Integrated support for families at scale

Linda Richter

Road to Melbourne
Young Children Born into Families Affected by HIV
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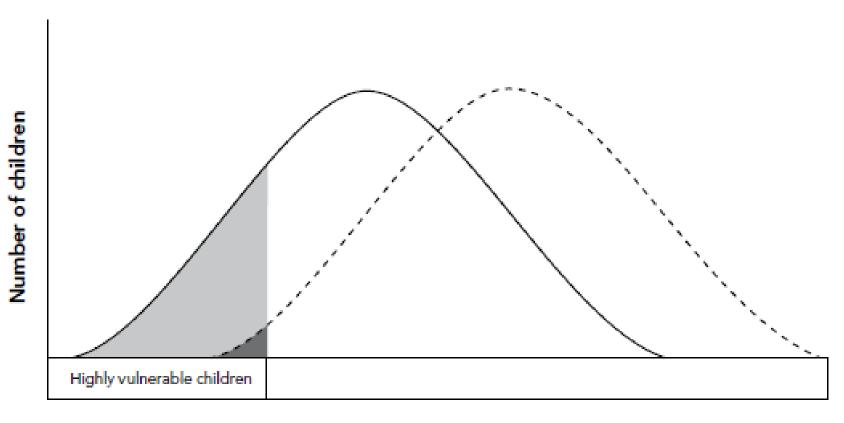
Developing programs that significantly improve the lives of individual children and families affected by HIV/AIDS is relatively easy with enough resources, organizational capacity, and compassion. Vulnerable individuals and households can be identified, health services can be provided, school expenses of orphans can be paid, food can be distributed, and supportive counselling can be provided. Such interventions meet real needs, but the overwhelming majority of agencies and donors that have responded so far have paid too little attention to the massive scale of the problems that continue to increase with no end in sight.

As programs to date have reached only a small fraction of the most vulnerable children in the countries hardest hit by AIDS, the fundamental challenge is to develop interventions that make a difference over the long haul in the lives of the children and families affected by HI\V/AIDS at a scale that approaches the magnitude of their needs. The aim is not to save a few orphans in those few communities in which external agencies are focused, but to strengthen the capacities of families and communities to cope — John Williamson (2000 p.3)

Shifting the curve

Figure 7: Universal curve shift to improve children's health and wellbeing

----- current situation
---- enhanced systems of support



Health and well-being of children

Reality check ...

- Basic health services for survival eg immunizations, are not at scale in the countries most affected by AIDS
- Packaged programmes of "n" sessions outside of the health or education services have <u>no chance</u> of getting to scale in the forseeable future
- We have to think differently

Presentation

Briefly describe 2 reviews of research/ programmes in HICs - lessons for LICs and HIV contexts?

- Partnerships to promote children's development (WHO 2013)
- 2. Supporting, strengthening parenting PEPFAR/USAID 2013)

Can they help us to think about?

- Ways of "supporting the middle" (Gretchen)
- 2. Applying "common elements" flexibly, rather than "packages"

Promoting child development

- 10 scaled up programmes (national- or state-wide)
- Partnerships between government, funders, civil society, parents
- Of 5-20 years duration
- "Looked at" web documents, published papers – not a systematic review

National programs

Year	Country	Name	Target
1994	USA	Early Head Start	Low income pregnant women, families with infants & toddlers
1999	UK	Sure Start	Area-based disadvantaged pregnant women, families with children to 4y
2000	Australia	Stronger Families & Commun- ities	All children

State-wide programs 1

Year	State	Name	Target
1998	California USA	First 5 Cali- fornia	Children and caregivers prenatal to age 5y
1998	NSW, Aus	Families First	All children and families
2000	Manitoba	Healthy Child Mani- toba	All children
2002	Victoria	Best Start	Disadvantaged children & families prenatal to 8y

State-wide programs 2

Year	State	Name	Target		
2002	Toronto	Toronto First Duty	All children		
2003	South Australia	Every Chance for Every Child	All children 0-8y		
2008	Victoria	Every Chance for Every Child	Vulnerable children and families		

In general ...

