



معهد الدوحة الدولي للأسرة
Doha International Family Institute
البحوث لدعم السياسات الأسرية
Research to advance family policies

INTERNATIONAL CONFERENCE
**PARENTING, CHILD WELLBEING
AND DEVELOPMENT**
23rd-24th October 2018

المؤتمر الدولي
**التربية الوالدية ورفاه الطفل
والتنمية**
23 - 24 أكتوبر 2018

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#DIFI2018



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Investing in Parenting Education Programs

#DIFI2018



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Investing in Parenting Education Programs

Session Chair:

Wadih Maalouf, Programme Manager, United Nations Office on Drugs & Crime

Panelists:

Frances Gardner, Professor of Child & Family Psychology, University of Oxford

Ignacio Socias, Director of Communication, International Federation for Family Development

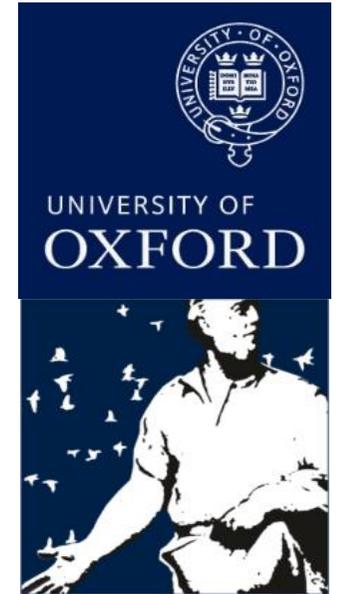
Jamie M. Lachman, Co-founder, Parenting for Lifelong Health

Zulkifli Ismail, Consultant pediatrician, Chairman, Positive Parenting Programme

#DIFI2018

International evidence for parenting interventions: Where, how, and for whom do they work?

Frances Gardner
Professor of Child & Family Psychology
Centre For Evidence-Based Intervention
Department of Social Policy & Intervention
University of Oxford
UK



DIFI-UNICEF meeting Doha, October 2018



Healthy parenting vital to early development of children:

Harsh, inconsistent parenting predicts later poor outcomes: delinquency, drug use, family violence, school failure, poor health.

These outcomes of poor parenting are very costly to multiple systems - (economic modelling studies)

Parents under stress need support raising the next generation....

Good news: much evidence & knowledge on how to improve parenting skill, reduce harsh, punitive parenting

Policy guidance often aligned with evidence: eg UNICEF / WHO- INSPIRE, Nurturing Care

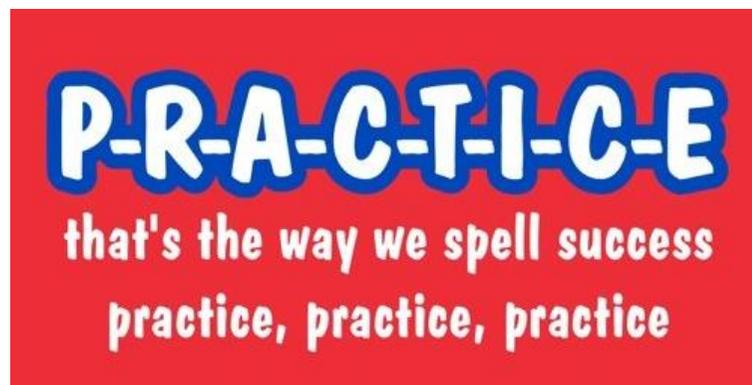


Effective parenting interventions: What are they?

Parenting programs help parents learn **skills** that are useful to them- in their culture

Changing knowledge & attitudes important, but not enough

Focus on: relationships, behavior change
active learning and especially -- **practice**
Behaviour change is **hard**, especially for stressed families



PARENTING FOR LIFELONG HEALTH FOR YOUNG CHILDREN

Masayang Pamilya Para sa Batang Pilipino Program

Facilitator manual



By Jamie M. Lachman and Judy Hutchings

With Lucie Cluver, Frances Gardner, Sibongile Tsoanyane, and Catherine Ward

Adaptations by Liane Peña Alampay, Bernice Vania N. Landoy, Maria Kristina Bianca Bello-Sarmenta
Margarita M. Mañalac, Celina Maria B. Torres, Clarice Talavera-Aviñante,
Bernadette J. Madrid, Michael Te, and Angelo Ruedas

Illustrations by Lorenzo T. Narciso, Theosanti Juliano L. Martinez, Wessel Matthews,
Ma. Kristina Ysabel P. da Silva

Design by Anna Katrina Bersamin



Parenting interventions

- Effective parenting interventions focus on building:
 - Nurturing relationships
 - Positive parenting skills; play, communication, praise
 - Developmentally appropriate expectations
 - Positive discipline- nonviolent alternatives for punishment
 - Reducing parent stress
- Effective programs are collaborative:-

They start with parents' **own cultural values, needs & goals** for their children.
They **don't tell parents** what they should do.

Most evidence-based programs, used across the world, are based on evidence-based content & scientific principles:

eg Incredible Years, Strengthening Families, Parenting for Lifelong Health (PLH), Triple P.



How?

- Often delivered to groups of parents in communities
- Settings: flexible, e.g. schools, daycare, clinics, mosques, community centres, workplace
- Often a course of 8-12 weekly sessions, 2 hours per week;
- Small groups allow active, collaborative learning, 8-15 parents per group
- Essential parents have opportunities for practice, reflection, discussion, refining and more practice, of new skills learned each week. (no lecturing!)



To whom?



Who attends?

Fathers, mothers, grandparents, other carers

- For older youth, often joint groups - Teens plus parents (eg PLH- Parenting for Lifelong Health-Teens, Strengthening Families).

Ages?

