Aims

- To reduce stress and increase psychosocial wellbeing among caregivers of children.
- To promote and increase the use of positive parenting strategies and reduce the use of harsh parenting techniques.

Achievements

- The intervention has been revised - following small-scale testing in Gaza and Lebanon - to incorporate early childhood development modules and an increased emphasis on stress management. Further testing in Lebanon has also served to increase the perceived usefulness and relevance of the intervention.
- A pilot randomised control trial of the intervention was recently completed with Syrian refugees in northern Lebanon. New indices to measure parenting skills, stress and stress management were developed for the study. Results suggest that participation in the intervention resulted in improvements in caregiver wellbeing and strengthened parenting skills, as well as improved psychosocial wellbeing among children.

Progress

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<th>Formative (A)</th>
<th>Piloting (B)</th>
<th>Evaluation research (C)</th>
<th>Implementation research (D)</th>
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Funding

77%
WHY

Parents and caregivers in conflict-affected communities often face high levels of stress. They may experience depression, anxiety and trauma related to experiences of violence and loss. This can lead to unresponsive, over-protective or harsh parenting - all of which may negatively impact upon the psychosocial wellbeing and development of the children in their care. The Caregiver Support Intervention works to strengthen children’s wellbeing through strengthening the wellbeing of their caregivers. The intervention also promotes the use of positive parenting methods more generally.

HOW

In contrast to other parenting support interventions - which focus primarily on training parents in the knowledge and methods of positive parenting - the Caregiver Support Intervention gives equal priority to addressing parents’ psychosocial wellbeing. The intervention comprises a nine-session programme that sees groups of 10-12 caregivers meet weekly for two-hour sessions conducted by trained lay facilitators. The model underlying the intervention was developed in collaboration with experts in parenting and early childhood development from the Netherlands and beyond. Preliminary results of the recently completed pilot RCT suggest that the model underlying the Caregiver Support Intervention is solid - and that the intervention may be beneficial to caregivers’ own wellbeing and to their parenting.

PROCESS

A Formative

- Develop intervention manual drawing on feedback from focus groups and intervention participants.
- Develop training manual for facilitators and pilot test
- Train facilitators to implement practice cycle
- Practice cycle of six groups conducted in Lebanon with three groups of women and three groups of men. Feedback from focus groups used to further revise intervention manuals

- New measures developed to assess parenting, stress and stress management, psychometrics. These measures were shown to be sound in a sample of 50 adults, with good internal consistency and test-retest reliability

B Pilot

- Train facilitators for pilot randomised control trial
- Successful recruitment of 72 families in three communities with both male and female caregivers participating in pilot study
- Baseline data collection successfully concluded in January 2019

- Implementation of revised intervention in three communities as part of pilot randomised control trial
- Pilot RCT data analysed: all methods appear sound, and all outcome goals, though due to small sample, were met or exceeded.

C Evaluation

- Planning for the definitive randomised control trial will take place in the summer of 2019 during a workshop in Amsterdam.

PARTNERS & DONORS

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