

Last reviewed: September 2017

Intervention website: www.triplep-parenting.net

GUIDEBOOK INTERVENTION INFORMATION SHEET

Triple P Online

Please note that in the ‘Intervention Summary’ table below ‘child age’, ‘level of need’, and ‘race and ethnicities’ information is **as evaluated in studies**. Information in other fields describes the intervention as **offered/supported by the intervention provider**.

Intervention summary	
Description	Triple P Online (TPOL) is a web-based parenting intervention for families with a child between 2 and 9 years old. The intervention is delivered virtually through eight self-directed sessions of 30 to 60 minutes each. A practitioner is also available to provide three hours of support spread over approximately four sessions of 45 minutes each. The online content provides parents with tools to manage challenging child behaviour and enhance family relationships.
Evidence rating	3+
Cost rating	1
Child outcomes	<ul style="list-style-type: none">• Preventing crime, violence and anti-social behaviour<ul style="list-style-type: none">- Improved behaviour- Reduced hyperactivity.• Supporting children’s mental health and wellbeing<ul style="list-style-type: none">- Improved emotional wellbeing.
Child age (population characteristic)	2 to 9 years old
Level of need (population characteristic)	Targeted indicated

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Intervention summary	
Race and ethnicities (population characteristic)	Not reported
Type (model characteristic)	Individual
Setting (model characteristic)	Online
Workforce (model characteristic)	A practitioner with a qualification in a helping profession, such as psychology or social work.
UK available?	Yes
UK tested?	No

Model description

Triple P Online (TPOL) is part of the Triple P multilevel system of family support and is specifically for parents who prefer to access parenting support online because they are too busy, hesitant or unable to access a parenting intervention in-person. TOPL can be used as an early intervention strategy or as more intensive support for parents with a child with significant social, emotional, or behavioural problems.

TPOL is delivered virtually through eight self-directed sessions of 30 to 60 minutes each. A practitioner is also available to provide three hours of support spread over approximately four sessions of 45 minutes each.

Parents are given access to a website which enables them to work through modules sequentially. The content is the equivalent of Level 4 Standard Triple P, introducing parents to 17 strategies for encouraging positive child behaviour and enforcing age-appropriate discipline.

- Ten of the strategies are designed to promote children's competence and development (i.e. quality time; talking with children; physical affection; praise; attention; engaging activities; setting a good example; Ask, Say, Do; incidental teaching; and behaviour charts).

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- Seven strategies are designed to help parents manage misbehaviour (i.e. setting rules; directed discussion; planned ignoring; clear, direct instructions; logical consequences; quiet time; and time-out).

Parents are also introduced to a six-step planned activities routine to enhance the generalisation and maintenance of skills promoted during the sessions.

Target population

Age of child	2 to 9 years old
Target population	The intervention can be used as an early intervention strategy for children aged 2 to 9 years old, or as a more intensive intervention for parents with children up to 12 years with significant social, emotional, or behavioural problems.

Please note that the information in this section on target population is as **offered/supported by the intervention provider**.



Theory of change

Why		Who	How	What		
Science-based assumption	Science-based assumption	Science-based assumption	Intervention	Short-term outcomes	Medium-term outcomes	Long-term outcomes
Challenging child behaviours during preschool and primary school increase the risk of behavioural problems in adolescence.	<ul style="list-style-type: none"> • Effective parenting behaviours and a predictable family environment help the child to regulate their own behaviour and reduce the risk of child behavioural problems becoming entrenched • Ineffective parenting strategies occasionally increase the risk of child behavioural problems becoming entrenched. 	All parents can benefit from advice on supporting their child's emotional needs and effective strategies for managing challenging child behaviours.	<p>Parents learn:</p> <ul style="list-style-type: none"> • Age-appropriate expectations for their child • Strategies for establishing predictable family routines • Strategies for promoting positive parent–child interaction • Strategies for reinforcing positive child behaviour through labelled praise • Strategies for implementing age-appropriate discipline. 	<ul style="list-style-type: none"> • Parents implement effective parenting strategies in the home • Parents' confidence increases • Parent–child interaction improves. 	Children's self-regulatory capabilities and behaviour improves.	<ul style="list-style-type: none"> • Children are at less risk of antisocial behaviour in adolescence • Children are more likely to engage positively with others.



