

Families make the Difference Caregiver questionnaire 6-18

Parental Consent Information Sheet

1. Introduction

Hello, my name is _____ and I work with the International Rescue Committee (IRC). The International Rescue Committee is a non-governmental organisation (NGO) implementing programs for refugees/IDP (select relevant programs) and host communities in _____. The International Rescue Committee would like to ask you questions about the parenting skills program that you have/will attend before and at the end of the program.

2. Background and aims of the survey

The aim of the survey is to understand the results of the parenting skills training. The survey is being conducted before and after the training sessions with caregivers and with their children. We hope that this survey will help us understand the experiences of parents and children in _____, so that we can improve our programmes for other families like yours.

3. Why has your child been invited to take part?

Your child has been invited to take part in this survey because he/she is above 10 years old, and we would like to hear his/her experience in private. We will not ask for his/her name.

4. Do you have to take part?

It is completely your choice and the choice of your child whether or not to take part in the survey. You can ask any questions about the survey before deciding. You can decide, you or your children to not take part or to withdraw from the survey at any time without giving any reason and without any negative consequences. You just have to tell me that you do not want to take part. Your decision will not affect any assistance or services that you may receive from the IRC or any other organisation. If you consent, I will ask your child whether or not he/she wants to take part. If he/she does not want to take part, that is completely okay.

5. What will happen in the survey?

The interview will last for about 30 min with you and 20 min with your child. We will ask you and your child (if he/she is 10 or older) questions about how your family spends time together and behaves with one another.

6. What happens to the data provided?

The data will be anonymous. This means that your name or other identifying information will not be used and no one will be able to find out what your child said. Only the IRC Program Officers will have access to your data. When findings from the survey are presented or published, your name or other identifying information will not be used.

The data that you provide will be compiled and used to assess the result of the training. We will use the data to show to the donors what we do and to do a report. The data will not be shared with the parents who attended the training.

If, during the course of your participation in the survey, we become worried about your safety, the safety of your children or of your family, we may have to inform our supervisor at the International Rescue Committee who can help. We will talk to you first if this happens.

7. Will the results be published?

The results from the survey will be published in a regional report but no name or specific locations will be mentioned. Results from the survey will also presented to IRC staff, in order to help us improve programmes for _____ families.

Who can you contact if you have a concern about the survey or you wish to complain? IRC has a child safeguarding policy that protects the children and their families from any harm that may result of the survey or of the parenting skills program. If you have a concern or feedback about any aspect of this project, please speak to the focal point _____ at the following number _____.

Do you agree to proceed with the survey?

☐ YES, PERMISSION IS GIVEN ☐ NO, PERMISSION IS NOT GIVEN ⇒ END INTERVIEW. DISCUSS THIS RESULT WITH YOUR SUPERVISOR.	
HH. HOUSEHOLD INFORMATION PANEL	
HH1. Interviewee Number/code: _____ _____	HH3. Interviewee Gender Female1 Male2
HH2. Interviewer's name: _____	
HH4. Day / Month / Year of interview: ____ / ____ / 2016	HH5. LOCATION (TO CONTEXTUALIZE):

