Triple P Logic Model

**Inputs**

- Research base from RCT's and evaluation of population level implementation
- Recruitment and training of staff; development of Triple P as a public health model
- Wide-scale training implementation and dissemination of Triple P

**Outputs**

- Social structures, Policy Level: Move towards prevention-focused evidence-based programs with emphasis on outcome evaluation
- Agencies/Community Partners: Partnership development to support adoption and implementation of Triple P
- Families: Reduced stigma and greater access to services parents receive; change parenting practices

**Outcomes**

**Short-Term**

- Social Structures, Policy Level: Evidence of policy changes related to core elements, beginning of paradigm shift towards prevention
- Agencies/Community Partners: Reduced stigma and greater access to parenting support and interventions. Greater access to professional training in evidence-based parenting programs
- Families: Increased parental competence, knowledge, confidence in using positive parenting; reduced coercive parenting

**Long-Term**

- Social Structures, Policy Level: Embedded policy re-evidence-based programs, population-level decrease in health, mental health, and social outcomes associated with child maltreatment
- Agencies/Community Partners: Adequate funding to support service delivery and cost savings due to reduced rates of maltreatment
- Families: Reduced child behavioral and emotional problems, parenting stress, family conflict, positive community culture about parenting support

**Community context: High rates of Child Maltreatment**