Implementation requirements

Who is eligible?	Parents with concerns about the behaviour of a child between 2 and 9 years old.
How is it delivered?	Triple P Online is delivered virtually in eight self-directed sessions of 30 to 60 minutes' duration each. In addition, one practitioner can provide three hours of support spread over approximately four sessions of 45 minutes each.
What happens during the intervention?	<p>The intervention consists of eight modules designed to enhance parenting skills. The first four modules focus on core content, introducing positive parenting principles and 17 evidence-based parenting strategies. These modules address common challenges such as 'dealing with disobedience' and 'preventing problems by planning ahead'.</p> <p>The remaining four modules help parents integrate and apply these strategies to their daily routines through structured parenting plans. This approach encourages generalisation of skills, ensuring that parents can adapt the techniques to various situations.</p> <p>To support engagement and learning, the intervention includes personalised content, interactive exercises, and video-based demonstrations of parenting techniques. It also features diverse parent 'voxpops,' where parents share their experiences, and provides a customisable, printable workbook to reinforce learning.</p>
Who can deliver it?	Practitioners are expected to have a qualification in a helping profession and previous training in Level 4 Standard Triple P or comparable model.
What are the training requirements?	Practitioners are previously trained in a Triple P intervention. Therefore, no specific training or booster training is required for Triple P Online.
How are practitioners supervised?	It is recommended that practitioners are supervised by one host-agency supervisor. No training specific to Triple P Online is received by the supervisor.
What are the systems for maintaining fidelity?	<p>Intervention fidelity is maintained through the following processes:</p> <ul style="list-style-type: none"> • Other printed material • Other online material • Face-to-face training • Fidelity monitoring • Quality assurance checklist.



Is there a licensing requirement?	No
*Contact details	<p>Organisation: Triple P UK</p> <p>Email address: contact@triplep.uk.net</p> <p>Websites: www.triplep-parenting.net www.triplep.net https://pfsc-evidence.psy.uq.edu.au/</p> <p>*Please note that this information may not be up to date. In this case, please visit the listed intervention website for up to date contact details.</p>

Evidence summary

TPOL qualifies for a Level 3+ rating, as it has evidence from at least one study consistent with Foundations' Level 3 evidence strength criteria, along with evidence from other studies rated 2 or better.

The first study was an RCT conducted in Australia and is consistent with Foundations' Level 3 evidence strength criteria. This study observed statistically significant improvements in TPOL parents' reports of their child's emotional symptoms and behaviour in comparison to parents not receiving the intervention. Additionally, TPOL parents were significantly more likely to report improvements in their use of parenting practices, increased parental self-efficacy and reductions in parental anger in comparison to parents not accessing the intervention.

The second study was an RCT conducted in New Zealand and is consistent with Foundations' Level 2+ evidence strength criteria. This study observed statistically significant improvements in TPOL parents' reports in their child's behaviour and symptoms of hyperactivity in comparison to parents who did not access the intervention. Additionally, TPOL parents were significantly more likely to report improvements in their use of parenting practices, mental health symptoms (depression, anxiety, and stress), self-efficacy as a parent and greater satisfaction as a parent in comparison to parents not accessing the intervention.

TPOL can be described as evidence-based: it has evidence from at least one rigorously conducted RCT or QED demonstrating a statistically significant positive impact on at least one child outcome.

Search and review

	Number of studies
Identified in search	6



	Number of studies
Studies reviewed	2
Meeting the L2 threshold	1
Meeting the L3 threshold	1
Contributing to the L4 threshold	0
Ineligible	4

Individual study summary: Study 1

Study 1	
Study design	RCT
Country	Australia
Sample characteristics	<p>116 parents with a child aged 2 to 9 years old with elevated levels of disruptive behaviours, identified through elevated scores on the Eyberg Child Behavior Inventory.</p> <p>Most families (76%) had an income at or above the Australian median and were in employment (66%). The ethnic group most identified with was described as Australian (91%).</p>
Race, ethnicities, and nationalities	91% Australian
Population risk factors	None reported
Timing	<ul style="list-style-type: none"> • Baseline • Post-intervention • Six-month follow up.
Child outcomes	<ul style="list-style-type: none"> • Reduced child emotional symptoms (parent report) • Improved child behaviour (intensity) (parent report)



