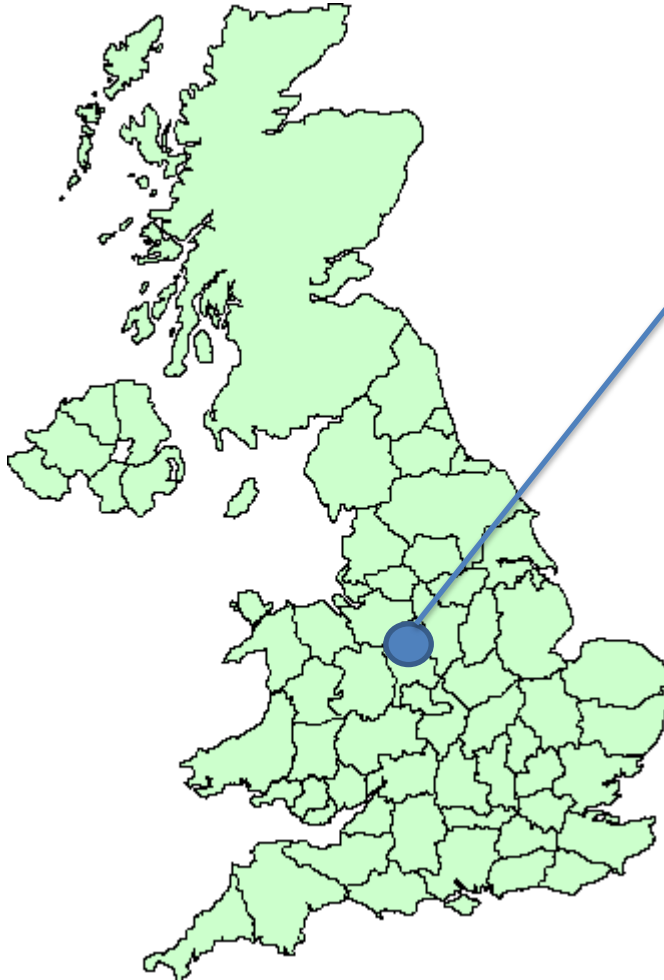
Prepared with the assistance of James McGuirk (Play and Parenting Specialist)
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OUTLINE

- Our Service
- Getting Started
- Changing learning patterns, changing services
- What is Triple P Online
- What we did well and what we're doing differently
- TPOL outcomes
- The future
- Customer feedback



Our Service - North Staffordshire



Stoke on Trent and North Staffordshire

- Population 500,000
- Mixed urban and rural area
- High deprivation in the urban areas

North Staffs CAMHS

- Our CAMHS accepts about 2250 referrals annually
- 52% of referrals are behavioural or neurodevelopmental issues.
- We offer Triple P as our evidence based parenting offer seeing over 500 families a year.