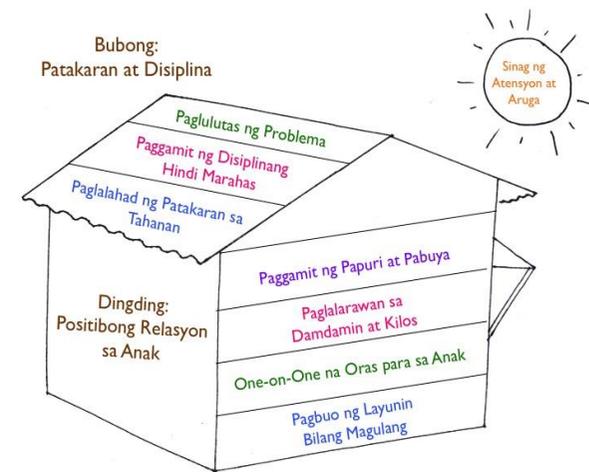
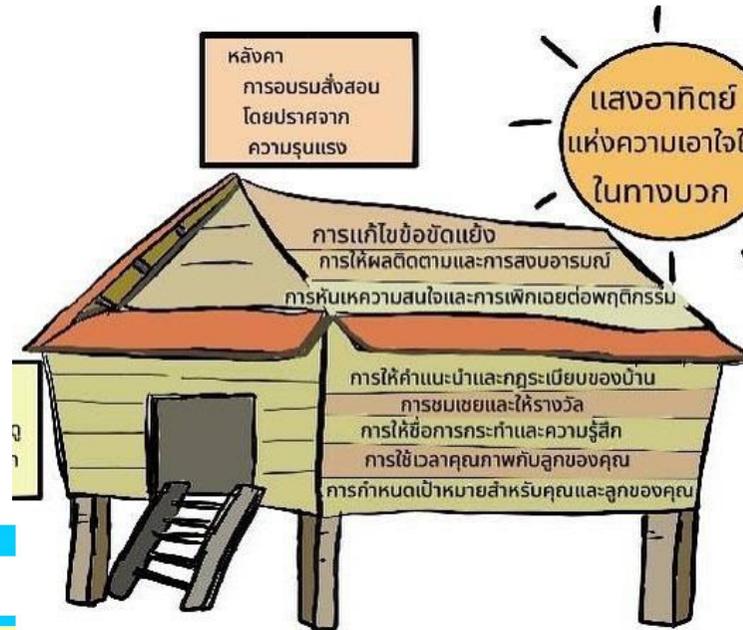
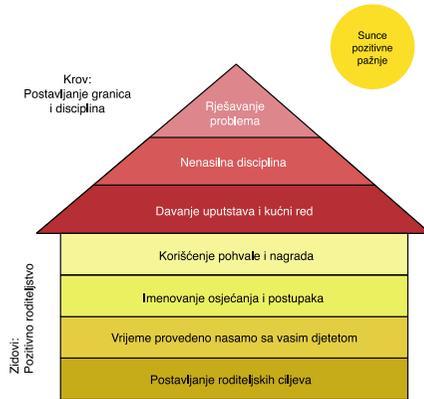
Many principles the same, but content and methods differ by age.

- Early Childhood- 0-2. Focus on attachment, sensitivity, nurturing care.
- Childhood 2-10. Focus on all these plus positive discipline: limit setting, rewards, alternatives to harsh punishment (- violence reduction)
- Teens 10-18. Same, but examples suited to teen stage – negotiation, monitoring, safety.

Targeting?

Universal or targeted to needy families? **Needs much careful thought**, depends on many factors: policies, needs, context, capacity....

Example of potentially scalable program- WHO/ UNICEF Parenting for Lifelong Health (PLH):



PARENTING FOR LIFELONG HEALTH FOR YOUNG CHILDREN
Masayang Pamilya Para sa Batang Pilipino Program
Facilitator manual

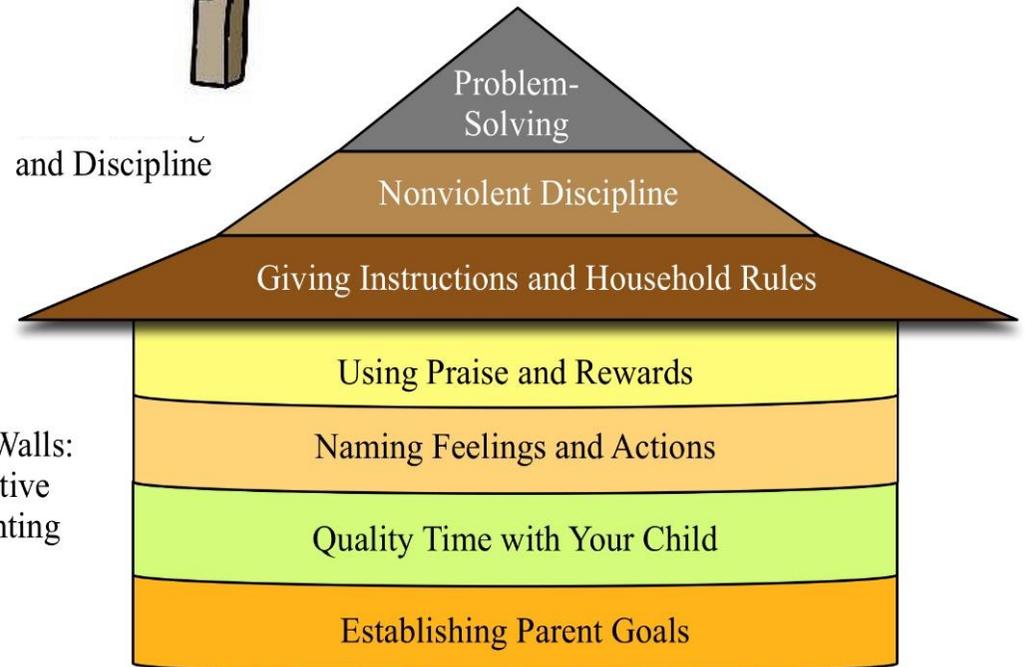


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Building a house of support - PLH 2-9-cultural adaptation in 4 continents

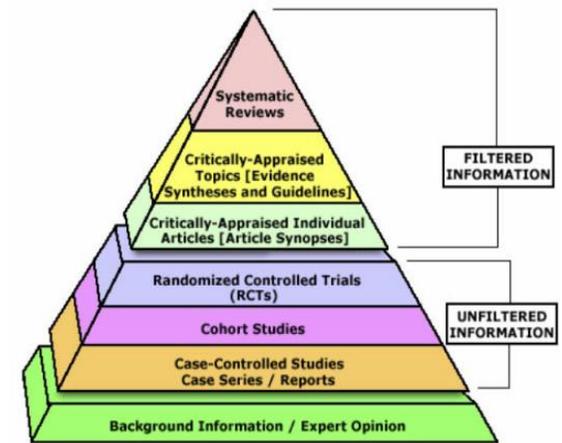
Mud Walls: Positive Parenting



Science of evaluation: How do we know if interventions are working & why does it matter?

- Interventions are costly - but they can be cost effective, as the problems they solve are expensive
- Need to know if they work, so we spend money wisely
- Well-meaning interventions may do no good – or, may do harm
 - Many examples of popular interventions doing harm, can't tell without rigorous evaluation in randomised trial eg. recent teen pregnancy prevention in Australia caused more pregnancies, compared to controls
 - Some parenting interventions appear ineffective
- We can't know if interventions are cost effective if we don't know how effective they are

What makes good scientific evidence for effective parenting programs?



