



Adapting a Parenting Program to Support Family Reintegration

THE PROJECT

Keeping Children in Healthy and Protective Families (KCHPF) is an operational research project funded by USAID/Displaced Children and Orphans Fund (DCOF) as part of the Coordinating Comprehensive Care for Children (4Children) project. The KCHPF project supported the reintegration of children living in residential care back into family care. The corresponding research was designed to evaluate the impact of adding a household-based parenting program to a standardized reintegration package that included individualized case management support and a reunification cash grant, aimed at strengthening the reintegration of children living in residential care back into family care.

THE CHALLENGE

Reunified children often need support to transition and adapt to living in a family environment. Although children in residential care often have some level of family contact, the movement back into a family home requires new learning as children must often learn afresh how to engage with parents, siblings, and other relatives in the home. They may not be accustomed to family norms, rules, routines, and chores. Reunified children often need support to build positive and healthy relationships with family members. KCHPF aimed to support families in the reintegration process by providing parenting education support that was tailored to meet their unique needs. While many different parenting programs exist, they tend to support families that have not been separated. In addition, parenting programs are typically designed to be delivered in group settings; however, families enrolled in the KCHPF program were generally dispersed from each other, making group-based delivery infeasible. As such, KCHPF needed a parenting program that could be delivered at a household level in order to focus on the unique needs of the reintegrating family.

SOLUTION

The KCHPF project engaged Clowns without Borders South Africa to adapt their existing Parenting for Lifelong Health (PLH) curriculum to suit the unique needs of the KCHPF project. The resulting Esanyu Mu Maka (EMM) parenting program ("Happiness in the Home in Luganda) aimed to support successful reintegration of children ages 1-13 within their families in Uganda.

The PLH program was adapted to suit the Ugandan context (with localized names/visuals) and to address specific parenting support needs for families engaged in reintegration, using a strengths-based approach during home-based delivery. The development of the EMM curriculum was led and overseen by the CWBSA technical team and approved by the PLH program developers. Adaptations were based on a literature

Key adaptations included:

- Adding a TOT module for the Parenting Facilitators that included sensitization on the effects of residential care on children.
- Adding a module to prepare the family for reunification prior to the arrival of their child.
- Expanding caregiver knowledge to identify and respond to behavioural problems more common among reunified children.

review, a visit to Uganda in July 2016, interviews and revisions in the program manual by technical experts in parenting and family reintegration from KCHPF partners Maestral International and Transcultural Psychosocial Organization (TPO) Uganda. Additional content was included on preparing for reunification, building support networks, developing emotional resilience, supporting children's education, discussing family history and connections, as well as addressing stigma and discrimination. As the programme targeted a wide age-range, the EMM curriculum covers developmental stages, with age-appropriate content for each stage. KCHPF conducted a small pilot of the curriculum prior to its use in the full KCHPF study. Feedback from participants in the pilot as well as parenting facilitators was incorporated into the final version of the EMM curriculum.

RECOMMENDATIONS

Through this adaptation process, the KCHPF project captured key lessons learned.

- **Choosing a name in the local language** to market the 'parenting' program was important to building interest and securing participation of caregivers i.e. most caregivers may not feel the need to complete a 'parenting' course.
- **Selection of parenting facilitators** from within the respective districts helped to ensure their understanding of local norms, and practices.
- **Emotional check-ins and physical exercises** during the sessions helped to reduce typical power hierarchies between the facilitator and family members and foster a collaborative approach to learning.
- **Use of visual materials (parenting flipbook), stories and illustrations** promoted learning and made the sessions fun.
- **Inclusion of the caregivers' support network in the parenting sessions**, (i.e. neighbours, extended family, siblings, etc.) facilitated experience sharing and promoted collaborative problem solving.
- **The average group size of 4-5 participants seemed to facilitators to be ideal** for home-based delivery. One-on-one delivery to single caregivers proved challenging and intensive, especially when conducting role-plays and discussions.
- **Equipping parenting facilitators with safeguarding information** encouraged them to proactively identify and report potential child protection risks or violations and help link those families to appropriate services and support.
- **Providing 'home activities' whereby caregivers practiced their new skills in-between sessions** encouraged them to reflect on their progress and challenges and enabled the facilitators to monitor progress and provide feedback.
- **Securing and maintaining male participation in the program required one-on-one follow-up and flexibility**, for example, adapting the timing of the sessions to accommodate employment and work schedules and emphasizing the importance of male involvement.
- **Providing certificates to households was a key motivator for caregivers to complete the entire program.**
- **Demand for parenting information specific to adolescents** - while the parenting sessions addressed the needs of children 1-13, caregivers regularly requested support and information to guide them in raising adolescents.

This fact sheet is made possible by the generous support of the American people the United States Agency for International Development (USAID) under cooperative agreement AID-OAA-A-14-00061. The contents are the responsibility of CRS and (relevant contributor) and do not necessarily reflect the views of USAID or the United States Government.