Implementation of Multilevel Family Skills Programmes in Challenged Humanitarian Settings
POLITICAL DECLARATION AND PLAN OF ACTION ON INTERNATIONAL COOPERATION TOWARDS AN INTEGRATED AND BALANCED STRATEGY TO COUNTER THE WORLD DRUG PROBLEM
First edition – SECOND EDITION!!!
3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

AND MORE....
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<tr>
<th>Family</th>
<th>Early childhood</th>
<th>Middle childhood</th>
<th>Early adolescence</th>
<th>Adolescence</th>
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- Alcohol & tobacco policies
- Media campaigns
- Mentoring
- Prevention programmes in entertainment venues
- Workplace prevention programmes
Family is key!
GENDER SENSITIVITY??

Family based prevention more consistently benefits girls as well as boys
BUT OUR FAMILIES DO NOT LIKE TO DISCUSS DRUG ISSUES ?!? 

These are not programmes that improve policing of substance use within the family.

They work on improving age appropriate family skills. Many of these programmes do not discuss drugs at all
Parenting skills programmes

• Programmes should increase:
  • Family bonding, i.e. the attachment between parents and children
  • Monitoring and involvement in the lives of their children (e.g. being involved in their activities, friendships, learning and education)
  • Positive, developmentally appropriate and effective discipline
  • Communication
  • Problem solving skills
  • Conflict resolution
Healthy parenting is essential to early child development

Parenting supports a child’s adjustment beyond their own individual resilience (Betancourt & Khan, 2008)

Harsh, inconsistent parenting predicts later poor outcomes: drug use, low school attainment, delinquency, poor mental health

Parents need support in all contexts
Effective Family Skills Programmes: what are they?

Programmes that aim to strengthen family protective factors such as **communication**, **trust**, **problem-solving skills** and **conflict resolution** that are relevant to their culture.

Often include opportunities for parents and children to spend positive time together, as ways to strengthen the bonding and attachment between the two.

Focus on relationships and behaviour change and PRACTICE.
3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.
In particular, against youth violence and child maltreatment
INSPIRE: Seven Strategies for Ending Violence Against Children

INSPIRE is a technical package. The seven strategies are based on the best available evidence.

1. Implementation and enforcement of laws
2. Norms and values
3. Safe environments
4. Parent and caregiver support
5. Income and economic strengthening
6. Response and support services
7. Education and life skills

To learn more visit:
Website: www.who.int/violence_injury_prevention/violence/inspire
Facebook: www.facebook.com/whovicprevention
Twitter: twitter.com/WHOviolencenews
1. Preventing violence through the development of safe, stable and nurturing relationships between children and their parents and caregivers

2. Preventing violence by developing life skills in children and adolescents

3. Preventing violence by reducing the availability and harmful use of alcohol

4. Guns, knives and pesticides: reducing access to lethal means

5. Promoting gender equality to prevent violence against women

6. Changing cultural and social norms that support violence

7. Reducing violence through victim identification, care and support programmes
Lesson 8. Family support

A. Introduction
B. Learning objectives
C. Prevention through supporting families
D. Tailoring a family assistance plan
E. Building a capacity to support families
F. Summary of key points
29 countries currently piloting family skills globally with UNODC

Albania
Bosnia and Herzegovina
North Macedonia
Montenegro
Serbia
Kazakhstan
Uzbekistan
Tajikistan
Kyrgyzstan
Turkmenistan
Iran
Pakistan
Afghanistan
Lebanon
State of Palestine
Panama
Nicaragua
Honduras
Costa Rica
El Salvador
Guatemala
Dominican Republic
Mexico
Kenya
Ethiopia
Ivory Coast
Senegal
Tanzania
Brazil
Developmental phases
Try the dress first, before making changes
Adaptation process

Choose EB programme (age, level of risk) → Obtain materials and contact developers → Create adaptation team

MINIMAL adaptation ➔ (Possibly back-translation and revision) ➔ Translation of materials

Train facilitators ➔ Pre-pilot, including pre- and post-data collection ➔ Results of pre-pilot
Family Skills programmes have been scientifically proven to be successfully adapted to different contexts, needs and cultures...