Getting Started in North Staffs

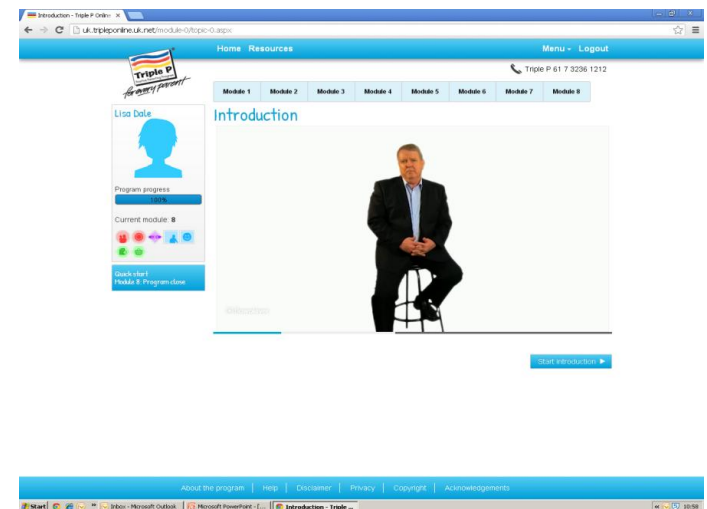
2003 Triple P groups

2006 Driving Mum and Dad Mad alongside online/self directed support

2012 Triple P online available

2013 Triple P online pilot

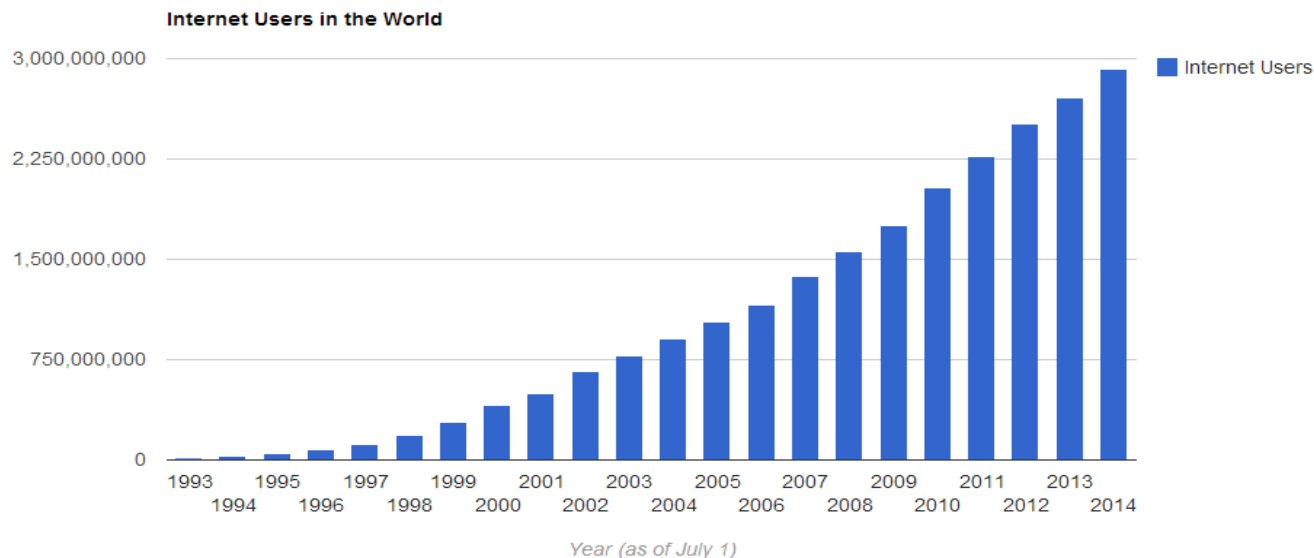
2015 Triple P online as part of our core offer



Changing Learning Patterns, Changing Service Design

- Nearly all adults under 35 years old now go online (98%). *Ofcom 2014, UK figures.*
- E learning in organisations has risen to 27% of learning opportunities *(NIACE, 2010)*
- “Technology enabled care services can transform peoples’ lives.” *NHS England 2014*

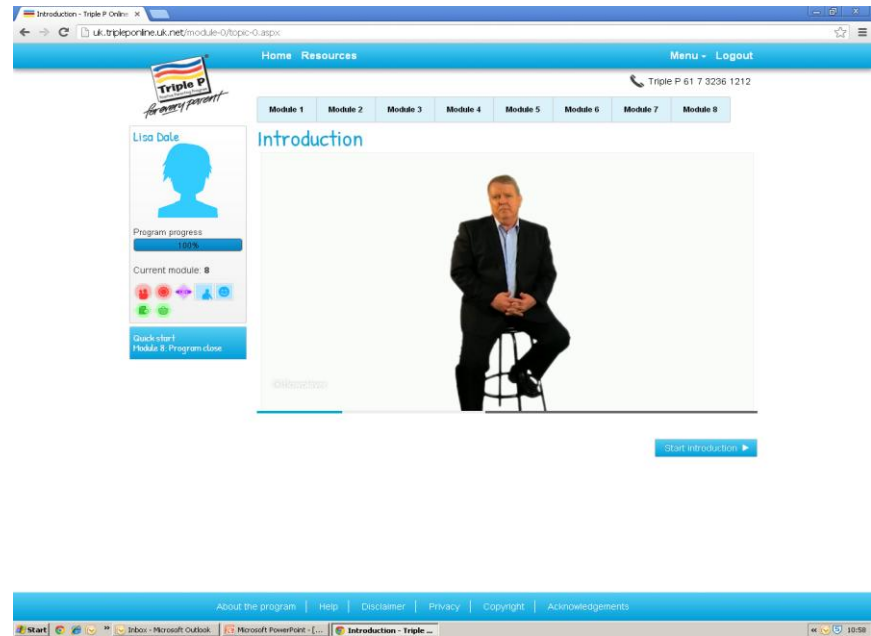
Around 40% of the world population has an internet connection today ([view all on a page](#)). In 1995, it was less than 1%. The number of internet users has increased tenfold from 1999 to 2013. The **first billion** was reached in 2005. The **second billion** in 2010. The **third billion** in 2014. The chart and table below show the number of global internet users per year since 1993:



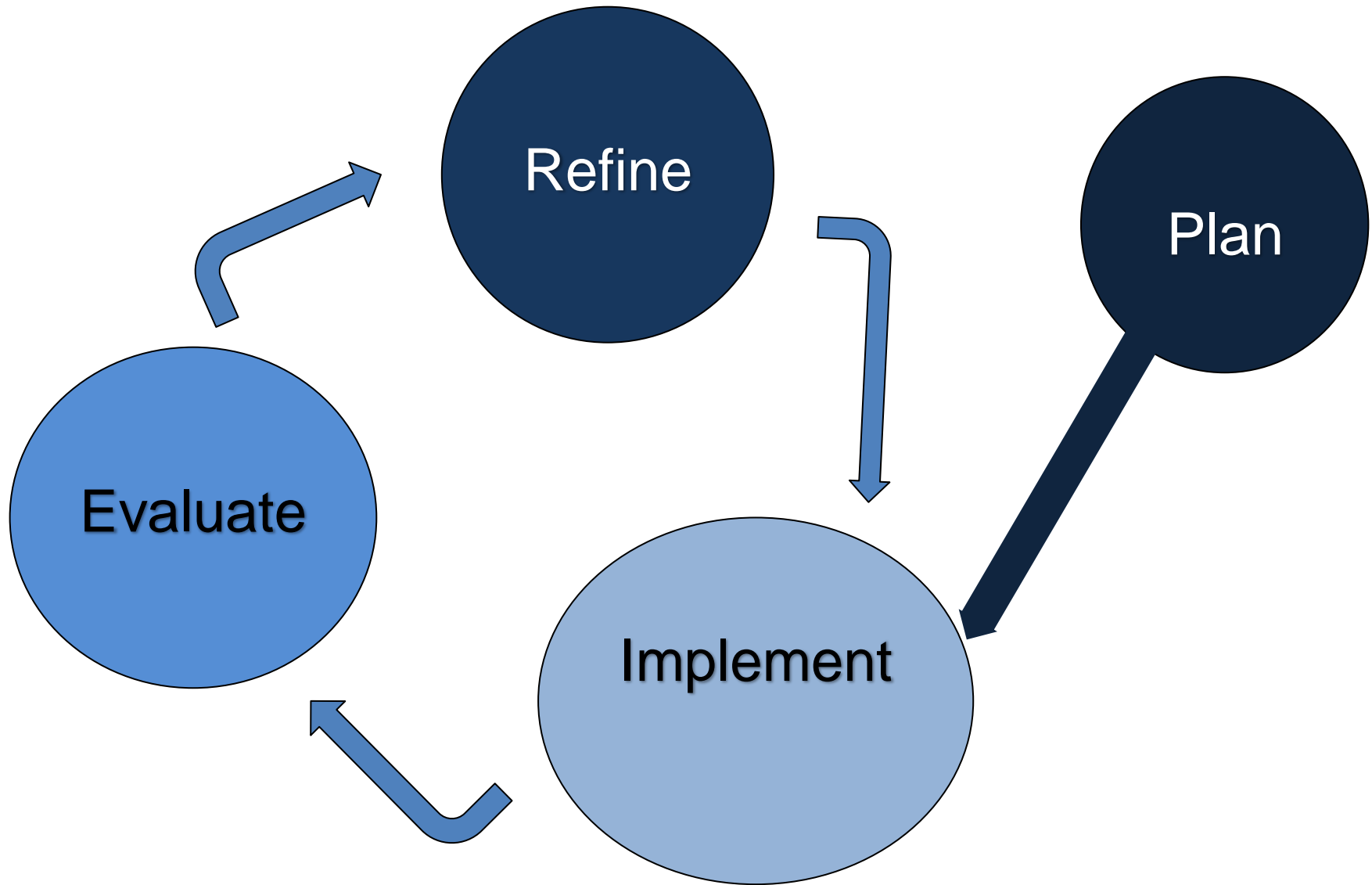
What is Triple P Online?

