

Written evidence submitted by Triple P UK

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Executive summary

- The health and wellbeing of communities across the UK have been significantly impacted by COVID-19. In particular, the mental health, early development and wider education of children and young people have been impacted by isolation and social distancing measures.
- The Government must act to limit the effects of COVID-19 to ensure we are not at risk of losing a generation of young people to poverty and poor mental health.
- Triple P – Positive Parenting Program® is designed to improve the health and wellbeing of communities by supporting the development of more resilient and nurturing families. It is the most extensively evaluated parenting intervention in the world¹.
- Research on previous infectious disease outbreaks indicates that without new supports, a peak in COVID-19 may be followed by serious mental health problems experienced by adults and children alike.
- Triple P UK work with Local Authorities across the country and have seen first-hand the challenges they have faced, and the unique and dynamic ways they have adapted to support families in the face of COVID-19.
- To support families, help prevent the negative impact of isolation and social distancing from following young people into their later life, and support the increased level of clinical need, the Government should invest in evidence-based parenting programmes which create healthier communities by improving children’s and parents’ mental health, cultivating stable home environments, reducing parental conflict and reducing child abuse and neglect.

Introduction to Triple P

1. This is a submission by Triple P UK to the Education Select Committee of the House of Commons Inquiry into the impact of COVID-19 on education and children's services.
2. Triple P UK is a social enterprise providing training, resources and implementation support to organisations across the UK and Ireland seeking to create healthier communities by improving children's and parents' mental health, cultivating stable home environments, reducing parental conflict and reducing child abuse and neglect.
3. The Triple P Positive Parenting Program[®] is designed to improve the health and wellbeing of communities by supporting the development of more resilient and nurturing families. It is one of the most extensively evaluated parenting interventions in the world¹. It is one of the few programmes to have demonstrated success in preventing ACEs at a population level².
4. The Triple P evidence base has been growing for over 40 years, with more than 1,000 trials, studies and published papers across 37 countries, including over 340 evaluation papers, 175 of which are randomised controlled trials.
5. Triple P is a system of 25+ evidence-based interventions. Triple P programmes are classified through a five-level system that addresses service intensity (i.e. the level of support parents may need) and how parents access this support (e.g. one-to-one, groups, online).
6. The Triple P system also includes programmes that address issues that complicate parenting e.g. interparental conflict, stress, mental health, anger management, risk of child maltreatment, separation and divorce, and the issues of childhood obesity and childhood anxiety.
7. Each Triple P programme is provided to parents as a separate intervention, and a population health or targeted delivery approach to parenting support can be built from combinations of programmes, based on community needs and initiative goals.
8. Triple P UK has trained practitioners to support families using interventions from the Triple P System in over 50% of Local Authority areas across England.

Why we are submitting to the Committee

9. COVID-19 has changed the status quo in many ways and in particular, impacted on the continuum of wellbeing. Many people who were in good health have been affected by the outbreak in some way. Further still, many of those who were already struggling with their mental health and well-being prior to the outbreak have been significantly impacted and challenged by the lockdown and disruption to normal life.
10. COVID-19 is likely to have impacts on child emotional and behavioural problems, increase abuse, and effect long-term brain development.³
11. Children are not the 'face' of COVID-19 and physically may be less susceptible to the virus, however, the United Nations argues children will bear the greatest impact of the outbreak across their lifespan³.

12. As immediate health risks decrease and we look towards the recovery phase, our focus shifts to social and economic impacts of the crisis. It is crucially important to increase the capacity for healthy behaviours in children and parents and begin to manage the negative experiences and traumas people have endured during the outbreak and resulting lockdown.
13. Research from previous infectious disease outbreaks, and reports from the United Kingdom and overseas during COVID-19, show how public isolation, social distancing and the economic downturn has a negative impact on families and children and puts pressure on children's well-being, care and supervision⁴.
14. Therefore, it is vital the government act and put in place evidence-based provision which can effectively support families and address the circumstances people have faced.
15. Triple P can prevent and treat behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. Triple P achieves this through a strengths-based and self-reflective approach that builds on existing parenting skills, reducing parental conflict over parenting, and increasing positive parenting actions and behaviours that enhance development and reduce child and adolescent problem behaviours.

