A review of published research on supporting and strengthening child-caregiver relationships (parenting)

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Remit

• Review published studies 2000-2012
• Summarize empirically-based recommendations for strengthening parenting in the context of AIDS and poverty
• Synthesize knowledge to enable policy makers and implementers to better program support for children and families using a strengths-based approach
Organization of the report

- Main report ± 40 pages
- Appendix 1, 2 – Methods and Quality of evidence (7 and 3 pages)
- Appendix 3 – Summaries of overviews, reviews (n=82)
- Appendix 4 – Brief program descriptions (n=101)
- Appendix 5 – References included (n=669)

Start with conclusions - 1

- Supporting parenting is integral to strengthening families, an agreed pillar of the response to children
- There are very few studies on parent support in contexts of AIDS and poverty
- But solid grounds for optimism based on positive results and experience gained in HICs
Conclusions 2

• Existing HIC programs are culture-bound and resource intensive – also little evidence to choose between them

• But research attests to flexibility of program effectiveness – within known parameters (common elements, effective ingredients)

• Conceptual bases of programs are universal – attachment, language acquisition, social learning, etc.

Conclusions 3

• Goals of parenting programs are shared:
  - Improve parent facilitation of child health, development and wellbeing
  - Reduce parenting stress
  - Improve family wellbeing
  - And cope with aspects of child health, development and behaviour of concern (not only “difficult” behaviour)

• Social support is a key component of programs
Conclusions 4

- Public communication & mass media approaches are under-utilised
  - Child development & health, ages & stages
  - Household health and child safety
  - Talking and reading to children
  - Changing social norms about harsh discipline

- Structural enablers for parenting
- Assemble and improve evidence and experience in LMICs

Inclusion criteria

- Papers published in scholarly, peer-reviewed journals
- Empirical literature on supporting/strengthening caregiver-child relationships
- Descriptions and evaluations of interventions
- Factors influencing the success/failure of interventions
- Characteristics of the intervention or the target group, participation/attrition, differential benefit, etc.
- Commentaries/opinions
- Synthetic reviews, overviews, policy discussions, cost-benefit analyses
Exclusion criteria

- Technical reports, unpublished literature
- Specific pathologies, rare and uncommon illnesses, disorders or disabilities e.g. ADDH, autism, etc.
- Specific populations, e.g. imprisoned parents, foster care in welfare placement, divorce and court mediation, etc.
- Child outcomes (e.g. preterms at 5 years, HIV prevention)
- Descriptions of parenting or care environments in the absence of intervention; for example, child caregivers in AIDS-affected families, depressed mothers etc.
- Clinical applications, including PMTCT, psychiatric treatment, individual psychotherapy, etc.

Selection of papers

Start ± 500 000 \(\rightarrow\) 32,684 minus duplicates

32,684 \(\rightarrow\) 693
Two rounds of manual sorting

669
51 in low- and middle-income countries
Additional resources

- Britto et al (forthcoming) Parenting programs: The next generation. As systematic review of ECD Parenting Program Evaluations (n = 89)
- Growing literature ...

General approach

- Understand context of parenting under conditions of AIDS & poverty
- Identify all programs in papers and summarize
- Use overviews and reviews to condense intervention findings
- Construct an organizational framework for presenting the findings
Context: AIDS & poverty

• Poverty, inequality, social instability – conditions under which HIV has flourished and which, together with HIV, damage children and families
• Children are infected and affected
• Treatment is bringing benefits, and new challenges including to families

Context: Families

• Families – in all shapes and forms – inherent in human social organization
• Families continually change
• Families harbour care and conflict over time, including with respect to individual children
• Families are the appropriate setting for children
Context: Parenting

- Parenting is a generic term for the **function** of long-term care and protection of a child (caregiving?)
- Parenting is **driven** by emotions and motivations – human, contextual, in response to the child
- In Africa and elsewhere, parenting is not limited to an individual or even a couple

Context: Parent networks

- Grandparents
- Senior brothers
- Senior sisters
- Senior fathers
- Senior mothers
- Cousins
- Father
- Child
- Mother
- Junior brothers
- Junior sisters
- Junior fathers
- Junior Mothers
- Junior Uncles
- Cousin
Context: Ecology