- 8 module level 4 Triple P intervention
- Key features:
 - Mentor introduces and summarises modules
 - Audio visual presentation of information
 - Interactivity through exercises, individual goal setting, feedback and weekly check in
 - Downloadable tip sheets / pod casts
 - Personalised and printable parent work book
 - ‘Badges’ acknowledge achievement

Turner and Sanders (2010)



Innovation Cycle



What we did well in the beginning



- Driven to innovate
- Well trained Triple P workforce
- Specific TPOL training
- Strong rationale to include TPOL into our service offer
 - Improving access
 - Cost effective
- Operated with minimal sufficiency in mind

Parent feedback: 'I like that it can be accessed at any time, it is very convenient'

Discoveries

- We, and our, clients knew less about online learning than we thought
- We were too minimal in our scaffolding of TPOL initially
- We didn't track progress consistently
- We hadn't embedded TPOL fully in our parenting offer

Parent feedback 'If you don't have a printer you will not have any of the information from the sessions, apart from on your computer'

Practitioner feedback
'Sometimes it was hard to know when to check in with families to see how they were doing'



Initial data

- Our TPOL clients were a sub-set of our referrals
- More fathers accessed TPOL than the group program
- More working parents accessed TPOL than group



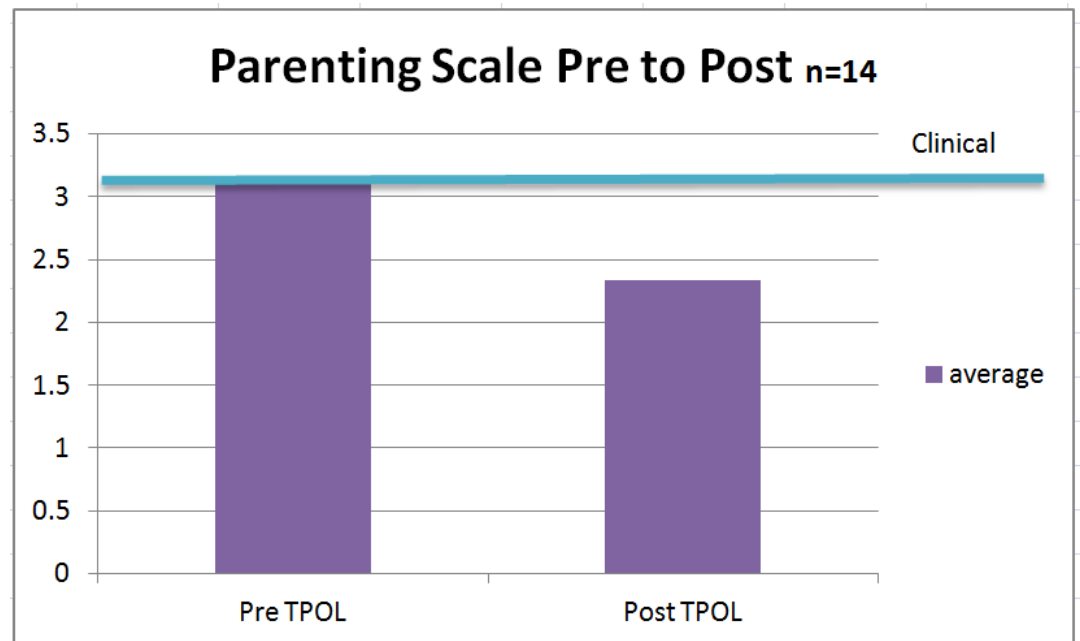
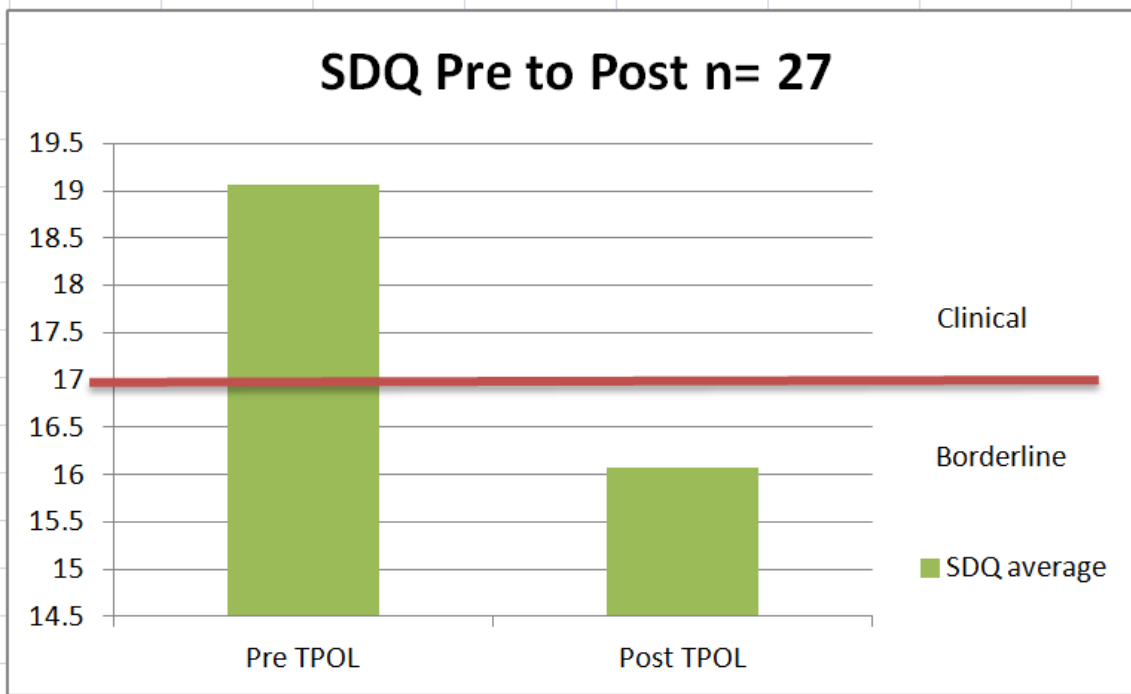
Offering choice