The capacity of children's services to support vulnerable children and young people

16. A report published by UNICEF highlighted the strain UK children's services are under due to the COVID-19 outbreak. UNICEF emphasise the importance of using evidence-based solutions to mitigate the effects on children's health, wellbeing and future opportunities. According to the report, "new-born and older children's access to healthcare will reduce, as services are stretched, limited or avoided, potentially storing up future long-term health problems for children."⁵
17. In particular, UNICEF suggest that anxiety and stress from staying at home, coupled with removal of coping mechanisms and reduction in support services results in a worrying combination for children living with mental health difficulties.
18. Anxiety disorders in childhood have a negative impact on children's academic and social functioning⁶ and are among the most common mental health disorders in children, with 6.5% of youth meeting criteria for at least one anxiety diagnosis⁷.
19. Therefore, it is crucial to ensure that the increased clinical need is met through ensuring wider access of evidence-based programmes.
20. Fear-Less Triple P has been developed as an indicated intervention programme for parents of children aged 6-14 years who are experiencing significant difficulties with anxiety management. The programme supports parents to learn new cognitive-behavioural strategies for anxiety management, encouraging them to apply these themselves for all their children.
21. Fear-Less Triple P has been found to be effective in reducing anxiety in children and adolescents. It is a cost-effective, low intensity alternative to child-focussed interventions and has the potential to reach more families. It has a high level of acceptability to parents. The programme can be delivered remotely, via six weekly group or individual sessions, or as a 1-day intensive group workshop. There is also a 2-hour seminar option, which can be used to engage parents in the program or as an introduction to the topic.

22. As part of the Government's response to support families in the face of COVID-19, they should prioritise implementing an evidence-based programme which directly deals with the heightened anxiety and stress in children and parents and provides parents with enhanced skills to support their children in the home. This outbreak has demonstrated that it is vital to equip all parents with the ability to support their children's mental health and wellbeing and ensure children have the crucial skills to be resilient in challenging circumstances. Parents should be given support using evidence-based online resources, through schools and as members of the local community.

The effect of provider closures on the early years sector, including reference to children's early development

23. COVID-19, and the subsequent closure of the early years sector, presented two major vulnerabilities for children's early development in particular⁸:

- The disruption to environments in which children grow and develop.
- The child protection risks posed by the public health prevention and control measures which saw early years settings close their doors in March 2020.

24. The Lancet published a research review⁹ on 26 February 2020 on the psychological impact of quarantine, including several studies from previous infectious disease outbreaks:

"A study comparing post-traumatic stress symptoms in parents and children quarantined found that the mean post-traumatic stress scores were four times higher in children who had been quarantined than in those who were not quarantined. 28% (27 of 98) parents quarantined in this study reported sufficient symptoms to warrant a diagnosis of a trauma-related mental health disorder, compared with 6% (17 of 299) of parents who were not quarantined".

25. The Journal of Pediatrics recently published a paper on the effects of the global COVID-19 pandemic on early childhood development. As part of their conclusions on the immediate consequences for young children, they said:

"Parenting and family factors are the critical drivers of children's early healthy growth and development and are thus primary in determining the immediate severity of pandemic impacts on young children now and in the future. In crisis situations, primary caregivers and parents struggle to keep up with providing health, nutrition, safety and care of children. ... And with many childcare and early education facilities closed worldwide, and interactions with extended families disrupted, children are deprived of both social and cognitive stimulation beyond their homes, in addition to the meals and other resources provided by many ECD programs. Early evidence shows increases in parents reporting mental health difficulties as well as increases in child behavior problems since the onset of the pandemic."¹⁰

26. Council of Europe members have warned of an increase in child maltreatment and family violence linked to confinement¹¹.

27. Adverse Childhood Experiences (ACEs) surveys have emerged as an important population-level indicator of need across the community since a ground-breaking study in the US by Felitti et al (1998)¹². Felitti's highly cited research demonstrated the link between 10 categories of abuse and neglect and household dysfunction and adult onset of chronic disease, mental illness, violence and being a victim of violence, among many other consequences.