- Immediate Environment: Parents, family, and community
- Social and Economic Context: Quality of the environment and access to services
- Cultural Context: Socioeconomic class, race, and other contextualizing social and political characteristics

- Social and material environment have direct impact on the child
- Parenting mediates the impact of this environment on the child

Context: HIV & AIDS

- Poverty, destabilization
- Isolation, exclusion, abandonment
- Stress, anxiety, depression
- Further taxing existing parenting challenges
- Imbalance in research
  - Large number of studies on these challenges
  - Relatively few on effective interventions
Parenting programs

• Parent education, training
• Parent support, strengthening
• Three main goals, as expresses in literature:
  - Enable parents to better promote their child’s health, development, achievement
  - Assist families to parent children with less stress, fewer problems, more satisfaction with parenting
  - To help parents manage difficult child behaviour
• Context of these goals

What can be learnt from HICs?

• Varying context does not mean we cannot learn from the extensive and good quality of research conducted in HICs
• But it does challenge us to adapt this knowledge
• We can’t import programs without carefully considering goals, context, parent needs, etc.
Theories underlying programs

All aim to change parental beliefs and practices

To change child, health, development & wellbeing

With the effect of improving

• Parental wellbeing
• Quality of parent-child, couple relationships & family life

To improve nurture & child health & development

Characteristics of programs

• In current form, originated in 1920’s
• Have different modalities – groups, outreach eg home visiting, individual sessions, etc.
• High diversity – we identified 101 in the literature, 140 have been identified in UK alone
• Programs may try to change parent behaviour directly or indirectly (through assistance to reduce stress e.g. child care, employment, etc.)
Characteristics 2

- Almost all developed and evaluated in urban areas in USA, UK, Australia, Canada
- About ½ in community settings, ½ in facilities (e.g. clinics, day care centres)
- Many conducted by professionals or para-professionals, a small number are self-help
- Majority target low income parents, children < 5 years, focus on behaviour problems
- Fewer than ½ include fathers

Characteristics 3

- Wide range of objectives
- But social support is key and highly valued by participants
  - Information, guidance & affirmation
  - Opportunity to make friends & share troubles
  - Counter social isolation
- Provided by professionals, families, peers, partners
- Affects many aspects of parenting – self-perception, engagement, mental health, etc.
Home visiting

• Home visiting is not a program, also no theory about mechanisms
• Modality - used as part of outreach
• Frequency & duration vary widely
• As many as 19 interventions are included in home visiting e.g. assessment, encouraging use of services, establishing trust, giving guidance, referral, giving social support, etc.
• 1000s of programs in USA – wide variation

Effectiveness of programs

How to organize parent support programmes?
- By major programs? e.g. Incredible Years, Triple P, Parent Effectiveness Training (PET) etc
- Modality? e.g. clinic-based, home visiting, etc.
- Type of program? e.g. parent education, skill-building, parent-child engagement, etc
- Target populations? e.g. children, parents, children and parents? Young children, children in middle childhood, adolescents
Our organization - purpose

• Preparation for parenthood – new or challenging parenting
• Promotion of child development, children’s learning
• Child behaviour management
• Family relations and child protection
• Parental wellbeing

Outcomes measures

<table>
<thead>
<tr>
<th>Parental knowledge</th>
<th>Parental attitudes &amp; behaviours</th>
<th>Parental self-confidence</th>
<th>Parental wellbeing</th>
<th>Independent ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Include knowledge, skills (e.g. supervision, boundary setting, communication), attitudes, behaviour (e.g. discipline, affection), wellbeing (e.g. depression, self-esteem)</td>
<td></td>
<td></td>
<td></td>
<td>Measures provided by independent observers or in case records</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child development</th>
<th>Child socio-emotional development</th>
<th>Child language</th>
<th>Parent-child relationship</th>
<th>Home environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age &amp; stage, conduct problems, depression/anxiety, sleep difficulties, drug use, school readiness, literacy and numeracy, educational performance</td>
<td></td>
<td></td>
<td></td>
<td>Attachment, warmth, communication, punishment, home safety</td>
</tr>
</tbody>
</table>
Preparation for parenting