Randomised Controlled Trial (RCT):

- RCTs seen as ‘gold standard’, because they allow a **fair test** of the intervention’s effects - randomising ensures the comparison group is very similar to the intervention group. Not a fair test if we compare ‘natural’ groups, eg families that chose to attend intervention, vs those that did not. -- Unlikely to be similar
- People worry that high quality research is costly - but its not as costly as scaled up, ineffective practice
- Randomised trials very possible in parenting field - 100s of trials, every continent; based on collected views of parents about usefulness & effects of the intervention

Systematic Review & meta-analysis:

- Summarise findings of many trials - rigorous, transparent, useful for policy
- Together these evidence standards help define international guidelines on programs (eg WHO).

What do all these trials show?

Summary of parenting intervention evidence base

Randomised trials (RCTs) & systematic reviews show effectiveness of early parenting interventions, based on changing parenting behavior & skills:

- **Parent:** Improve parent-child relationships, positive parenting skills;
- Reduce harsh parenting,
- Improve parents' confidence, stress, mental health
- **Child:** Best evidence we have for reducing child problem behavior; preventing teen delinquency, drug use



Parenting interventions transport well across countries



Many evidence-based programs come from US & Australia -

Why should they apply to my country? What's the evidence show about how well the effects transport to other countries?

To investigate this, we did 2 systematic reviews combining evidence from 129 randomized trials across the world:

We found that parenting programs transport successfully from country to country, even to very different cultural contexts.

Our meta-analysis found effects were just as strong in new countries, compared to using local, homegrown programs

See: UNICEF briefing: Gardner (2017) https://www.unicef-irc.org/publications/pdf/IRB_2017_10.pdf

(Gardner et al, 2015, Leijten et al 2016)

With thanks to the Swedish Board of Health & Welfare





Parenting Interventions: How well do they transport from one country to another?

Frances Gardner

Centre for Evidence-Based Intervention, Department of Social Policy and Intervention, University of Oxford

KEY FINDINGS AND RECOMMENDATIONS

- **Parenting interventions based on social learning theory principles are an effective strategy to improve parent–child relationships, and reduce violence against children and disruptive child behaviour.**
- **Policymakers and clinicians must often choose between using imported interventions developed in other countries, and interventions developed locally.**
- **Contrary to common belief, parenting interventions appear to be at least as effective, when transported to countries that are different culturally and in their service provision, from those developed for a specific national or cultural context.**
- **Transported and locally developed parenting interventions do not differ in their effectiveness in reducing disruptive child behaviour; this finding was robust across intervention brands and geographical regions of Western countries.**
- **There does not appear to be strong evidence that interventions need extensive adaptation when transported from one country to another, although more research is needed.**

Some countries where there was successful transportation:
We found equally strong effects even when transported to new country where the culture & service system were very different



Parenting intervention science – RCTs testing effectiveness in the region

- Our reviews have found similar evidence-based parenting programs are effective not only in western countries, but also in RCTs in the Middle Eastern region.
- So far we found trials in: ***Iran - 20, Turkey - 5, Lebanon, Jordan, Saudi Arabia.***

Systematic reviews show **extraordinary increase** in rigorous evaluation of parenting interventions:

- Knerr et al 2013 (age 0-17);
 - we found just **12 RCTs** in LMICs
- Updated review 2018 underway (age 2-17)
 - we found over **80 RCTs** in LMICs, incl 27 so far in Middle East



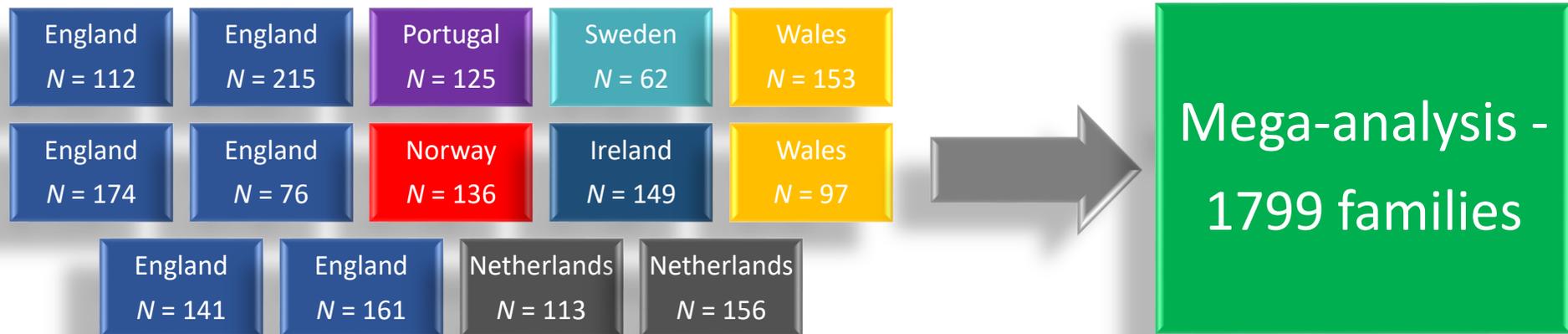
What kinds of children and families benefit from parenting interventions?



Who benefits?

To look at this, we pooled data from 1800 families in parenting randomised trials across Europe -

Individual Participant Data (IPD) meta-analysis of the Incredible Years (IY) program- Gardner, Scott, Landau, Hutchings, Leijten et al



With thanks to NIHR-Public Health Research

Disclaimer: This is a summary of independent research funded by National Institute for Health Research (NIHR)'s Public Health Research Program (Ref No. 12-3070-04). The views expressed are those of the authors and not necessarily those of NHS, NIHR or Department of Health

Who benefits?

What about disadvantaged families?

Children in:

- very low income families-
- single-mother families
- migrant & ethnic minority families
(in Europe, families meet in mixed groups)
- were all just as likely to benefit as more average families



Who benefits?

What about children in families with very high levels of distress?

Children:

- whose parent is depressed
- who show severe levels of behavior problems
- they benefited *more* than average families.