Study 1	
	<ul style="list-style-type: none"> Improved child behaviour (problem) (parent report) Reduced child conduct difficulties (parent report).
Other outcomes	<ul style="list-style-type: none"> Improved parenting style (laxness) (parent report) Improved parenting style (over-reactivity) (parent report) Improved parenting style (verbosity) (parent report) Improved parenting confidence (behaviour self-efficacy) (parent report) Improved parenting confidence (setting self-efficacy) (parent report) Reduced parental anger (problem) (parent report) Reduced parental anger (intensity) (parent report).
Study Rating	3
Citation	Sanders, M. R., Baker, S. & Turner, K. M. T. (2012). A randomized controlled trial evaluating the efficacy of Triple P Online with parents of children with early-onset conduct problems. <i>Behaviour Research and Therapy</i> . 50 (12), 675–684.

Brief summary

Population characteristics

The study involved 116 parents with children (67% male) aged 2 to 9 years exhibiting early onset disruptive behaviour. The sample consisted of 91% mothers and 9% fathers, with a mean parental age of 37 years. The majority of participants identified as Australian (91%). Around 76% of families had an income at or above the Australian median.

Study design

The study adopted a two-armed randomised controlled trial design to evaluate the effectiveness of the intervention. Participants were randomly allocated via computer-generated random numbers into the intervention group (Triple P online intervention) or a wait-list control condition (internet as usual) who were offered access to the intervention after completion of the study. There were no significant differences between conditions on demographic or outcome variables at baseline.

Measurement

Assessments took place at baseline, post-intervention (approximately 12 weeks post-baseline), and six-month follow-up. All measures were completed at all timepoints.

- Parent report** measures included the Eyberg Child Behaviour Inventory (ECBI), the Strengths and Difficulties Questionnaire (SDQ), the Parenting Scale (PS), the Parenting Tasks Checklist (PTC), the Depression Anxiety Stress Scales (DASS-21), the Parental Anger Inventory (PAI), and the Parent Problem Checklist (PPC).



- **Researcher-led** assessments included an adapted version of the Family Observation Schedule (FOS) with researchers blind to participant group.

Study retention

A total of 116 (60 participants in the intervention group and 56 wait-list control group) participated at baseline.

92% (107) parents participated in post-intervention assessment, representing 95% (57) of intervention participants and 89% (50) of wait-list control group participants.

86% (100) parents participated in the six-month follow-up assessment, representing 87% (52) of intervention participants and 86% (48) of wait-list control group participants.

Results

Data-analytic strategy

Multivariate and univariate analyses of covariance (MANCOVAs and ANCOVAs) were used to estimate the intervention's effects on the intended outcomes, with intent to treat and using the last-observation-carried-forward method to account for missing data.

Findings

Children in the intervention group showed statistically significant improvements in emotional symptoms and reductions in parent-reported number and intensity of disruptive behaviours, and reductions in conduct problems at post-intervention, compared to the control group. Reductions in parent-reported number and intensity of disruptive behaviours remained significant at six-month follow-up; however, due to uncertainty regarding baseline equivalence of the retained sample, follow-up results do not contribute to the L3 rating.

Parents in the intervention group showed statistically significant changes in parenting style compared to the control group at post-intervention, including reductions in laxness, verbosity, and overreactivity. These reductions remained significant at six-month follow-up; however, as for the child outcomes due to uncertainty regarding baseline equivalence of the retained sample, follow-up results do not contribute to the L3 rating. Parents in the intervention group also had significantly higher levels of parenting confidence and lower levels of anger. Parental stress was reduced at six-months post-intervention (but this did not contribute to the L3 rating).

Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child behaviour and adjustment (problem)	ECBI (parent report)	$d = .71$	Yes	107	Post-intervention
Child behaviour and adjustment (problem)	ECBI (parent report)	$d = .60$	Yes*	100	Six-month follow-up
Child behaviour and adjustment (intensity)	ECBI (parent report)	$d = .89$	Yes	107	Post-intervention
Child behaviour and adjustment (intensity)	ECBI (parent report)	$d = .74$	Yes*	100	Six-month follow-up
Child behaviour and difficulties (conduct)	SDQ (parent report)	$d = .58$	Yes	107	Post-intervention
Child behaviour and difficulties (conduct)	SDQ (parent report)	Not reported	No	100	Six-month follow-up
Child behaviour and difficulties (emotional symptoms)	SDQ (parent report)	$d = .44$	Yes	107	Post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child behaviour and difficulties (emotional symptoms)	SDQ (parent report)	Not reported	No	100	Six-month follow-up
Observed child disruptive behaviour	adapted FOS (researcher led)	Not reported	No	41	Post-intervention
Observed child disruptive behaviour	adapted FOS (researcher led)	0.14	Yes*, **	26	Six-month follow-up
Parent outcomes					
Parenting Style (laxness)	PS (parent report)	d = .53	Yes	107	Post-intervention
Parenting Style (laxness)	PS (parent report)	d = .80	Yes*	100	Six-month follow-up
Parenting Style (over-reactivity)	PS (parent report)	d = .61	Yes	107	Post-intervention
Parenting Style (over-reactivity)	PS (parent report)	d = .84	Yes*	100	Six-month follow-up