Can this approach help families in humanitarian or challenged settings?
One in every 113 people in the world is a refugee
Families are the front line of defence

Over 1.5 billion people in the world are experiencing conflict and humanitarian challenges

Primary caregiver- ‘protective shield’ or further complicate war stress

Family interaction predictive of children’s adjustment in conflict settings yet there’s a significant lack of Family Skills programmes in such contexts
Qualitative exploration of the challenges of parenting children in refugee contexts

Recruitment areas: Syria and Turkey
Method: Interviews and Focus Groups
Sample: n=27, 8 interviews, 4 focus groups and 2 interviews with professional aid workers


A family multi-level parenting and caregiver support delivery model for families living through conflict and displacement

**TRT+ Parenting Programme**
- 5 child sessions (aged 8+ years) (15 children per group) + 5 parent sessions (15 per group); one child and one parent session per week

**Strong Families Programme**
- 3 sessions (families of children of all ages) (15 parents per group); one session per week

**Parent Seminar + Booklet**
- 1 or multiple parent sessions (20-30 parents) + booklet or handouts to take home

**Leaflets providing basic parenting information**
The Bread Wrapper Study

INTerventions

ORIGINAL RESEARCH PAPER

Daily bread: a novel vehicle for dissemination and evaluation of psychological first aid for families exposed to armed conflict in Syria

A. EHkhani*, K. Cartwright, A. Redmond and R. Calam

The University of Manchester, Manchester, UK


Background. Risks to the mental health of children and families exposed to conflict in Syria are of such magnitude that research identifying how best to deliver psychological first aid is urgently required. This study tested the feasibility of a novel approach to large-scale distribution of information and data collection.

Methods. Routine humanitarian deliveries of bread by a bakery run by a non-governmental organisation (NGO) were used to distribute parenting information leaflets and questionnaires to adults looking after children in conflict zones inside Syria. Study materials were emailed to a project worker in Turkey. Leaflets and questionnaires requesting feedback...
**Caregiver leaflet**

- What caregivers might be experiencing
- What children might be experiencing
- How caregivers can help themselves
- How caregivers can help their children

**Questionnaire**

- Sample characteristics
- Demographics
- Usefulness ratings of leaflet
- Open comment section
Parenting through the Syrian conflict

• NGO Watan suggested using their humanitarian supply routes into Syria

• Bread delivered to everyone in the conflict area

• All recipients and households are listed, so information can be sent specifically to families

• (Aala El-Khani et al 2016 *Global Mental Health*)
• Return rate: 1783 responses over 5 days
• 59.5% return rate
• 71% internally displaced
Perceived overall usefulness of parenting leaflet

![Bar chart showing the perceived overall usefulness of parenting leaflet among IDPs and Existing Inhabitants. The chart indicates that a significant portion found the leaflet quite a lot useful, with a smaller percentage finding it only a little or not at all useful.](image-url)
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**Leaflets providing basic parenting information**
Booklet and Seminar: ‘Caring for Children through Conflict and Displacement’

- No extensive training-for low resource settings
- 119 caregivers in Nablus
- Open access

Strengths and Difficulties Questionnaire (SDQ)

Child Total Difficulties

![Graph showing the comparison of intervention and waitlist groups in pre, post, and follow-up phases. The intervention group shows a decrease in total difficulties scores over time, while the waitlist group remains relatively stable.](image-url)
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The Strong Families Programme

Family Skills programme for families in Humanitarian & challenged settings

Aims to improve parenting skills, child well-being and family mental health

For caregivers with children aged 8-15

Light touch-only 3 sessions

**Caregiver sessions**
- Explore parents' challenges
- Develop ways to better deal with stress
- The value of using both love and limits
- Listening to children
- How to encourage good behaviour and discourage misbehaviour

**Child sessions**
- How to deal with stress
- Explore rules and responsibilities
- Think about future goals in addition to the important roles their caregivers play in their lives

**Family Sessions**
- Families practice positive communication
- Families practice stress relief techniques together
- Families learn about family values and are encouraged to share appreciation for each other
Caregivers completed 3 measures
1. Family Background Questionnaire
2. Strengths and Difficulties Questionnaire
3. Parenting and Family Adjustment Scale

Two weeks pre-intervention (Time 1)
One-two weeks post intervention (Time 2)
Five-six weeks post intervention (Time 3)

Study 1
Afghan families living in 3 cities in Afghanistan (n=72)
Gender of children: Female (n=33), males (n=38)

Study 2
Afghan families residing in 3 reception centres in Serbia (n=25)
Gender of children: Female (n=9), males (n=16)
Change in Total Strengths and Difficulties scores for children in Afghanistan and in refugee reception centers in Serbia