Implications for targeting:

12- session weekly programs can help families with quite severe problems

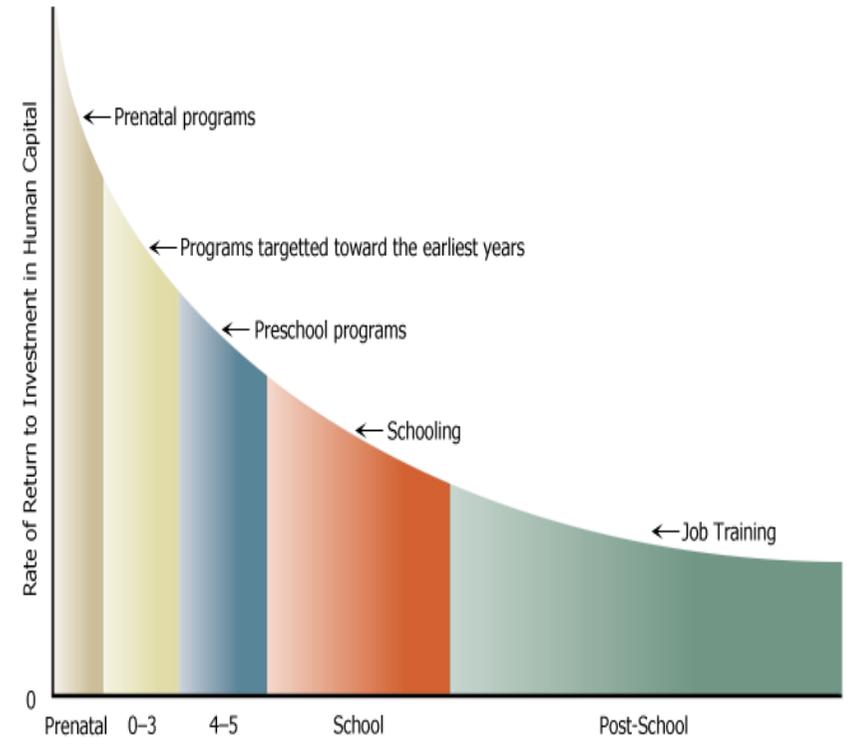


(c) The Orange Rhino

Who benefits?

Younger or older children ?

Given the policy thrust towards early intervention, we would expect parenting interventions to be most effective in the very early years.....



Source: Heckman (2008)

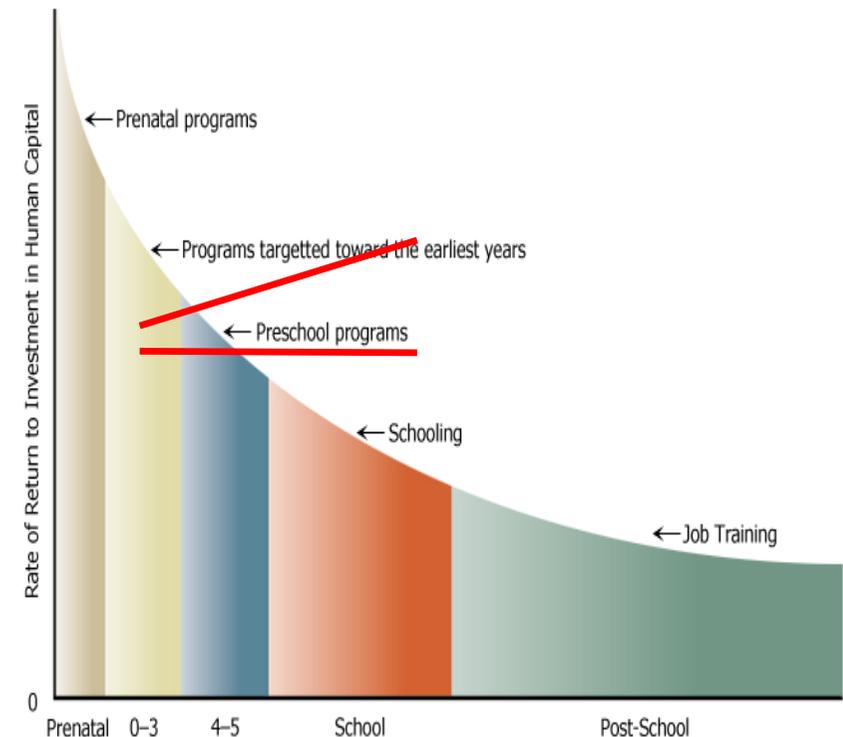
Heckman's curve...

Perhaps surprisingly, no age effect -

Children were equally likely to benefit at different ages - between 2 and 10

Cost effectiveness improved somewhat with age

(Gardner et al, 2018. 'The earlier the better?' *Child Development*)



Source: Heckman (2008)

**Heckman's curve
- doesn't seem to
work for parenting!**

Pooled data show parenting interventions can be cost-effective

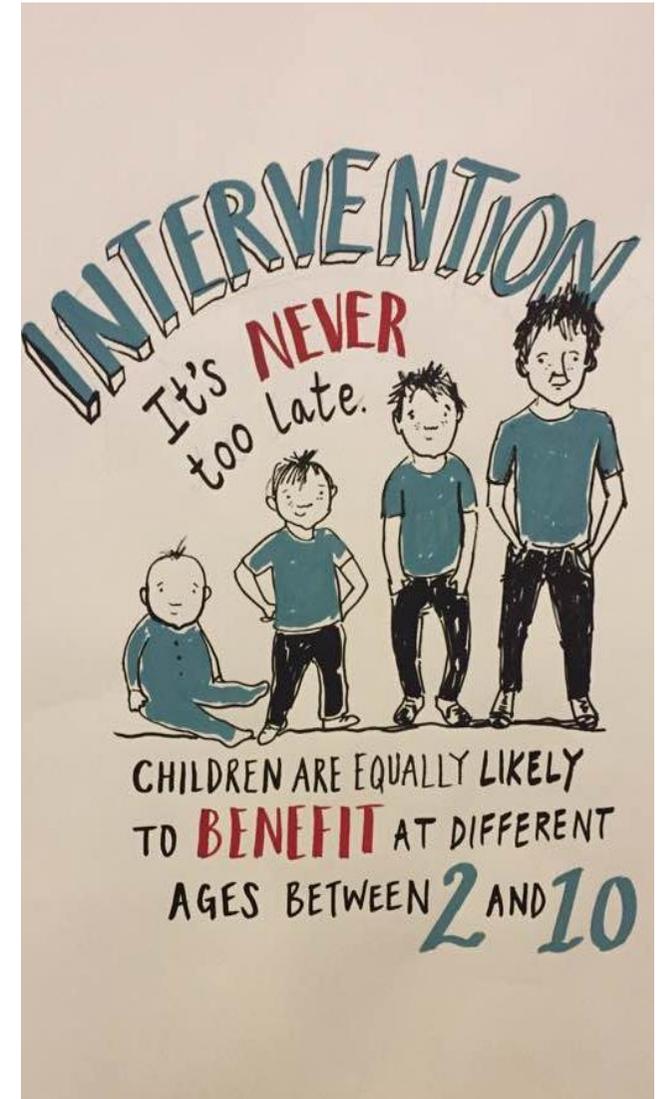
- Economic data for the Incredible Years (IY) program was pooled across 5 trials in UK and Ireland (600 families).
- It was found to be cost effective for reducing child problem behaviour
- Estimated longer-term savings over 20 years range from £1,000 to £8,400 per child (based on UK costs).