- New parents or new challenges (e.g. pre-term, chronic illness, etc.)
- These parents want:
  - To be involved, consulted about care of their child
  - Information they feel they need
  - Practical skills to deal with day-to-day matters
  - Social support from family
  - Help to grow their confidence
  - Meet & share with people in same circumstances
  - Referred to additional services as needed

Overall evaluation

“The most robust findings available show that most parenting programs (if they do more than simply provide information to parents) positively affect at least one child outcome”
- Mbwana et al, 2009; Reeves & Howard, 2013
Preparation 2

• Most extensive research - teen parenting USA
  – Teen mothers feel more confident
  – More responsive to their babies
  – Enhance interaction with their children
  – Improve attendance at services for growth & immunization
  – Continue education

• Most robust evidence from home visiting using professional staff

Preparation 3

• Little evidence for “free-floating” antenatal education
• Wide range of benefits from parent support beginning antenatally, continuing postnatal
• Very little known about support for parents with mental illness, chronic illness, parent disabilities in LMICs
• Few studies on father involvement – but promising (skills, sensitivity, interaction)
Preparation - conclusions

- Universal services to identify high risk groups
- Parent support best targeted with greater intensity and resources to high risk groups
- Support for a range of modalities
- But outreach, including home visiting needed to reach & retain many high risk families

Promoting development

- Child growth, health, learning and development, language and literacy, and educational performance
- Few systematic reviews
- Best evidence from large-scale programs —

Sure Start, Every Child Matters (UK), Early Head Start, First 5 California (USA), Healthy Child, Toronto First Duty (Canada), Families First, Best Start, Every Chance for Every Child (Australia)
Development 2

- JLICA review – home visiting for at risk mothers and ECD for HIV & poverty contexts
- Engle et al (2011) Lancet review – 11 studies examined showed positive effects on enhancing development in LMICs
- Benefits of parent involvement on education, particularly incentives
- And of story telling, conversations, shared book reading on language and literacy

Development - conclusions

- Active engagement of parents (not passive - giving information)
- Structured curriculum, program
- Opportunities for parent practice & feedback
- Peer advisors, counselors, mentors (have credibility, engender trust, counter parent’s isolation and self-blame)
- Systematic training of counselors
Child behaviour management

- Conduct problems most extensively studied
- Oppositional behaviour, tempers, peer aggression, etc.
- Good evidence for effects for child & parents
- *Incredible Years*, *Triple-P*, etc.
- Not much evidence for choosing between programs
- Less support for adolescent programs

Child behaviour - conclusions

- Effective elements, for example:
  - Specifying behaviours to be changed
  - Consistency
  - Giving explanations to children
  - Reinforcing desirable behaviours
  - Ignoring undesirable behaviours
  - Time out and other alternatives to beating
Relationships, child protection

- Attachment, parent-child relationships, couple relationships, safety, child abuse & neglect
- Usually include clinic-referred groups – parents or children
- Guided facilitation & videotape feedback
- Improved knowledge of child development – e.g. Brazelton
- Kinship vs non-kinship care, with support

Child protection 2

- Child and home safety
  - Media, public information
  - Home visiting
- Prevention child maltreatment and neglect
  - Most promising - parent education & home visiting
  - Start at birth, intensive, long duration
  - Delivered by professional staff
  - Not stand-alone, need supplemental services
Parental wellbeing

- Good evidence for parent support on:
  - Maternal depression
  - Anxiety, stress & anger
  - Self-esteem
  - Marital adjustment
- Limited data, but also benefits for fathers
- Father involvement important

Avoid being narrow

- Compromised parenting only one of several determinants of poor child outcomes
- Parent programs must occur in context where broader issues of poverty, inequality, discrimination, etc. are addressed
- E.g. in context of HIV and poverty – poor child outcomes are not only caused by parental illness, death & bereavement
- Poverty is single major underlying threat to poor parenting and poor child outcomes
## Structural Enablers

- Human rights & protection from discrimination
- Economic support – cash transfers, health insurance, livelihoods
- Training and employment opportunities
- Free or assisted education
- Child care

## Adopt or Adapt?

**Adopt** an existing program or **adapt** programs?

Challenges are of 2 main kinds:

- **Top down** – major concern is fidelity
- **Bottom up** – responsive to context