28. Predicting later calls for a public health response to ACEs, Felitti et al (1998) suggest that prevention of ACEs, *“will ultimately require societal changes that improve the quality of family and household environments during childhood”* and the authors argue against relying on tertiary support at adulthood.
29. Director of the US Crimes against Children Research Centre, Professor David Finkelhor (2017), suggests that one of the most important hypotheses prompted by ACE research is that prevention of childhood adversities may have substantial population level health benefits¹³.
30. A parenting intervention with a demonstrated ability to reduce child maltreatment indicators and improve mental health issues across the population should therefore be a critical factor in protecting and supporting children’s development, and will be particularly important to support family functioning and children’s mental health and wellbeing.
31. The Triple P – Positive Parenting Program® is one of two programmes in the world with the strongest evidence to prevent child maltreatment². It does this by improving family functioning at a population-level with a system of programmes, from light-touch to more intensive interventions, and clinically tested digital interventions capable of supporting families cost-effectively and at scale.
32. Triple P is a cost-effective, evidence-based solution that has a proven track record in reducing parental depression, anxiety and stress, increasing confidence, improving parenting practices, enhancing parent-child relationships, and reducing child difficulties. By providing parenting support at a community and population level, we can strengthen the family environment on a large scale and significantly reduce some of the key risk factors associated with ACEs. More than ever, these outcomes are needed for the COVID-19 crisis.

Support for pupils and families during closures, including: Children’s and young people’s mental health and safety outside of the structure and oversight of in-person education

33. The mental health consequences of unemployment, work-family challenges, fear of illness, loss, and isolation are well-established. It is likely that both children and parents have experienced increased anxiety and depression, risks of violence towards children and between parents have been heightened, putting family stability at risk and increasing the likelihood of children experiencing adverse childhood experiences (ACEs).
34. Without crucial family support, COVID-19 has seen 83% of young people report the pandemic has resulted in a dramatic rise in mental health problems¹⁴, which will inevitably last far beyond the lifting of lockdown restrictions. Many families have and will continue to be under heightened stress, juggling children, working and schooling at home as well as other significant stressors (financial, relationship, personal, parenting, etc.).
35. Investment in Triple P has achieved:
 - Reduced child behavioural problems, including in children with conduct disorders and ADHD.
 - Stronger relationships among parents and reduced parental conflict.
 - Reduced child maltreatment.
 - Improved mental health for parents and children, including reduced stress, anxiety and depression.

- Improved educational outcomes.
 - Improved emotional wellbeing and resilience.
36. Triple P Online is the web-based version of the Triple P – Positive Parenting Program®, and was the first online parenting programme to be used in a randomised controlled trial that demonstrated sustained improvements in child and family outcomes.
37. Positive research outcomes have since been demonstrated in six randomised controlled trials (in the UK, Australia, New Zealand and the US), including for parents of children with ADHD symptoms¹⁵. It has been available since 2011 and has comparable outcomes to face-to-face delivery.
38. The Early Intervention Foundation (EIF) has reviewed the evidence for Triple P Online and given it an ‘evidence of efficacy’ ranking – it is also the only online programme on the EIF Guidebook rated to have evidence of efficacy. The EIF Guidebook also recognises Triple P Online as low-cost to set up and deliver¹⁶.
39. The EIF’s recent *“COVID-19 and early intervention: Evidence, challenges and risks relating to virtual and digital delivery”* report highlights Triple P Online as one of the very few digital interventions that has robust evidence¹⁷.
40. Triple Online has been evaluated in a number of studies and has been shown to improve several parent and child outcomes, with effects largely being maintained when followed up. These positive effects include:
- Less use of ineffective or dysfunctional parenting strategies.^{18,19,20,21,22}
 - Less frequent and fewer child behaviour problems.^{18,20,21,22}
 - Increased parental confidence in parenting roles²² and in dealing with behavioural concerns.¹⁸
 - Greater parental self-efficacy.¹⁹
 - Reduced parental anger.²¹
 - Decreased risk of child maltreatment and inter-parental conflict, both maternally and paternally.²²
41. Triple P Online is a vitally important tool that would create a significant increase in reach and access of evidence-based parenting support to help meet demand, and support the needs of heightened stress in families juggling children, working and schooling at home as well as other significant stressors (financial, relationship, personal, parenting, etc.).
42. Deployment of Triple P Online also offers earlier access to help families stay calm, and set up routines for success before problems have a chance to escalate (including parental stress and conflict, child maltreatment, child and adult mental health concerns and family violence).
43. The Triple P Online programme is fully developed and can be implemented immediately by Triple P UK for parents to access along with the communications support and website to promote the programme.
44. The national availability of Triple P Online for vulnerable families in the United Kingdom has also been recommended by a report produced by the Behavioural Insights Team, funded by the Joseph Rowntree Foundation. *Poverty and Decision Making, How behavioural science can improve opportunity in the UK* made the following recommendation:

“The government should provide families in or near poverty with free access to online parenting programmes that are supported by rigorous evaluations (Asmussen, Feinstein, Martin, & Chowdry, 2016; Nieuwboer, Fukkink, & Hermanns, 2013). For example, RCT evidence supports the effectiveness of the Triple P Positive Parenting Program and recent research has shown that an online version provides similar benefits in terms of reductions in child behaviour problems and decreases in parents’ use of ineffective parenting strategies (Day & Sanders). We recommend giving schools, health services and Jobcentres in the UK the ability to refer high risk families to free support of this kind. Additional benefits could be gained by testing behaviourally informed text messages to prompt parents to remain engaged with the programme.”²³

45. Triple P UK has extensive experience delivering a diverse range of projects globally and understands that implantation must be done right for programmes to be a success, particularly when implementing a remote programme.
46. As part of the delivery of the programme, Triple P UK provides the implementation and communications support required to engage families in the programme, our philosophy is one of “digital doesn’t do itself” and that is not simply sufficient to make a digital offer but that offer needs to be appropriately embedded within local/national systems and pathways. In a typical local area this support may include:
 - A dedicated landing page for the Triple P Online offer.
 - Triple P Online management system for monitoring, measuring and reporting progress.
 - Automated pre- and post- data collection and reporting to measure intervention success.
 - Digital media campaign.
 - Flyers to promote the Triple P Online offer.
 - Implementation support to ensure connection and embedding of the with existing services and care pathways, and ensure timely referral or provision of additional support, as necessary.
 - Triple P Online Support workshop – for practitioners providing remote/telephone support to parents.
 - Support for education settings through a webinar aimed at teachers/school staff on evidence-based ways of responding to parental concerns about their children.
47. In support of the national effort to combat challenges families are facing during the outbreak, Triple P UK has become a partner in the new national helpline for parents called StarLine. StarLine, led by Star Academies, offers parents and carers personalised advice and support from a team of qualified teachers, education and parenting experts through telephone support, online resources and virtual seminars.
48. To help families further, Triple P has created free resources specially made to support families through the COVID-19 crisis, including Tips, Guides, and a free online parenting magazine – see www.triplep-parenting.net.
49. These benefit parents who are feeling stressed or anxious, by providing specific parenting tips and strategies which help to stay calm and optimistic. They have been put together by internationally recognised parenting experts Professor Matt Sanders, Dr Vanessa Cobham and Dr Claire Halsey from the Triple P – Positive Parenting Program®, and include:
 - Help with home-schooling.
 - Support with working from home positively.
 - Help for parents to manage their child’s feelings and stay emotionally resilient.

The effect on disadvantaged groups, including the Department's approach to free school meals and the long-term impact on the most vulnerable groups (such as pupils with special educational needs and disabilities and children in need)

50. The Alliance for Child Protection in Humanitarian Action notes that quarantine can cause tension between parents and children in households, resulting in increases in parental frustration and corporal punishment²⁴.

51. Reports from the Metropolitan Police indicate that in London, there has been over 4,000 reports of domestic abuse across London and increase of 9% on the same period of the previous year²⁵.

52. Triple P is highlighted in the NICE Guidance for antisocial behaviour and conduct disorders, antisocial personality disorder, child abuse and neglect, and challenging behaviour and learning disabilities.

53. Triple P has been highlighted in NICE guidance for:

- Antisocial behaviour and conduct disorders²⁶
- Antisocial personality disorder²⁷
- Child abuse and neglect²⁸
- Children with a learning disability and behaviour that challenges.²⁹

54. The Centre for Mental Health's *Missed Opportunities* report acknowledges the critical importance of parenting interventions in children's mental health and notes that currently, most interventions for parents are targeted "towards families who have the highest risks or children who are showing early signs of distress"³⁰.

55. The Centre for Mental Health also highlight the challenges children face during a pandemic, including trauma, loss of parental support, and illness. They emphasise that "*these difficulties may be exacerbated if parents' own anxieties lead to 'harsh or punitive parenting', and further by living in quarantine conditions which reduce access to social networks as a way of coping with the additional stress*"³¹.

56. Unfortunately, as the Social Mobility Commission's *Time for Change* report points out, for the majority of disadvantaged families in the United Kingdom, parenting support is now at the discretion of local authorities and given limited funds, many authorities are opting for "*cheaper programmes with little or no measurable impact*"³² while support for vulnerable families across the country is patchy:

"In many areas, just a dozen or so parents per year were benefiting from programmes known to be effective".

57. *Time for change* warns that without major reform social and economic divisions within Britain's society are set to widen. The report claims:

"Governments have overly limited their scope of action. They have focussed on improving the education system but shied away from improving parenting".

