



RESEARCH BRIEF

Child and Youth Protection and Development [April 2014]

The **Happy Families Program** is a parenting and family skills intervention implemented with displaced Burmese families living on the Thai-Burmese border. The International Rescue Committee (IRC) and research partners from the Harvard School of Public Health and Duke University found that the intervention had a **significant impact on parenting practices, family functioning and child behavior. Results showed some effects on harsh punishment and child psychosocial wellbeing as reported by caregivers or children.**

Evaluation Overview

Country	Thailand
Sector	Child Protection
Research Partners	Theresa Betancourt, Harvard School of Public Health & Eve Puffer, Duke University
Funding	USAID & Anonymous Donor
Sample	479 families
Policy Goal	Prevention of child maltreatment and promotion of child resilience

Children displaced by conflict, persecution and economic pressures are exposed to multiple risks to their physical, social and emotional development. Positive parenting and family functioning can protect children from these negative effects, and contribute to improved outcomes in spite of adversity.¹ A growing body of research from low and middle-income countries suggests that parenting and family interventions can be effective at addressing risk factors for child maltreatment and negative psychosocial outcomes in low-resource settings.² Yet few studies have been conducted in contexts of forced migration. The IRC and research partners from the Harvard School of Public Health and Duke University conducted a randomized impact evaluation of the Happy Families Program, a parenting and family skills intervention implemented with Burmese migrant families on the Thai-Burmese border. An estimated 2 million refugees, displaced persons and migrants live in Thailand, the majority from Burma/Myanmar. Many Burmese children and families continue to face protection threats in Thailand, including lack of access to legal status, education and healthcare, and risk of abuse, neglect and exploitation.

Evaluation

The Happy Families Program consists of a 12-week parenting and family skills intervention adapted from the evidence-based Strengthening Families Program.³ Session topics included: setting appropriate developmental expectations; understanding negative consequences of harsh punishment; non-violent discipline strategies; positive communication and problem-solving skills; and, stress management for caregivers. Caregivers and children participated in parallel group sessions followed by combined family practice sessions. The intervention was delivered by teams of IRC program staff and community-based facilitators in 20 communities in Tak province, Thailand from 2011 to 2013. Tak is located on the western border with Burma/Myanmar and is a popular gateway for migrants and refugees entering Thailand.

¹ Reed, R., Fazel, M., Jones, L., Panter-Brick, C. & Stein, A. (2012) Mental health of displaced and refugee children resettled in low-income and middle-income countries: risk and protective factors. *Lancet* 379:250-65.

² Knerr, W., Gardner, F. & Cluver, L. (2013) Improving Positive Parenting Skills and Reducing Harsh and Abusive Parenting in Low- and Middle-Income Countries: A Systematic Review. *Prevention Science*, 14(4): 352-363.

³ More information about the Strengthening Families Program can be found at <http://www.strengtheningfamiliesprogram.org/>.

The impact evaluation used a **randomized waitlist controlled trial** design to examine the impact of the intervention on: 1) parenting practices; 2) harsh punishment; 3) family functioning; and 4) children's psychosocial wellbeing and resilience. A total of 479 families were randomized into receiving the intervention immediately (treatment group) or in a few months (waitlist control group), thereby allowing us to determine the impact of the program by comparing outcomes of both groups. Maintenance of treatment effects was assessed through a six-month follow up conducted with treatment group participants only. Qualitative interviews were conducted with 25 families to explore changes they experienced through the program.

Results

- 1) **The intervention was feasible and acceptable to program participants.** Participant attendance was extremely high over the course of the program in spite of the transient nature of the study population, with an average attendance rate of 87%. Over 60% of families completed all 12 sessions, and only 10% of participants dropped out of the program. Almost all participants reported high satisfaction with the program.
- 2) **The intervention increased positive caregiver-child interaction and parenting practices.** Children who participated in the intervention reported a 12% increase in positive interactions with their caregiver such as receiving praise and affection and spending time together, compared to those in the waitlist control group. Caregiver-reported results also showed a small, non-significant improvement in interactions with their children. Both caregivers and children reported a significant increase in parenting consistency such as giving clear instructions and setting consistent rules. Children, but not caregivers, reported a small, non-significant increase in caregivers' use of positive discipline strategies overall, including a 20% increase in receiving rewards for good behavior. Treatment effects on positive caregiver-child interaction were maintained at six-month follow up; however, caregiver-reported parenting consistency returned to baseline levels, and both caregivers and children reported a decline in the use of positive discipline strategies six months post-intervention. In qualitative interviews, caregivers described spending more time with their children on activities such as playing or drawing together. Some caregivers described replacing harsh punishment with positive, non-violent discipline strategies such as giving rewards and praise. A few caregivers also reported having more developmentally appropriate expectations and feeling more love and concern for their children.
- 3) **The intervention decreased harsh parenting practices, including some forms of harsh punishment.** Participants in the intervention reported an average decrease of 13% (caregiver report) and 10% (child report) on a range of harsh parenting practices, such as threatening and insulting the child, compared to those in the waitlist control group (Figure 1, Negative Parenting Behavior). Caregivers reported a 13% decrease in the use of harsh punishment (Figure 1, Negative Discipline). In particular, caregivers reported a 90% decrease in scaring their child into behaving, an 18% decrease in beating their child, and a 17% decrease in swearing at their child. Children reported a small, non-significant decrease in their caregivers' use of harsh punishment overall, including a 15% reduction in spanking and slapping. Results for the Multiple Indicator Cluster Survey showed no significant change in discipline practices overall, but