Context: Cultural and community concerns, parental values, particular parenting challenges
For example

- There is no off-the-shelf program for grannies looking after 1) infants or 2) adolescents
- The same program is not likely to suit rural versus urban parents in S & E Africa
- Parents preparing for parenthood for the first time have different concerns from parents who have a child with a disability, and so on

Arguments for fidelity

- The program is designed, tested & found to produce benefits under study conditions
- Not all elements of program have been tested separately, so making changes will result in unknown results
- Which could render the program less effective or ineffective
- Common elements approaches are more complex than set programs
Arguments for adaptation

- No one parenting program suits the range of challenges presented by HIV in families
- All programs have to be adapted, either for service or for another cultural context
- Programs have not systematically been tested against each other
- There’s not much to choose between programs – **they have many shared features**

Common elements

- Argument for common elements, deep structure, **effective ingredients** approach – a set of principles for parenting support rather than a single program
- Which will be easier to integrate into existing HIV platforms than stand-alone programs
- Systematic reviews indicate that many different programs produce much the same results
Deep structure of programs

- Parent programs have common elements or deep structure
- Outcome studies identity approaches, rather than specific content or program delivery
- Fair degree of latitude to build context-specific support programs, with a good chance of effectiveness
- Need to be tested and improved where needed

What common elements?

- Challenges of HIV and AIDS for families
- Theory underlying parenting support programs
- Logic model of parenting support
- Program and delivery commonalities
Impacts of HIV and AIDS

- Reduces resources, material and social
- Increases stresses on parenting
- Increases risks for children (deprivation, labour, education stops, infection etc)
- Increases stigmat and isolation
- Produces new challenges to parenting – ill parents, fostering, re-parenting as older caregivers
- **Nbane of economic & family strengthening**

Overarching method

All use one or both of methods to change parental behaviour

- Directly – eg by giving new information, teaching new skills
- and/or
- Indirectly by relieving stresses – eg giving social support or material aid, financial assistance etc
Logic model of programs

All aim to change parental beliefs and practices

To change child, health, development & wellbeing

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Parents want similar things

• To be involved, consulted
• Information they feel they need
• Practical skills to deal with day-to-day matters
• Social support from family
• Help to grow their confidence
• Meet & share with people in same circumstances
• Referral to additional services as needed
**Effective approaches**

- General approaches identified as effective
  - Respond to parents’ needs, get feedback
  - Assist parents to stay in the program
  - Sensitivity to sociocultural context and support for material deprivation
  - Contextualizing program messages
  - Structured programs, attractive materials, relevant examples
  - Longer running programs (months, not years)

**Program structure**

- Respond to parent needs (vary in HIV & poverty)
- Group sessions & outreach (home visiting) when needed
- Social support & reassurance
- Reinforce & build parental competence
- Authoritative simple information, concrete advice & direct in response to parent requests
- Attractive materials
- Chance to practice & get feedback
- Assistance with material needs
Social support

Identified as a key ingredient of many programs, and also most highly valued by parents
- Information, guidance & affirmation, access to resources
- Opportunity to make friends & share troubles
- Counter social isolation
- Exposed to normative controls eg against beating

Common elements of programs

- Reassurance and support - build confidence
- Importance of parenting - reinforce role
- Information about children – age, stage, gender, issue etc
- Transactional exchanges
- Skills, practice, feedback – build competence
- Meeting others, befriending, support
- Parental and couple needs
- Practical, material assistance
Common elements of delivery

- Active engagement of parents
- Assistance with enrolment, attendance
- Contextualized messages, examples
- Peer advisors, mentors, counsellors
- Groups and outreach
- Training and supervision of mentors
- Outreach to marginalized patents
- Structure, materials
- Longer rather than shorter

Universal to targeted

Principle of narrowing population focus and increasing intensity

eg Triple P framework

- Level 1  Mass media, public information
- Level 2  Information to targeted populations
- Level 3  Group program
- Level 4  Plus individual work
- Level 5  Referral to clinical services
Starting points

- OVC and PMTCT programs
- HIV testing e.g. support & disclosure
- Stigma & discrimination
- Economic challenges & mobility
- Lack of extended family support
- Specific parenting challenges e.g. older caregivers, parental illness etc

What parents find useful!