58. The report recommends that government:

“Restore funding for parenting programmes and experiment with online classes to achieve scale without undermining quality – using funding from both health and education budgets and shared objectives across both departments”.

59. Innovative models have also been developed to resolve issues around reach and access that have led to long waitlists for clinical services. For example, pre-COVID, NHS Thurrock CCG approached Triple P UK when across Essex, Southend and Thurrock the CCGs were struggling to manage significant demand for diagnostic services in secondary care and many families were not being offered support before that point.
60. Triple P UK worked with the CCG and their partners to make digital, evidence-based parenting support available to all parents of children with Conduct Disorder, ADHD and/or ASD (or symptoms of) across Southend, Essex and Thurrock. Triple P provides a first-line treatment approach for those families whose children are referred to, or who are receiving support from secondary care, mainstream and SEND and Voluntary and Community Sector services, including of course Essex’s Emotional Wellbeing and Mental Health Service (EWMHS).
61. In this new pathway, Triple P Online is being offered to families at the earliest opportunity in the Neurodevelopmental Pathway. It is anticipated that this will result in a number of families no longer needing to seek a diagnosis or further treatment, whilst families who do need further support will benefit from having already received evidence-based first-line treatment, in a timely manner.
62. To achieve a meaningful change in family resilience, family functioning and emotional and behavioural outcomes for children at a population level, a public health approach to parenting support offers a powerful solution.
63. Traditional clinical models of parent training typically focus on treating children who already have significant behavioural or emotional problems. This model does not include providing information and support to the majority of children who go on to develop social, emotional or behavioural problems or the majority of parents who have concerns about everyday parenting issues.
64. Various epidemiological surveys show that most parents concerned about their children’s behaviour or adjustment do not receive professional assistance for these problems, and when they do, they typically consult professionals who rarely have specialised training in parent consultation.
65. A public health approach to increasing parenting support offers a complementary framework to the traditional clinical treatment model of parent training. This approach aims to make parenting information and support available to every family to produce meaningful change at a whole-of-population level.
66. When delivered as a public health approach Triple P is consistent with the principle of proportionate universalism which argues that to successfully reduce the steepness of the social gradient of health/wellbeing inequalities in a population “actions must be universal but with a scale and intensity proportionate to the level of disadvantage needed for change”.
67. Put simply, the Triple P system can be delivered to every family, with those in most need receiving greater support. The Triple P system can be delivered from universal access points including online,

community health services, schools, early years settings, playgroups, voluntary sector and local government service providers.

What contingency planning can be done to ensure the resilience of the sector in case of any future national emergency?

68. COVID-19 has created an urgent need for completely different ways of thinking, working, and engaging with families. Triple P UK has seen many local areas working innovatively, diligently and at pace to develop new effective ways of supporting families.
69. In order to ensure children and young people have the skills and resilience to cope with ongoing and future national emergencies, Governments should:
- Ensure parents have the necessary skills, through parenting programmes, to improve their child's mental health.
 - Ensure parents have the necessary skills to increase capacity for healthy behaviours in all parts of their children's lives.
 - Increase the capacity of parents to return to work and support the community to aid economic recovery.
 - Invest now in high-quality, evidence-based mental health services to reduce the impact of poor mental health.
70. Taking these actions are likely to support people mentally and emotionally, in the recovery of the current wave of COVID-19 in the UK³³. Similarly, implementing this support will support the ambition of a mentally healthy population in and out of emergencies.
71. Many of these local areas have expressed the value they have found in offering more flexible support to families, and the desire to retain these flexible options. The following quotes provide some examples of what we have seen:
- *"We're making use of phones and video conferencing to deliver Triple P. Some parents don't have Wi-Fi, so we use the phone; some parents don't like Zoom or are uncomfortable in a group, so we've used WhatsApp as a video call, sending things by email and then we talk it through – any means we can find, really. We're very fortunate again because of the dedication and commitment of our senior management, we've purchased some Triple P Online codes, so people can do that, either for parents of younger kids or Teen Triple P Online for parents of teenagers. It's been a bit of a slow start, but people are getting the hang of it. And the key workers and shift workers – they find Triple Online really helpful, because of its flexibility. If they've got a break at 2 o'clock in the morning and they want to go online and do a bit of the next module, they can. And you can revisit it, which is great."*
Patience Bush, Triple P practitioner, Sheffield City Council
 - *"Buildings were closing, delivery was changing...but we still knew that families needed the support. When face-to-face delivery was suspended, we had 57 referrals for Primary Care Triple P, and additional referrals have occurred since then. What we didn't want is for referrals to stop, because the need would still be there. We really valued having somebody [Andrew Freeman, Triple P Implementation Consultant] to speak to straight away. It certainly helped me, bouncing ideas around and asking 'do you think that will work? Has another council or organisation done it this way? What are the pros and cons they faced?' And he was keeping us up to date with all the new things COVID tip sheets and the videos and that's been really helpful. We started to put together ways to deliver Triple P safely, virtually, and looking at what would be needed for that: what parents needed, what staff needed in terms*