RS. Relationship status		
RS1 HOW WOULD YOU DESCRIBE YOUR STATUS?:	Married.....1 Widowed.....2 Not married.....3 Divorced.....4	
RS2 DOES YOUR HUSBAND/WIFE OR PARTNER LIVE HERE WITH YOU NOW?	Yes.....1 No0	
RR3 WHAT IS YOUR RELATIONSHIP TO THE CHILDREN LEAVING WITH YOU?	Father.....1 Mother.....2 Sibling.....3 Uncle/Aunt.....4 Grand-father/Grand-mother.....5 Other.....6	
CCD Caregiver and child demographics		
CCD1. WHAT IS YOUR AGE? (TOTAL YEARS COMPLETED)	_____	
CCD 2. HOW MANY CHILDREN BELOW 18 DO YOU HAVE THAT ARE LIVING WITH YOU NOW?	_____	
CCD 3. HOW MANY CHILDREN DO YOU HAVE THAT ARE BETWEEN 6 AND 17 YEARS OLD? (TOTAL YEARS COMPLETED)	_____	
CCD4. HOW OLD ARE YOUR CHILDREN WHO ARE BETWEEN 6 AND 17 YEARS OLD? (TOTAL YEARS COMPLETED)	_____ _____ _____	
SELECT THE CHILD WHOSE AGE IS THE CLOSEST TO TODAY'S DATE. FOR EXAMPLE, IF TODAY'S DATE IS THE 10/06/16, SELECT A CHILD WHOSE AGE IS THE CLOSEST TO 10.		
CCD5. AGE OF THE CHILD SELECTED (TOTAL YEARS COMPLETED)	_____	
SAY: PLEASE CONSIDER YOUR CHILD AGED (CCD5)_____ WHEN ANSWERING ALL THE QUESTIONS IN THIS SURVEY		
Caregiver psychological wellbeing (CW)		
STRESS AFFECTS ADULTS, CHILDREN AND FAMILY RELATIONSHIPS IN DIFFERENT WAYS. IN THE PAST TWO WEEKS, HOW OFTEN HAVE YOU:		
CW 1. FELT VERY IRRITABLE (FELT SHORT-TEMPERED OR JUST FELT LIKE YOU DID NOT WANT TO BE BOTHERED BY OTHER PEOPLE OR YOUR CHILD/ADOLESCENT).	VERY FREQUENTLY.....1 FREQUENTLY2 OCCASIONALLY.....3 ALMOST NEVER4	Additional indicator % of adults reporting increased psychosocial wellbeing one month after participation in parenting skills training
CW 2. FELT OVERWHELMED BY DAILY TASKS.	VERY FREQUENTLY.....1 FREQUENTLY2 OCCASIONALLY.....3	

	ALMOST NEVER4							
CW 3 Did NOT HAVE THE ENERGY TO DO THE THINGS YOU NEED TO AND WANT TO GET DONE.	VERY FREQUENTLY.....1 FREQUENTLY2 OCCASIONALLY.....3 ALMOST NEVER4							
CW 4. FELT THAT YOU HAVE NO PATIENCE WITH YOUR CHILD/ADOLESCENT.	VERY FREQUENTLY.....1 FREQUENTLY2 OCCASIONALLY.....3 ALMOST NEVER4							
OUTCOME 2: Social support (SS)								
IN THE PAST THREE MONTHS, HOW OFTEN HAVE YOU:								
SS 1. FELT THAT YOU HAVE RECEIVED SUPPORT AND GUIDANCE FROM OTHER CAREGIVERS. FOR EXAMPLE, YOU WERE ABLE TO RECEIVE HELP OR ADVICE FROM OTHER CAREGIVERS.	VERY FREQUENTLY.....1 FREQUENTLY2 OCCASIONALLY.....3 ALMOST NEVER4	Safety in the home % of caregivers participating in IRC parenting programs who report that they received support and guidance from other caregivers within past 3 months						
COPING (C)								
INSTRUCTIONS FOR INTERVIEWER: THE NEXT QUESTION IS AN OPEN-ENDED QUESTION. <u>DO NOT</u> READ ANSWER CHOICES TO THE PERSON YOU ARE INTERVIEWING. IF ANY OF THE POSSIBLE ANSWERS ARE GIVEN, MARK THAT ANSWER. MARK AS MANY OF THE POSSIBLE ANSWERS AS ARE MENTIONED. IF OTHER BEHAVIOURS OR COPING MECHANISMS ARE MENTIONED, PLEASE WRITE THEM IN.								
C 1. TELL ME A LITTLE ABOUT WHAT YOU DO WHEN YOU FEEL STRESSED? (MAKE SURE THE WORD <u>STRESS</u> IS UNDERSTOOD IN YOUR CULTURAL CONTEXT. ADAPT AS APPROPRIATE)	I don't know.....1 Talk to friends or family.....2 Pray.....3 Spend time with my child or adolescent doing some fun activities.....4 Practice relaxation techniques (deep breathing, reverse counting, centre one-self, meditation,).....5 Write6 Keep myself busy.....7 Yell at people (including spouse, children, community members).....8 Behavioural disengagement (Isolation, withdrawal, sleeping).....9 Smoke or drink alcohol10 Other (WRITE IN).....11	<table border="1"> <tr> <td>Analysis</td><td>Safety in the home</td></tr> <tr> <td>Positive 2,3,4,5,6,7</td><td>% of caregivers participating in IRC FMD programs report utilization of positive coping skills within the past 3 months</td></tr> <tr> <td>Negative 1,8,9,10</td><td></td></tr> </table>	Analysis	Safety in the home	Positive 2,3,4,5,6,7	% of caregivers participating in IRC FMD programs report utilization of positive coping skills within the past 3 months	Negative 1,8,9,10	
Analysis	Safety in the home							
Positive 2,3,4,5,6,7	% of caregivers participating in IRC FMD programs report utilization of positive coping skills within the past 3 months							
Negative 1,8,9,10								
Caregiving practices for children who have experienced traumatic events¹ (CP)								
IN THE PAST MONTH:								
CP1. HOW OFTEN DID YOU ENJOY SPENDING TIME WITH YOUR CHILD/ADOLESCENT DOING SOMETHING FUN OR RELAXING?	VERY FREQUENTLY.....1 FREQUENTLY2 OCCASIONALLY.....3 ALMOST NEVER4	ToC safety in the home % of caregivers participating in IRC FMD programs self-report use of positive parenting strategies within the past month						
CP2. HOW OFTEN DID YOU SHOW INTENSE EMOTIONS IN FRONT OF YOUR CHILD/ADOLESCENT LIKE SCREAMING OR THROWING THINGS?	VERY FREQUENTLY.....1 FREQUENTLY2 OCCASIONALLY.....3 ALMOST NEVER4							
CP3. HOW OFTEN DID YOU TELL YOUR CHILD/ADOLESCENT THAT YOU	VERY FREQUENTLY.....1 FREQUENTLY2							