**Total difficulty scale**

- **VERY HIGH**: 20-40pts
- **HIGH**: 17-19pts
- **SLIGHTLY RAISED**: 14-16pts
- **CLOSE TO AVG.**: 0-13pts
Change in Total Strengths and Difficulties scores for children in the very high or high category in Afghanistan (n=41) and in refugee reception centers in Serbia (n=9)

<table>
<thead>
<tr>
<th>Time 1 (before SF)</th>
<th>Time 2 (2 weeks after SF)</th>
<th>Time 3 (6 weeks after SF)</th>
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<tbody>
<tr>
<td>Afghans in Afghanistan</td>
<td>21.8</td>
<td>16.3</td>
</tr>
<tr>
<td>Afghans in refugee reception centers in Serbia</td>
<td>21.1</td>
<td>13.8</td>
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**SDQ SCORES**

- **VERY HIGH**
  - 20-40pts
- **HIGH**
  - 17-19pts
- **SLIGHTY RAISED**
  - 14-16pts
- **CLOSE TO AVG.**
  - 0-13pts
Difference in overall SDQ score over time in all boys and girls in Afghanistan

18.5
17.0
13.6
12.3
11.2
9.7

0 5 10 15 20 25 30 35 40

Time 1   Time 2   Time 3

Boys (n=38)   Girls (n=33)

Significant differences:

Boys: p_{t1-t2} < 0.001; p_{t2-t3} = 0.009; p_{t1-t3} < 0.001
Girls: p_{t1-t2} = 0.009; p_{t1-t3} < 0.001

No difference between boys and girls

SDQ SCORES

VERY HIGH
20-40pts

HIGH
17-19pts

SLIGHTLY RAISED
14-16pts

CLOSE TO AVG.
0-13pts
Global piloting of Strong Families

Afghanistan

Serbia
Global piloting of Strong Families

Zanzibar

Uzbekistan
Already available in (or very shortly):

- English
- Swahili
- Dari
- Farsi
- Arabic
- French
- Serbian
- Spanish
- Uzbek
- Russian
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- **Leaflets providing basic parenting information**
Teaching Recovery Techniques plus Parenting (TRT+)

• Original program:

  **Teaching Recovery Techniques (TRT)**
  
  5 child trauma recovery sessions and 2 parent support sessions

• Enhanced program:

  **Teaching Recovery Techniques plus Parenting (TRT+)**
  
  3 additional sessions for parents on parenting children experiencing post-traumatic stress
Testing TRT+ Parenting Program Turkey

• Significant improvements in children’s wellbeing, behaviour and parental efficacy
• High engagement and completion rate

TRT + Parenting Program - Lebanon

- Developed remote Skype training
- 119 families
- RCT comparing TRT, TRT+ Parenting, Waitlist
Child: CRIES

- CRIES measures three aspects of stress post trauma: Intrusion, Avoidance and Arousal.
- All three showed significant effects, with significant effects of time.
- Greatest reductions were in the TRT + Parenting group.
SCARED Screen for Child Anxiety Related Disorders

**Child self report***

- **Time 1 Pre**: TRT, TRT+P, Waitlist
- **Time 2 Post**: TRT, TRT+P, Waitlist
- **Time 3 Follow up**: TRT, TRT+P, Waitlist

**Parent report:**

- **Time 1 Pre**: TRT, TRT+P, Waitlist
- **Time 2 Post**: TRT, TRT+P, Waitlist
- **Time 3 Follow up**: TRT, TRT+P, Waitlist
Extending Reach, Expanding Access....
Families UNited
A new Universal Family Skills programme for LMIC
**Parenting sessions**
- Understanding, praising and encouraging children
- Giving clear instructions
- Responding to undesirable behaviour
- Communicating and taking care of yourself

**Child sessions**
- Building positive qualities
- Handling stress
- Dealing with peer pressure
- Friendship

**Family sessions**
- Our family's positive qualities
- Understanding each other's stress
- Helping families enjoy each other
- Understanding friendship
Parenting is PREVENTION

Family skills programmes can be delivered even in challenging circumstances with poor infrastructures.

Families and schools are mutually supportive social institutions linked to children safe and healthy development.

When such powerfully influential social institutions are strengthened in addressing vulnerabilities around children they can serve the interest of addressing many complementary national strategies (drug use, education, violence, etc...)

Ideas from different contexts, countries & challenges feed the process of research and innovation in prevention internationally.

We ALL have a role to play in making a better world for children and families.
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