Policy implications

Science-based parenting programs (eg Parenting for Lifelong Health, Incredible Years)

- Can be effective & cost-effective;
- Rigorous trials show effectiveness in many settings & countries, including middle eastern region
- Flexible and adaptable to different cultures
- Much data & experience showing they transport well -- suggests policy choices should be made on basis of strong evidence, rather than country of origin
- Reassuring effects are strong - or stronger - in more disadvantaged & distressed families; in school age as well as early years
- What are the barriers to going to scale? Vital to implement programs with evidence-base, & deliver **with fidelity**, so as to maintain good effects. Need political will, strong policies & systems, support for staff doing difficult, skilful job



Credit: WHO Copenhagen

Policy impact of all this parenting science?



Huge interest in evidence-based parenting programs across the world, from every sector - for early prevention of adverse outcomes - health, education, drugs, crime, labour, social welfare, child protection.

Can provide basis for collaboration across sectors; reflected in policy, for example

- WHO #1 Violence prevention strategy; also Nurturing Care for early child development
- WHO/UNICEF INSPIRE; UNODC family skills
- Government guidelines e.g. UK: NHS- NICE; USA: CDC, and policy across many sectors: health, education, justice, social care ministries; many countries e.g. Malaysia, Philippines, Malta, New Zealand, UK, Norway....

THANK YOU

QUESTIONS?

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Department of Social Policy & Intervention
University of Oxford, UK

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Publications:

http://scholar.google.co.uk/citations?hl=en&user=srRcFJgAAAAJ&view_op=list_works





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Educ. Press Articles



Positive Parenting Guide (2002)



(2004)



www.mypositiveparenting.org (2007)

www.facebook.com/positiveparentingmalaysia (2014)



Seminars



Fairs



Television



Malaysian Parents



Positive Parenting

Malaysia's Pioneer Expert-Driven Parent Engagement & Educational Programme

Programme Owner



Malaysian Paediatric Association

Collaborating Expert Partners



Nutrition Society of Malaysia



Obstetrical and Gynaecological Society of Malaysia



Malaysian Psychiatric Association



Malaysian Society of Clinical Psychology



MMHA
Malaysian Mental Health Association



Malaysian Association of Kindergartens

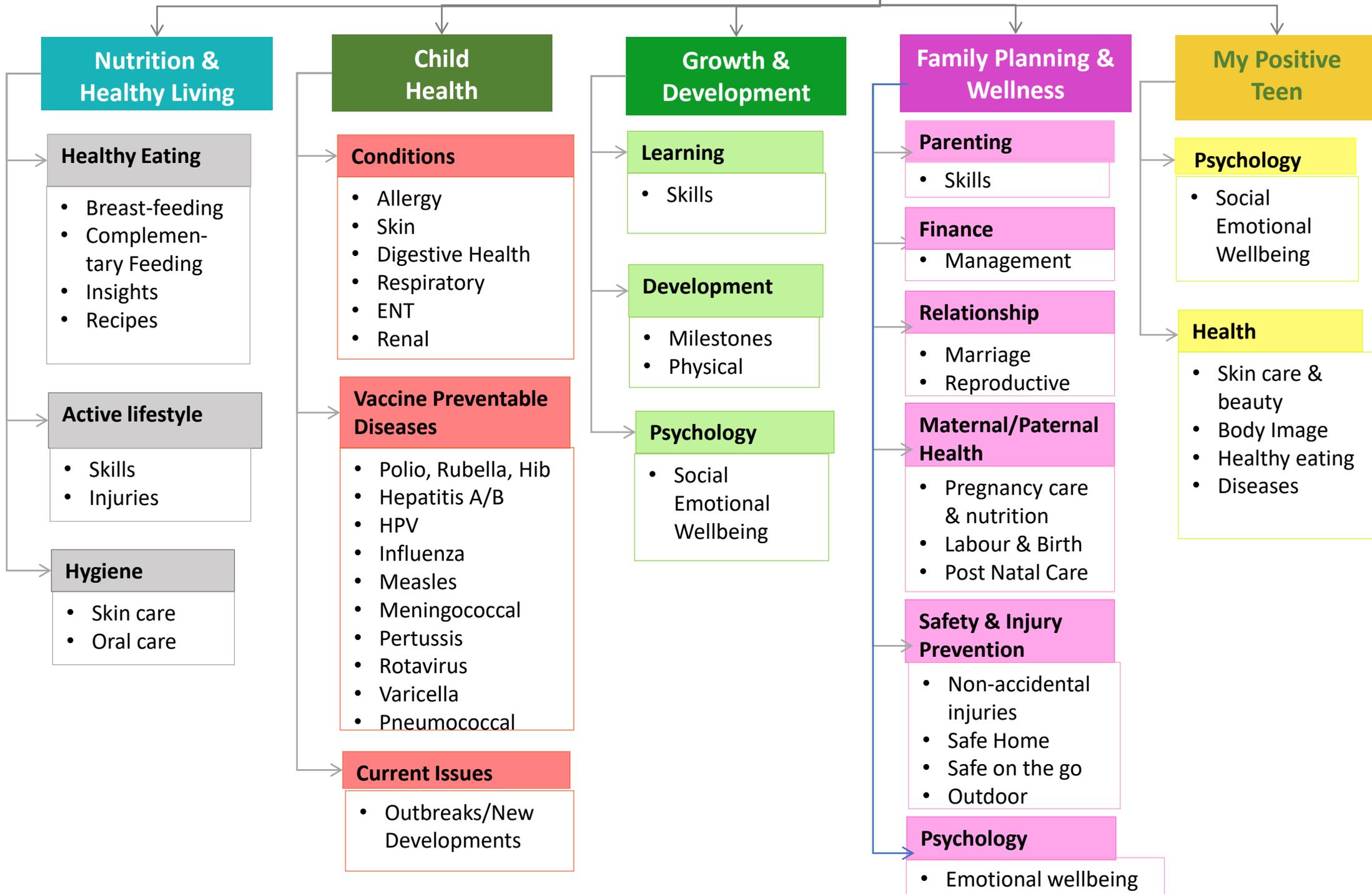


Persatuan Pengasuh Berdaftar Malaysia
Association of Registered Childcare Providers Malaysia