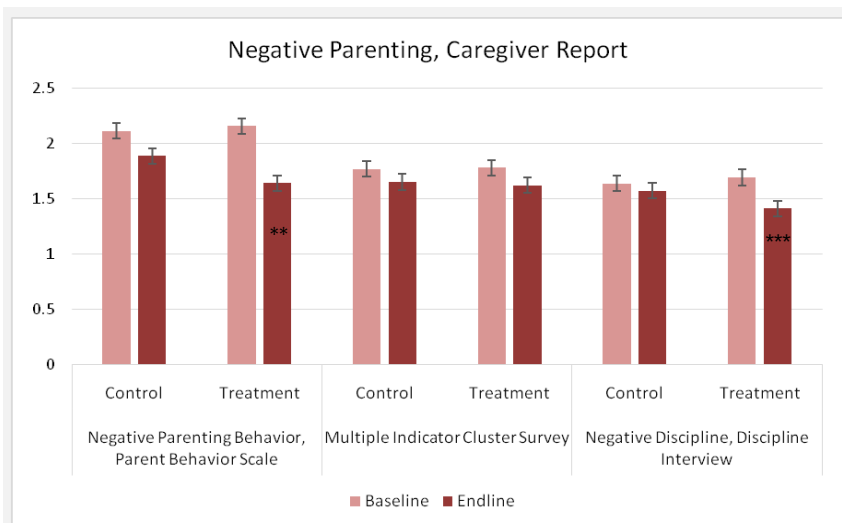


Figure 1: Caregiver report of frequency of negative parenting behaviors in the last 4 weeks at baseline and endline, by study arm.
Confidence intervals: 95%; * indicates statistical significance

caregivers did report a 16% decrease in using a hard object to beat their child on this measure. Treatment effects were maintained at six-month follow up. In qualitative interviews, caregivers described stopping or decreasing the use of harsh punishment such as beating, shouting and swearing at their child. A few respondents explained that they stopped using harsh punishment as a result of feeling more empathy for the child and learning about how harsh punishment can negatively affect their child's development.

- 4) **The intervention improved family functioning.** Caregivers and children who participated in the intervention reported an increase in family cohesion and family communication, including improved problem solving and spending more time together, compared to those in the waitlist control group. Caregivers and children also reported an average decrease of 13% and 8% respectively in negative family interactions such as fighting and shouting. All results were statistically significant with the exception of caregiver-reported family communication, and treatment effects were maintained at six-month follow up. In qualitative interviews, caregivers described spending more time having “family meetings,” which was discussed during the program. Respondents described making more decisions and plans with their partner and children, and some described their family as more “peaceful” and “united.”
- 5) **The intervention decreased children's behavioral problems, and improved children's attention and resilience according to either caregiver or child report. There was no significant impact on children's emotional problems such as depression.** Both caregivers and children who participated in the intervention reported a significant decrease in children's behavioral problems such as aggression, compared to those in the waitlist control group. Caregivers also reported a significant decrease in children's attention-related problems such as lack of concentration, but child-reported results showed no impact on this outcome. Neither caregivers nor children reported significant effects on children's emotional problems such as depression or anxiety. Children, but not caregivers, reported a significant positive impact on indicators of child resilience developed from qualitative research, such as having a positive attitude and goals for the future. Treatment effects were maintained at six month follow up. In qualitative interviews, caregivers described their child as more polite, obedient and helpful after participating in the intervention. Some caregivers also observed that their child's social interactions with peers had improved, and that delinquent behaviors such as swearing and stealing had decreased. Some also described a feedback loop in which more positive caregiver-child interactions resulted in children feeling closer to and less afraid of their caregivers, which in turn resulted in improved child behavior.
- 6) **Qualitative findings suggest potential unanticipated improvements in caregiver mental health and relationships with other family and community members.** Interviews with caregivers revealed potential unanticipated improvements in their own psychosocial wellbeing, particularly an improved ability to regulate negative emotions or “control the mind” by using relaxation techniques taught during the intervention. Several respondents reported that they (or their male partners) had stopped or reduced alcohol consumption since the intervention. Caregivers described improvements in their relationship with their partner and others in the community, including less conflict and improved communication. Some respondents also observed positive changes in their partner or children who did not attend the program, which they attributed to the knowledge and skills that they shared with their family members. Qualitative findings suggest two potential pathways of change. First, all respondents attributed the changes in themselves, their children and their family to the knowledge that they had gained from the intervention. Second, some respondents identified their increased ability to “control the mind” as the foundation to subsequent improvements in their interactions with children, partners and community members. In particular, they attributed the decrease in use of harsh punishment and conflict with their partner and neighbors to better emotion regulation since the intervention.