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Parenting Style (verbosity)	PS (parent report)	$d = .57$	Yes	107	Post-intervention
Parenting Style (verbosity)	PS (parent report)	$d = .69$	Yes*	100	Six-month follow-up
Parenting confidence (behaviour self-efficacy)	PTC (parent report)	$d = 0.84$	Yes	107	Post-intervention
Parenting confidence (behaviour self-efficacy)	PTC (parent report)	$d = .98$	Yes*	100	Six-month follow-up
Parenting confidence (setting self-efficacy)	PTC (parent report)	$d = .64$	Yes	107	Post-intervention
Parenting confidence (setting self-efficacy)	PTC (parent report)	$d = .76$	Yes*	100	Six-month follow-up
Depression	DASS-21 (parent report)	Not reported	No	107	Post-intervention
Depression	DASS-21 (parent report)	Not reported	No	100	Six-month follow-up
Anxiety	DASS-21 (parent report)	Not reported	No	107	Post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Anxiety	DASS-21 (parent report)	Not reported	No	100	Six-month follow-up
Stress	DASS-21 (parent report)	Not reported	No	107	Post-intervention
Stress	DASS-21 (parent report)	$d = 0.59$	Yes*	100	Six-month follow-up
Parental anger (problem)	PAI (parent report)	$d = .27$	Yes	107	Post-intervention
Parental anger (problem)	PAI (parent report)	$d = .52$	Yes*	100	Six-month follow-up
Parental anger (intensity)	PAI (parent report)	$d = .29$	Yes	107	Post-intervention
Parental anger (intensity)	PAI (parent report)	$d = .35$	Yes*	100	Six-month follow-up
Parental conflict (problem)	PPC (parent report)	Not reported	No	104	Post-intervention
Parental conflict (extent)	PPC (parent report)	$d=0.36$	Yes*	100	Six-month follow-up
Parental conflict (problem)	PPC (parent report)	Not reported	No	104	Post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Parental conflict (extent)	PPC (parent report)	d=0.33	Yes*	100	Six-month follow-up
<p>* Six-month follow-up outcomes do not contribute to the L3 rating due to lack of clarity regarding baseline equivalence of the retained sample.</p> <p>** While the outcome was significant, the sample size was too small to contribute to a Level 2 rating according to Foundations' evidence strength criteria.</p>					

Individual study summary: Study 2

Study 2	
Study design	RCT
Country	New Zealand
Sample characteristics	The study involved 53 parents with children aged 3 to 4 years with elevated ADHD symptoms. The majority of the children were male (71.7%). Mothers' average age was 35.4 years, and fathers' average age was 38.8 years.
Race, ethnicities, and nationalities	79.2% New Zealand European
Population risk factors	None reported
Timing	<ul style="list-style-type: none"> • Baseline • Post-intervention • Six-month follow-up.
Child outcomes	<ul style="list-style-type: none"> • Reduced hyperactivity/inattentiveness (post-intervention, mother report) • Reduced restlessness/impulsivity (post-intervention, mother report) • Improved social functioning (post-intervention, mother report) • Reduced defiance/aggression (post-intervention, mother report).
Other outcomes	<ul style="list-style-type: none"> • Improved parenting style (laxness) (post-intervention, parent report)



Study 2	
	<ul style="list-style-type: none"> • Improved parenting style (over-reactivity) (post-intervention and six-month follow-up, parent report) • Improved parenting style (verbosity) (post-intervention and six-month follow-up, parent report) • Increased positive parenting (post-intervention, parent report) • Reduced parental depression (post-intervention and six-month follow-up, parent report) • Reduced parental anxiety (six-month follow-up, parent report) • Reduced parental stress (post-intervention and six-month follow-up, parent report) • Increased sense of parenting competence (satisfaction) (post-intervention and six-month follow-up, parent report) • Increased sense of parenting competence (self-efficacy) (post-intervention and six-month follow-up, parent report).
Study Rating	2+
Citation	Franke, N., Keown, L. J., & Sanders, M. R. (2016) An RCT of an online parenting program for parents of preschool-aged children with ADHD symptoms. <i>Journal of Attention Disorders</i> . 1–11.