CARE FOR THEM?	OCCASIONALLY.....3 ALMOST NEVER4		
CP4. HOW OFTEN DID YOUR CHILD/ADOLESCENT SEE IMAGES OF THE THE DISPLACEMENT /CONFLICT/NATURAL DISASTER ON TV, COMPUTER OR NEWSPAPER?	VERY FREQUENTLY.....1 FREQUENTLY2 OCCASIONALLY.....3 ALMOST NEVER4		
CP5. HOW OFTEN DID YOU DISCUSS THE THE DISPLACEMENT /CONFLICT/NATURAL DISASTER WITH OTHER ADULTS IN FRONT OF YOUR CHILD/ADOLESCENT ?	VERY FREQUENTLY.....1 FREQUENTLY2 OCCASIONALLY.....3 ALMOST NEVER4		
CP6. HOW OFTEN DO YOU DISCUSS GENERAL DAILY LIFE WITH YOUR CHILD/ADOLESCENT ?	VERY FREQUENTLY.....1 FREQUENTLY2 OCCASIONALLY.....3 ALMOST NEVER4		
CP7. HOW OFTEN DO YOU LISTEN TO WHAT YOUR CHILD/ADOLESCENT HAVE TO SAY?	VERY FREQUENTLY.....1 FREQUENTLY2 OCCASIONALLY.....3 ALMOST NEVER4		
CP8. HOW OFTEN ARE YOU ABLE TO GIVE YOUR CHILD/ADOLESCENT GUIDANCE BY SETTING RULES	VERY FREQUENTLY.....1 FREQUENTLY2 OCCASIONALLY.....3 ALMOST NEVER4		
CP9. HOW OFTEN DO YOU HELP YOUR CHILD/ADOLESCENT TO SOLVE PROBLEMS?	VERY FREQUENTLY.....1 FREQUENTLY2 OCCASIONALLY.....3 ALMOST NEVER4		
CP10. HOW OFTEN DO YOU SPEAK WITH YOUR CHILD/ADOLESCENT ABOUT PUBERTY AND ISSUES RELATED TO SEXUAL HEALTH?	VERY FREQUENTLY.....1 FREQUENTLY2 OCCASIONALLY.....3 ALMOST NEVER4		
INSTRUCTIONS FOR INTERVIEWER: THE NEXT QUESTION IS OPEN-ENDED QUESTIONS. DO NOT READ ANSWER CHOICES TO THE PERSON YOU ARE INTERVIEWING. IF THE MAIN ANSWER GIVEN IS IN THE LIST, MARK THAT ANSWER CIRCLING THE NUMBER IT IS NEXT TO. MARK UP AS MANY ANSWERS AS NEEDED. IF THE ANSWER OF THE RESPONDNT IS NOT MENTIONED IN THE LIST, PLEASE WRITE IT IN UNDER "OTHER" IN FEW WORDS.			
CP11. WHAT DID YOU DO TO CONTROL VIOLENT BEHAVIOR OF YOUR CHILD/ADOLESCENT IN THE PAST MONTH? (FOR EXAMPLE WHEN THEY GET INTO PHYSICAL FIGHT OR WHEN THEY INSULT OR THREAT OTHERS)	OPEN QUESTION Time-out.....1 Removing privilege.....2 Establish rules and consequences...3 Beating.....4 Other.....5	Positive: 1,2,3 Negative: 4	Additional indicator % of caregivers participating in IRC FMD programs report utilization of positive parenting skills to control violent behaviour
CP12. CAN YOU THINK OF ANY WAYS THAT CAREGIVERS CAN PROVIDE POSITIVE DISCIPLINE WHEN YOUR CHILD MISBEHAVES OR DOES SOMETHING WRONG? (TRY TO ENCOURAGE THEM TO MENTION AT LEAST 4)	REMOVING PRIVILEGES.....1 STEP TECHNIQUE.....2 SETTING UP RULES3 FAMILY MEETING AND AGREEMENT....4 PRAISING GOOD BEHAVIOR..... 5 OTHER.....6	Additional indicator % of caregivers participating in IRC FMD program are able to list at least 4 positive discipline methodologies at the end of the training program	