of equipment, and paperwork, and so on. Now we have started to virtually deliver Primary Care (posting out materials and using phone calls and video conferencing). At the time of writing (May 21st, 2020), 71 families had been contacted and 52 families have had Primary Care delivered to them virtually, and the feedback's been very positive."

Rachel Deane, Early Help Safeguarding Specialist, Nottingham City Council Early Help Services (working in partnership with Small Steps Big Changes and Nottingham CityCare to deliver Triple P in Nottingham City)

- *"...speaking with one of the Intensive Family Support workers in the Edge of Care Team. She has been telling me that the best element of working remotely has been the Online Teen Triple P!!! The team have found it amazing and want to continue promoting and using this after the lockdown. She gave me two examples [previously parents hadn't made progress] ... The changes she says in both families has been almost instant. The one family is a couple, but dad never got involved due to work, but he is also using the Online programme and gets involved in the weekly telephone sessions the worker has with them. She says the programme has made them more accountable, she feels the weekly sessions are now more effective."*

Sharon Williams, Supporting Families Parenting Coordinator, Dudley MBC

72. More needs to be done to support families following the outbreak of COVID-19, and these statements emphasise the importance of providing evidence-based support, which has implementation support and online delivery built into its offer. It is essential to increase parents' skills to provide a stable and nurturing home environment and ensure they have resilience, and are instilling this in their children in turn.
73. It is also crucial to ensure that local provision is equipped to support the increased clinical need which has presented itself in recent years, and very likely to be exacerbated by COVID-19.
74. Evidence-based parenting programmes should be universally available through local authorities and schools. Making programmes like Triple P universally accessible to parents provide them the opportunity to build essential positive parenting skills for normal life, and receive a higher-intensity level of support for more challenging times.
75. Programmes within the Triple P system can be brought together in different ways in order to best meet the needs of different communities, groups of parents and the aims of different organisations.
76. One of the greatest challenges is ensuring that parents not only know about the parenting help available but that they feel comfortable asking for it, and do not feel they are being singled out or that seeking support is a weakness.
77. Triple P uses Stay Positive, a comprehensive communications strategy that uses high-quality, high-impact creative materials to raise awareness of parenting issues and help destigmatise parenting support. Stay Positive offers information about everyday parenting issues and directs parents to various Triple P interventions offered within the local community.

Recommendations

78. Triple P UK therefore makes the following recommendations:

79. *Evidence-based parenting support is established as the first step of support for families in recovering from the social impacts of COVID-19 and the resulting isolation and social distancing measures put in place.*
80. *As part of the Government's response to support families in the face of COVID-19, they should prioritise implementing an evidence-based programme which directly deals with the heightened anxiety and stress in children and parents and provides parents with enhanced skills to support their children in the home. This outbreak has demonstrated that it is vital to equip all parents with the ability to support their children's mental health and wellbeing and ensure children have the crucial skills to be resilient in challenging circumstances. Parents should be given support using evidence-based online resources, through schools and as members of the local community.*
81. *A national communications and engagement plan to change social norms around parenting is run concurrently to remove barriers to engagement in parenting programmes, with parents given access to an online evidence-based behavioural family intervention, such as Triple P Online, as the first step of care to support the increased clinical need of children's mental health services.*
82. *National ring-fenced funding for evidence-based parenting programmes is made available across a range of funding mechanisms, such as education, social care and health care to ensure the delivery of evidence-based parenting support.*
83. *Local authorities are encouraged to collaborate to provide a systems-wide approach to the provision of evidence-based parenting support, using a digital intervention such as Triple P Online to go to scale, and integrating support for face-to-face delivery around a centralised website. As part of this, core teams can be trained to work with parents, deliver services in schools, and engage with other service delivery organisations. This will integrate delivery across the community to reach vulnerable sections of the population to improve children's and parents' mental health, protect children from harm and improve children's social mobility.*

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