Brief summary

Population characteristics

The study involved 53 parents with children aged 3 to 4 years with elevated ADHD symptoms. The majority of the children were male (71.7%) and of New Zealand European ethnicity (79.2%). Mothers' average age was 35.4 years, and fathers' average age was 38.8 years. About a third of families earned below NZ\$75,000 annually, another third earned above NZ\$100,000, and 55.7% of mothers had a university degree.

Study design

The study adopted a two-armed randomised controlled trial design to evaluate the effectiveness of the intervention. 27 families were randomly allocated into the intervention group (Triple P online intervention) and 26 to a wait-list control condition, where participants received the intervention after six months.

Measurement

Assessments took place at baseline, post-intervention, and six-month follow-up. Mothers, fathers and teachers completed measures of time behaviour, and mothers completed measures of parenting behaviour and parental adjustment. All measures were completed at all timepoints.



Parent report measures included the Conners Early Childhood Behaviour Scale (Conners EC-BEH), the Parenting Scale (PS), the Parenting Styles and Dimensions Questionnaire (PSDQ), the Depression Anxiety Stress Scales (DASS-21), and the Parenting Sense of Competence scale (PSOC).

Teacher report measures included the Child Behavior Scale (CBS) and the Strengths and Difficulties Questionnaire (SDQ).

Study retention

A total of 53 families (27 in the intervention group and 26 wait-list control group) participated at baseline.

86.8% (46) families participated in post-intervention assessment, representing 88.9% (24) of intervention group families and 84.6% (22) of wait-list control group families.

77.4% (41) families participated in six-month follow-up assessment, representing 77.8% (21) of intervention group families and 76.9% (20) of wait-list control group families.

Results

Data-analytic strategy

Univariate ANCOVA was used to estimate the intervention's effects on the intended outcomes, utilising an intent to treat approach. Missed data was imputed using expectation maximisation.

Findings

Children in the intervention group showed statistically significant reductions in mother-reported hyperactivity/inattentiveness, restlessness/impulsivity, and defiance/aggression, and improvements in mother-reported social functioning compared to the control group at post-intervention; there were no significant differences in child outcomes at six-month follow-up.

Parents in the intervention group showed statistically significant changes in parenting style compared to the control group at post-intervention, including reductions in laxness, verbosity, and overreactivity, and increased authoritative parenting at post-intervention. The reductions in verbosity and overreactivity remained significant at six-month follow-up. Statistically significant improvements in parental adjustment (depression and stress) were observed at post-intervention, and maintained at six-month follow-up with additional significant reductions in anxiety. Significant improvements in parenting confidence (satisfaction and self-efficacy) were observed at both post-intervention and six-month follow-up for the intervention group when compared to the control group.



Study 2: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Child behaviour: Hyperactive/inattentive	Conners EC-BEH (mother report)	D = 0.52	Yes	53	Post-intervention
Child behaviour: Hyperactive/inattentive	Conners EC-BEH (mother report)	D = 0.23	No	53	Six-month follow up
Child behaviour: Hyperactive/inattentive	Conners EC-BEH (father report)	D = .40	No	43	Post-intervention
Child behaviour: Hyperactive/inattentive	Conners EC-BEH (father report)	D = .12	No	43	Six-month follow-up
Child hyperactivity	SDQ (Teacher report)	d = 0.46	No	53	Post-intervention
Child behaviour: Restlessness/impulsivity	Conners EC-BEH (mother report)	D = 0.48	Yes	53	Post-intervention
Child behaviour: Restlessness/impulsivity	Conners EC-BEH (mother report)	D = 0.23	No	53	Six-month follow up