CHILD DISCIPLINE (CD)		
Adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used. Please tell me if <u>you</u> has used this method with <i>your child/adolescent</i>) <u>in the past week</u> .		
CD1.		
		Yes No
[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING YOUR <i>CHILD/ADOLESCENT</i> LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.	Took away privileges	1 0
[B] EXPLAINED WHY YOUR <i>CHILD/ADOLESCENT'S</i> BEHAVIOUR WAS WRONG.	Explained wrong behaviour	1 0
[C] SHOOK HIM/HER.	Shook him/her	1 0
[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Shouted, yelled, screamed	1 0
[E] GAVE HIM/HER SOMETHING ELSE TO DO.	Gave something else to do	1 0
[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Spanked, hit, slapped on bottom with bare hand	1 0
[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Hit with belt, hairbrush, stick, or other hard object	1 0
[H] CALLED HIM/HER IDIOT, DONKEY, LAZY, OR ANOTHER NAME LIKE THAT.	Called dumb, lazy, or another name	1 0
[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Hit / slapped on the face, head or ears	1 0
[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Hit / slapped on hand, arm or leg	1 0
[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	Beat up, hit over and over as hard as one could	1 0
[L] PRAISED GOOD BEHAVIOR ² .	Praised good behaviour.....	1 0
[M] SET AND DISCUSSED RULES WITH THE CHILD.	Set and discussed rules.....	1 0
CD2. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes	1
	No	0
	DK / No opinion	8

Safety in the home

% of caregivers participating in IRC FMD programs self-report a use of harsh physical and psychological punishment within the past week.

Analysis

Negative
Psychological aggression: D & H

Physical punishment: C, F, J

Severe physical punishment: I & K

Positive
A, B, E, L, M

² L and M are additional questions not from UNICEF MICS Discipline Scale

REFERRAL

BASED ON THE ANSWERS AND THE BEHAVIOR OF THE CAREGIVER, DO YOU THINK THIS FAMILY REQUIRES FOLLOW UP?

Yes 1

No 0

If yes, please fill the following form and inform your supervisor:

Personal Information of the caregiver	
Full Name:	Interviewee number/code:
Sex: ☐ M ☐ F	Age:
Relationship to children:	
Address:	Phone number:
Other contact information of caregiver	Is the caregiver aware of the referral?
	Yes ☐ No ☐
Reason for Referral:	