Practitioner feedback 'We provided Triple P to families who might otherwise not have had access to the invention, and would have missed out on the resultant outcomes for their child'

Parental reasons for selecting TPOL n = 34

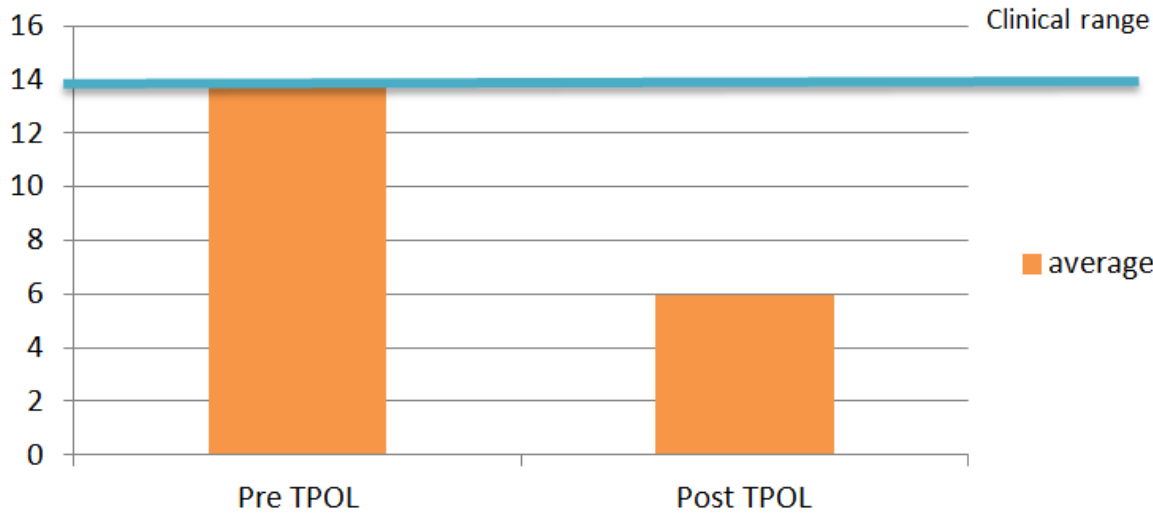
%	Reason
44%	Childcare - Lack of options for childcare
41%	Work/study commitments – difficult accessing fixed groups (e.g. shift work, working away from home)
9%	Dislike of groups
3%	Poor health
3%	Transport difficulties