National Population and Family Development Board Malaysia

Holistic Content



Nutrition & Healthy Living

Healthy Eating

- Breast-feeding
- Complementary Feeding
- Insights
- Recipes

Active lifestyle

- Skills
- Injuries

Hygiene

- Skin care
- Oral care

Child Health

Conditions

- Allergy
- Skin
- Digestive Health
- Respiratory
- ENT
- Renal

Vaccine Preventable Diseases

- Polio, Rubella, Hib
- Hepatitis A/B
- HPV
- Influenza
- Measles
- Meningococcal
- Pertussis
- Rotavirus
- Varicella
- Pneumococcal

Current Issues

- Outbreaks/New Developments

Growth & Development

Learning

- Skills

Development

- Milestones
- Physical

Psychology

- Social Emotional Wellbeing

Family Planning & Wellness

Parenting

- Skills

Finance

- Management

Relationship

- Marriage
- Reproductive

Maternal/Paternal Health

- Pregnancy care & nutrition
- Labour & Birth
- Post Natal Care

Safety & Injury Prevention

- Non-accidental injuries
- Safe Home
- Safe on the go
- Outdoor

Psychology

- Emotional wellbeing

My Positive Teen

Psychology

- Social Emotional Wellbeing

Health

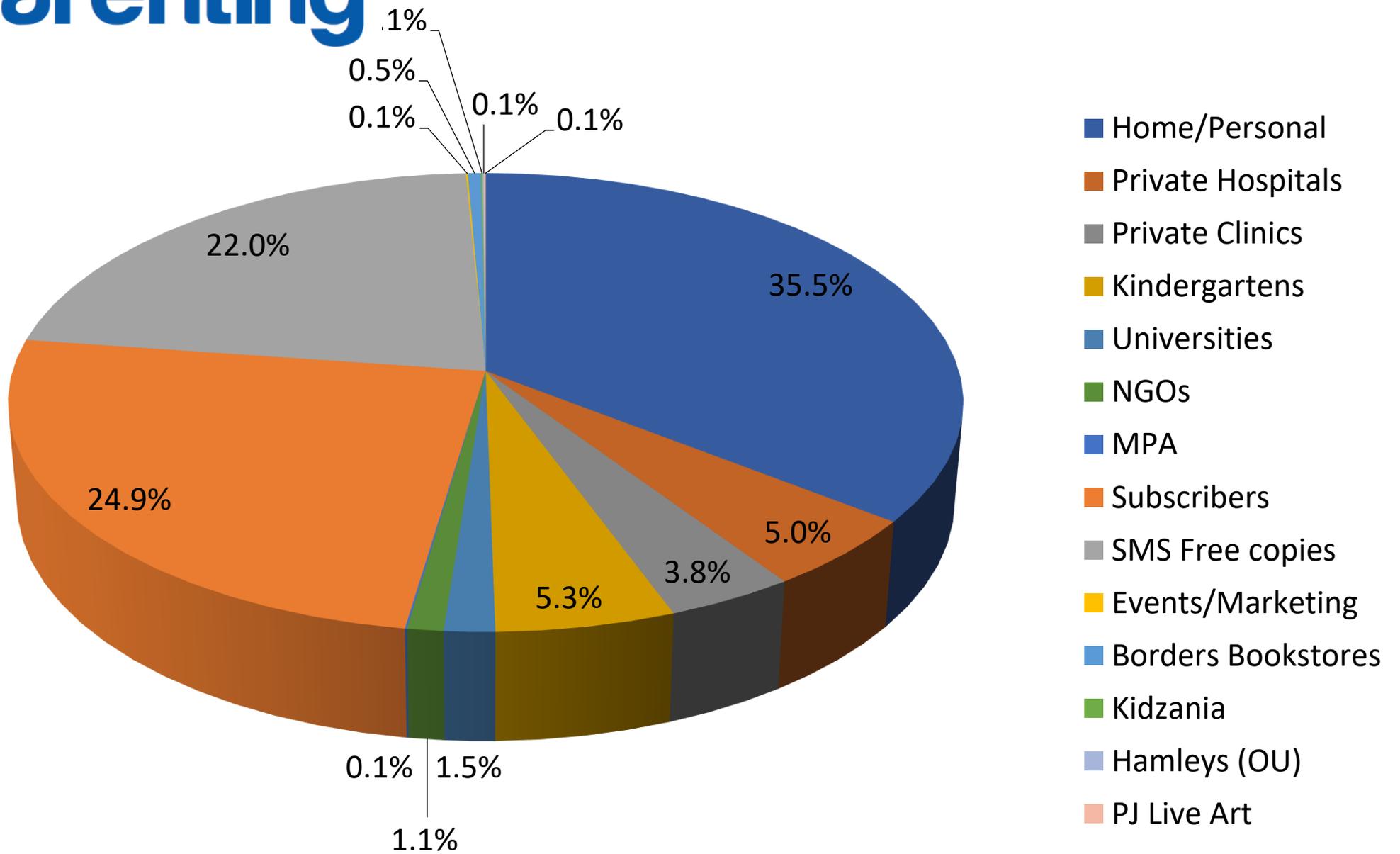
- Skin care & beauty
- Body Image
- Healthy eating
- Diseases