After the training, my wife and I fought only once...I was angry and I picked up a stick and threw at her. But at that time, suddenly I noticed myself that I was throwing things at her. And I noticed suddenly that I was wrong. And then I walked away to calm down...I suddenly remembered about the training, the teachers and the sessions I learned.

- 43 year-old father

Lessons

- 1) **Parenting and family interventions are feasible and acceptable to a displaced population with contextual and cultural adaptations.** Qualitative formative research was essential to adapting the intervention to meet the specific needs of the target population.⁴ In addition to ensuring the delivery of the intervention promoted participant safety and attendance, content adaptations were made to address issues that emerged through the formative research (e.g. parental stress), and to incorporate cultural concepts in discussions of sensitive topics such as physical punishment. Such adaptations are essential for ensuring feasibility and acceptability, but should not compromise the integrity of the evidence-based intervention.⁵
- 2) **Brief parenting and family interventions can improve parenting practices, caregiver-child relationships, and family functioning in contexts of displacement and chronic adversity.** Study findings indicate that the intervention increased positive parenting behaviors, decreased negative parenting behaviors including some forms of harsh punishment, increased family cohesion and communication, and reduced negative family interactions. Effect sizes were small to moderate, which is consistent with findings from similar studies.⁶ Further research is necessary to determine if effects can be replicated and boosted in similar settings.
- 3) **Brief parenting and family interventions can reduce child behavioral problems, and may have the potential to promote child resilience in conditions of adversity.** As this was a prevention program for a non-clinical population, baseline levels of child psychosocial problems were low. Study results showed small effects on reducing children's behavioral problems consistent with other studies⁷ and weaker effects on other psychosocial outcomes. Child-reported improvement on locally-developed indicators of resilience point to the potential of the intervention to increase children's resilience to adversity in conflict-affected settings.
- 4) **Brief parenting and family interventions may have the potential to promote caregiver mental health and reduce family violence.** Qualitative findings suggest that the intervention may have improved caregivers' ability to cope with stress and anger, as well as reduced conflict between partners. Given previously documented links between parental mental health, family violence, and child wellbeing,⁸ future research should investigate the effectiveness of parenting and family-based interventions in promoting caregiver mental health and reducing intimate partner violence, particularly in high-risk contexts of conflict and displacement.
- 5) **Further research is necessary to uncover potential pathways of change in order to maximize impact.** Qualitative findings suggest that one important pathway of change for this population of caregivers centered on emotion regulation. Understanding *how* changes occur in the family, including whether different pathways are more or less salient in diverse populations and settings, is crucial to designing interventions to maximize impact. Future research should focus on how to achieve the most impact for the most at-risk children and families in conflict-affected and displacement settings.

As part of the IRC's **Program of Research on the Prevention of Violence against Children and Youth**, this study as well as others conducted in Burundi and Liberia have contributed to evidence-based policy and practice around parenting and violence prevention in low-resource, conflict-affected settings. The IRC is establishing partnerships with policy makers, donors and researchers to conduct further research on interventions to prevent violence and promote child development and resilience in the most disadvantaged and insecure parts of the world. To learn more, please contact the IRC at children@rescue.org or rel@rescue.org.

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⁴ The report can be found at http://www.rescue.org/sites/default/files/resource-file/IMPACT%20Qualitative%20Research%20Report%20-%20FINAL_0.pdf.

⁵ Kumpfer, K., Pinyuchon, M., de Melo, A.T. & Whiteside, H.O. (2008). Cultural adaptation for international dissemination of the Strengthening Families Program. *Evaluation & the Health Professions*, 31, 2, 226-239.

⁶ Kaminski, J.W., Valle, L.A., Filene, J.H. & Boyle, C.L. (2008). A Meta-analytic Review of Components Associated with parent Training Program Effectiveness. *Journal of Abnormal Child Psychology* 36: 567-589.

⁷ Ibid.

⁸ Barlow, J., Smailagic, N., Huband, N., Roloff, V. & Bennett, C. (2012). Group-based parent training programmes for improving parental psychosocial health (Review). *The Cochrane Library*, Issue 6; Herrenkohl, T.I., Sousa, C., Tajima, E.A., Herrenkohl, R.C. & Moylan, C.A. (2008). Intersection of child abuse and children's exposure to domestic violence. *Trauma, Violence & Abuse* 9, 2: 84-99.