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child conduct problems: Defiant/aggressive	Conners EC-BEH (mother report)	D = 0.45	Yes	53	Post-intervention
Child conduct problems: Defiant/aggressive	Conners EC-BEH (mother report)	D = 0.09	No	53	Six-month follow-up
Child conduct problems: Defiant/aggressive	Conners EC-BEH (father report)	D = -0.05	No	43	Post-intervention
Child conduct problems: Defiant/aggressive	Conners EC-BEH (father report)	D = -0.12	No	43	Six-month follow-up
Child behaviour: Social functioning	Conners EC-BEH (mother report)	D = 0.47	Yes	53	Post-intervention
Child behaviour: Social functioning	Conners EC-BEH (mother report)	D = 0.18	No	53	Six-month follow-up
Child behaviour: Social functioning	Conners EC-BEH (father report)	D = 0.10	No	43	Post-intervention
Child behaviour: Social functioning	Conners EC-BEH (father report)	D = 0.12	No	43	Six-month follow up



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Peer problems	SDQ (teacher report)	D = 0.60	No	35	Post-intervention
Prosociality	CBS (teacher report)	D = 0.79	Yes*	35	Post-intervention
Parent outcomes					
Parenting styles: Over-reactivity	PS (parent report)	D = 1.11	Yes	53	Post-intervention
Parenting styles: Over-reactivity	PS (parent report)	D = 0.36	Yes	53	Six-month follow-up
Parenting style: Verbosity	PS (parent report)	D = 0.63	Yes	53	Post-intervention
Parenting style: Verbosity	PS (parent report)	D = 0.36	Yes	53	Six-month follow-up
Parenting style: Laxness	PS (parent report)	D = 0.64	Yes	53	Post-intervention
Parenting style: Laxness	PS (parent report)	D = 0.23	No	53	Six-month follow-up
Positive parenting: Authoritative	PSDQ (parent report)	D = 0.63	Yes	53	Post-intervention
Positive parenting: Authoritative	PSDQ (parent report)	D = 0.31	No	53	Six-month follow-up



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Anxiety	DASS-21 (parent report)	D = 0.24	No	53	Post-intervention
Anxiety	DASS-21 (parent report)	D = 0.61	Yes	53	Six-month follow-up
Depression	DASS-21 (parent report)	D = 0.51	Yes	53	Post-intervention
Depression	DASS-21 (parent report)	D = 0.51	Yes	53	Six-month follow-up
Stress	DASS-21 (parent report)	D = 0.76	Yes	53	Post-intervention
Stress	DASS-21 (parent report)	D = 0.94	Yes	53	Six-month follow-up
Parenting confidence: Satisfaction	PSOC (parent report)	D = 1.02	Yes	53	Post-intervention
Parenting confidence: Satisfaction	PSOC (parent report)	D = 0.82	Yes	53	Six-month follow-up
Parenting confidence: Self-efficacy	PSOC (parent report)	D = 1.54	Yes	53	Post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Parenting confidence: Self-efficacy	PSOC (parent report)	D = 1.35	Yes	53	Six-month follow-up
* While the outcome was significant, the sample size was too small to contribute to a Level 2 rating according to Foundations' evidence strength criteria.					

Other studies

The following studies were identified for this intervention but did not count towards the intervention's overall evidence rating. An intervention receives the same rating as its most robust study or studies.

Dittman, C. K., Farruggia, S. P., Palmer, M. L., Sanders, M. R. & Keown, L. J. (2014) Predicting success in an online parenting intervention: The role of child, parent, and family factors. *Journal of Family Psychology*. 28 (2), 236.

Ehrensaft, M. K., Knous-Westfall, H. M. & Alonso, T. L. (2016) Web-based prevention of parenting difficulties in young, urban mothers enrolled in post-secondary education. *Journal of Primary Prevention*. 37 (6), 527–542.

Love, S. M., Sanders, M. R., Turner, K. M., Maurange, M., Knott, T., Prinz, R. ... & Ainsworth, A. T. (2016) Social media and gamification: Engaging vulnerable parents in an online evidence-based parenting program. *Child Abuse & Neglect*. 53, 95–107.

Sanders, M. R., Dittman, C. K., Farruggia, S. P. & Keown, L. J. (2014) A comparison of online versus workbook delivery of a self-help positive parenting program. *Journal of Primary Prevention*. 35 (3), 125–133.

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Note on provider involvement: This provider has agreed to Foundations' terms of reference (or the Early Intervention Foundation's terms of reference), and the assessment has been conducted and published with the full cooperation of the intervention provider.