Clinical Outcomes

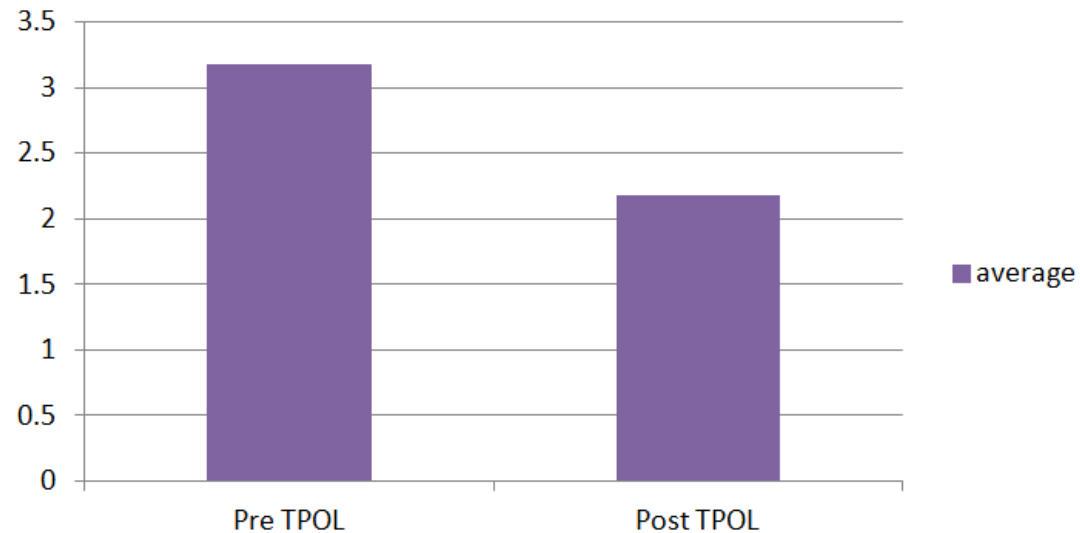


Parental Well-Being Outcomes

Depression, Anxiety, Stress Scale Pre to Post n=14



Parent Problem Checklist n = 11





What we will do differently now

- Review and revise the TPOL protocol
- Increase the soft data collection, differentiate TPOL data
- Review effectiveness of protocol for partial completers
- Review our processes for collecting post TPOL assessment data

Practitioner feedback

‘Getting the post test data was very challenging and we could not get it as often as we needed to’



- TPOL as a waiting list initiative
- TPOL as a cost effective alternative for those who can't attend groups
- TPOL as a continuing part of our core evidence based parenting offer
- Systematic data collection and exploration of outcomes with sub-clinical compared to clinical presentations

Find out more...

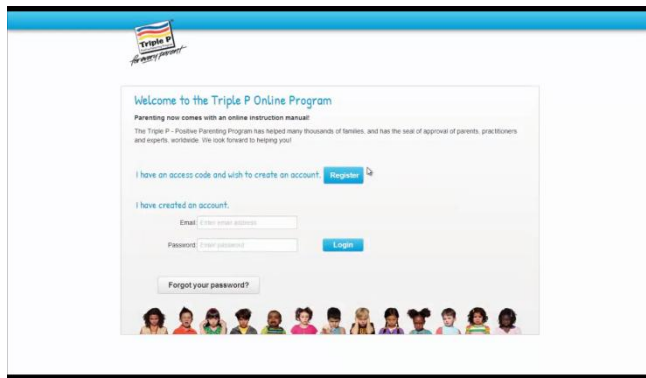
<https://www.youtube.com/watch?v=koWlzJgTRbE>

<https://www.youtube.com/watch?v=joa2ZgtsBxU>



For practitioners - video introduction to TPOL

<http://player.vimeo.com/external/73918237.hd.mp4?s=faca2b856fc0951c9ee69e0b51a43bfa>



For parents - video introduction to commencing TPOL

<http://player.vimeo.com/external/73918238.hd.mp4?s=6f8b87851d4ecbe758e8a4c2a0298553>

Customer feedback

'If you don't complete a session, it remembers where you were up to and you don't have to start the module all over again'

'Having an e-mail and telephone number as a point of contact if you get stuck'



'The videos in the later modules of children not following instructions or following the rules and the strategies that can be used when this happens'

'The review telephone calls, to keep you on track'

'Pleased with the amount of strategies provided'