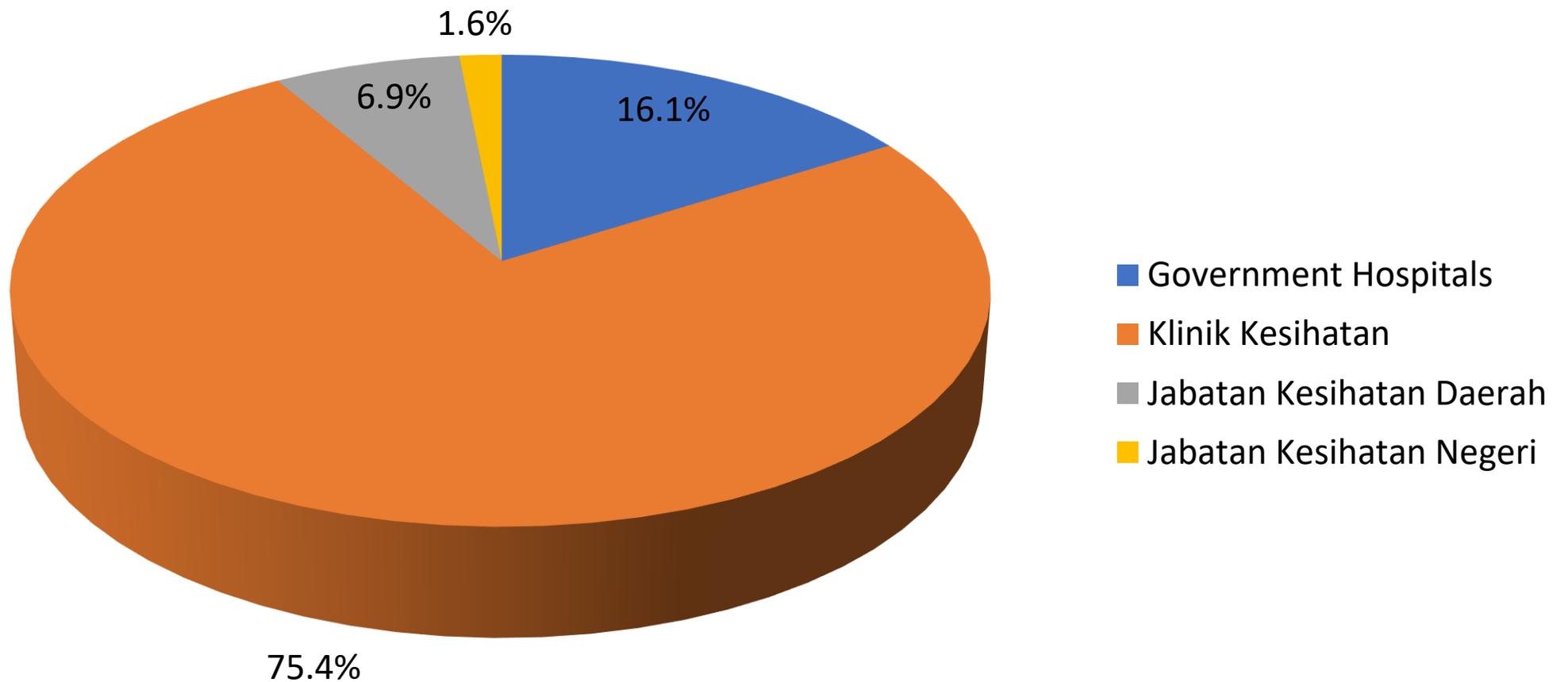
Issues & Challenges

- Collaboration
 - Content development
 - Distribution channels
- Sustainability
 - Financial
 - Content & Presentation (Infographics)
 - Remaining relevant with time
- Choice of media
 - Print → Website → Social media
- Continuity – Tenacity & Innovation

- Limitations
 - Limited to middle-class
 - Literate,
 - Computer- & Social media-savvy
 - Not reaching
 - Many rural families
 - Illiterate parents
 - Disadvantaged families
 - Marginalised urban families – urban poor
 - ?Tool to measure outcome / success

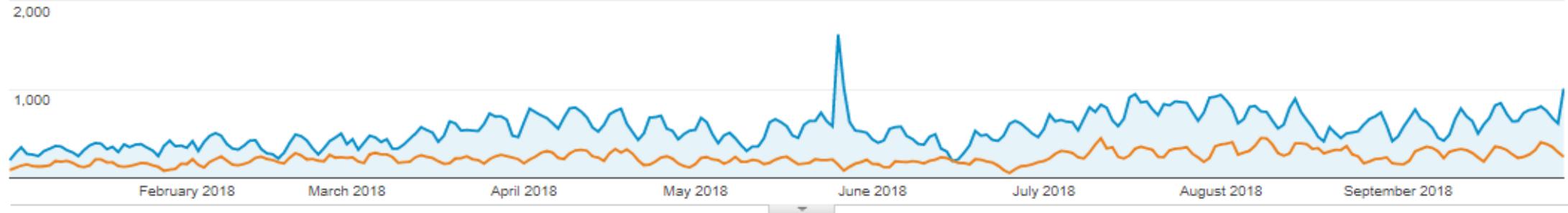
% Distribution Channels (English)





PP Website Overview

01-Jan-2018 - 30-Sep-2018: ● Users
01-Jan-2017 - 30-Sep-2017: ● Users



Users

140.05%

135,589 vs 56,484



New Users

140.66%

135,395 vs 56,261



- Total FB likes: 24,065
- Total FB followers: 24,158

Blue line – users in 2018
Orange line – users in 2017

Comparison of 1 Jan – 30 Sept 2018 and 2017

Visitors as of 30 Sept 2018: 135,589 visitors



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#DIFI2018

Maintaining Quality Implementation and Effectiveness of Parenting Programs at Scale



Institute of Health
& Wellbeing



Jamie M. Lachman

Universities of Oxford and Glasgow • Parenting for Lifelong Health
Clowns Without Borders South Africa



A Story of Perspective



- researcher



- policy maker

Demand for programmes that reduce violence against children in Low- and Middle-Income Countries →

INSPIRE: Seven Strategies for Ending Violence against Children

Implementation and enforcement of laws



Norms and values



Safe environments



Parent and caregiver support



Income and economic strengthening



Response and support services



Education and life skills

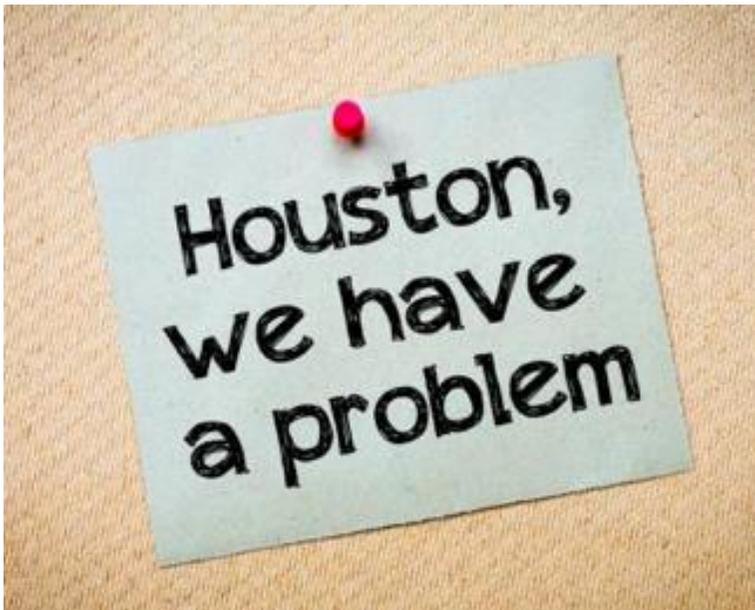


Evidence-Based Parenting Programs



Different brands...but they mostly have similar core components combined into one treatment package.