- All subject to debate about social priorities and public expenditure
- Contestable evaluations (RCTs, longitudinal, programme evaluations)
- All seek improvement none yet achieve the effects or durability desired
- Have to survive budget variability
- But achieve scale and have support from parents and child advocates
- Likely to be sustained and bettered

Common elements

- 1. Foundational features
- 2. Implementation features
- 3. Service features

Foundational features 1

- Evidence part of motivation, but primarily political - social equality, human capital, social exclusion
- Vision of
 - -Comprehensive approach, complementarity
 - Integration of services
 - —Quality
 - —"Whole-of-government", "joined up thinking", "whole child"

Foundational features 2

- Formal foundation in statute, government strategy
- Lead department responsible for implementation, in collaboration with other departments and CSOs
- High level accountability
- Regular reporting to parliament/congress, public

Implementation features 1

- Communication/effort participation, ownership, investment, responsibility by families and communities (co-share)
- Tendered out, out- or down-sourced, franchised under local lead agency (govt, NGO or CSO)
- Lead agency receives national, state, municipal funds, plus philanthropy
- Most diverted available money

Implementation features 2

- Local variability of programs based on needs assessment and consultation
- But conform to founding principles and standards set centrally (state)
- Implementing agencies and service providers evaluated on funding cycle (4-5y) against explicit child & family outcome criteria
- Re-competition and exclusion of underperforming agencies

Service features 1

- Lead agency coordination services may be provided by different organizations
- But aim for seamless access to comprehensive, integrated services
- Address children and/or families living with disabilities, young parents, poor parents, immigrants, indigenous people and other vulnerable groups targeted by outreach strategies

Service features 2

- Parent and family involvement is a central feature of all programs
- Programs offer:
 - Universal prevention to strengthen parenting and early child development
 - Targeted prevention for vulnerable and at risk families
 - Intervention for children and families experiencing difficulties

Service features 3

- While no common program model, all include:
 - Mass communication
 - Early learning
 - Parenting support
 - Financial assistance
 - Health and nutrition
 - Child care
 - Preschool preparation

To support families & promote the development of young children

Can we learn something about strategy?

- Start small and try to get bigger, or
- Start big and try to get better (eg region, sub-region)

And something about funding?

- Fund programs, or
- Fund agencies/CBOs for outcomes (eg PEPFAR recommendation)

Supporting parents

- Integral to all child development programs
- Parenting includes long-term caregiving
- Parenting support
 - Not parent education
 - Not packaged parent programmes





A REVIEW OF PUBLISHED LITERATURE ON SUPPORTING AND STRENGTHENING CHILD-CAREGIVER RELATIONSHIPS (PARENTING)

Review

- Review of parenting programs in HICs what we might learn for programs for children and families in LMICs
- Reviewed 669 papers
 - including 101 brief programme descriptions
 - 82 systematic reviews and overviews
 - only 51 from LMICs

Organized according to ...

Goal of parenting support:

- Preparation for parenthood
- Child development and education
- Child behaviour management
- Parental wellbeing
- Family relations and child protection
- Structural enablers (eg financial assistance, child care, tax rebates, free/assisted education, help with employment etc)

Solid grounds for optimism

- 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
- Must be combined with structural enablers

Common elements?

- Existing HIC programs are culture-bound, resource intensive, unscalable – with little evidence to choose between them
 - But research attests to flexibility of program effectiveness – within known parameters (common elements, effective ingredients, deep structure)

For packages and against

FOR SALE packages – eg Triple P, Incredible Years CREATION new packages?

FOR

Efficacy of "package"
Adaptations not
tested

Fidelity important
Flexibility, integration
complex

AGAINST

Context NB
All program must be adapted

Diff programs produce same results
Common elements

Set of principles easier to integrate

Logic model

All aim to change parental feelings, beliefs, practices

For better parent-child interactions, relationships

And improved:

- Parental wellbeing
- Couple relationships, family life, commitment to child

To improve nurture & child health & development

Common - theory

- 1. Child development theory, role of parenting, attachment, language acquisition, social learning, affiliation
- Poverty, stress effects on parenting
- Theorised effective ingredients eg social support, increased knowledge, increased awareness, increased efficacy etc.

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
- Exposure to normative controls eg against beating children

Parents want similar things

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

Common program elements

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

Common delivery elements

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

Ways forward

- WHO ECD
 - Monograph on opportunities in health systems to promote early child development
 - Special journal issue
 - Advocacy eg IPA Melbourne
- PEPFAR/USAID Parenting
 - Dissemination of report
 - Meeting in Africa on possibilities for implementation