Barriers to Scale Up



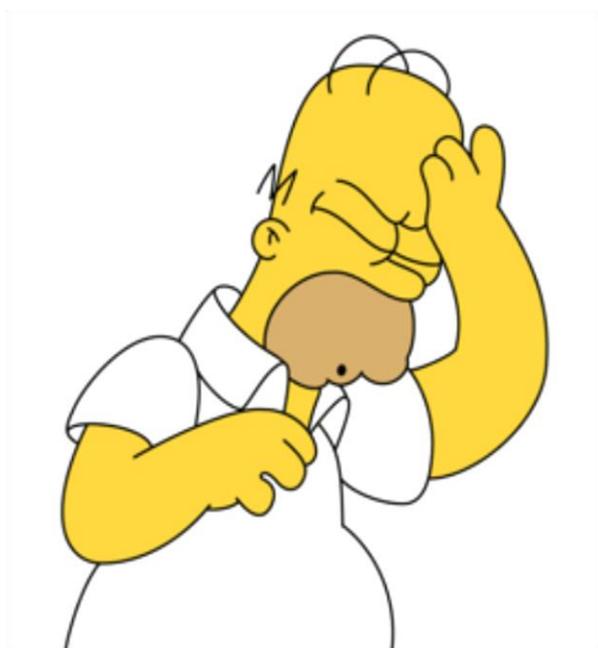
- **Costs of established programs**
- Licensing fees, training, and accreditation
- Resistance to changing evidence-based models
- **Capacity to deliver programs at scale**
- Limited human and financial resources
- Not compatible with existing service delivery system
- **Many evidence-based parenting programs are not efficient, economical, and scalable**

Often we make poor choices...



1. Simplify program by making ad hoc changes like cutting content, materials, staffing, support
2. Decide to use another intervention that is cheaper but not tested
3. Sits on the shelf gathering dust in academic ivory tower

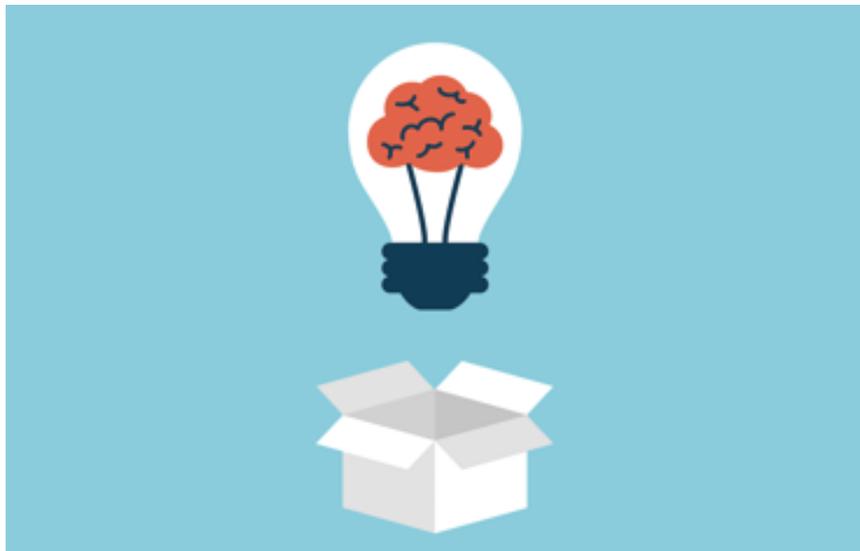
...which lead to bad consequences



1. Bottleneck of parenting programs that are not being delivered to those who need it most
2. Programs changed so dramatically so they no longer are based in evidence
3. Programs not tested but rolled out due to convenience, usability, or affordability

• **POTENTIAL
WASTE OF
LIMITED
RESOURCES**

We Need a Different Approach



- If we want interventions that have...
- the **BIGGEST** impact...
 - for the **MAXIMUM** number of beneficiaries...
- for the **LEAST** amount of money...
 - using **AVAILABLE** human resources

Parenting for Lifelong Health



- Develop and test a suite of parenting programs across the developmental spectrum
- Demonstrate rigorous evidence of effectiveness in reducing the risk of child maltreatment **AND** improving child wellbeing
- Programs are affordable and scalable in low resource contexts

PLH Programs



- PLH for Babies
- (prenatal to 6 months)

- PLH for Toddlers
- (10 to 20 months)

- PLH for Young Children
 - (2 to 9 years)

- PLH for Parents and Adolescents
 - (10 to 17 years)

PLH for Young Children



parent groups
[15 parents +
2 facilitators]

12 sessions
[1 session/week or
every 2 weeks]

participation
boosters to support
attendance

home visits, phone
calls & SMS to
support practice

collaborative
problem-solving and
group discussions

practicing skills in
the parent group and
at home

training, supervision
& certification of
facilitators

technical assistance
for implementing
agencies

Core Criteria for Taking Parenting Programs to Scale



1. Evidence of Effectiveness
2. Economical and efficient
3. Transferable and contextually relevant
4. Scalable and sustainable

Criteria 1: Effectiveness



Does the program reduce violence against children and improve child wellbeing?

Can we be sure that reductions in violence are due to the program not something else?

Criteria:

- Does more good than harm
- Rigorous evaluation methods (e.g., RCTs)
- Show improvement on primary and secondary outcomes

Testing, testing, testing...



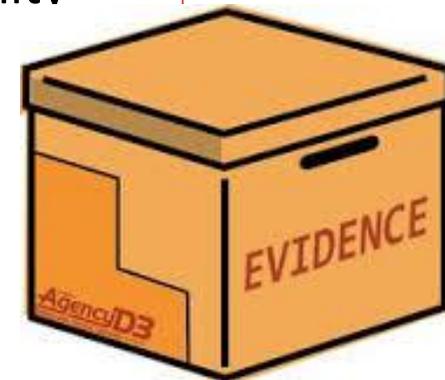
2012
Development in South Africa

2013
Feasibility Pilot in SA

2014–2016
Large Trial in SA

2017–2020
Expansion to 15 Countries

2018–2021
Optimizing PLH for Scalability



PLH Evidence of Effectiveness



7 Randomized Controlled Trials:
South Africa (3), Philippines, El
Salvador, Uganda, and Lesotho

Improve positive parenting,
maternal sensitivity and
responsivity, infant attachment,
cognitive development, family
budgeting

Reduce child maltreatment,
child behavior problems,
maternal depression, adult/teen
substance use

Criteria 2: Economical and Efficient



Is the program cost-effective?

Is the program the best use of limited resources?

Criteria:

- Intervention avoids wasting time, money, or other resources
- Intervention is effective without exceeding budgetary constraints
- Intervention offers a good value for money

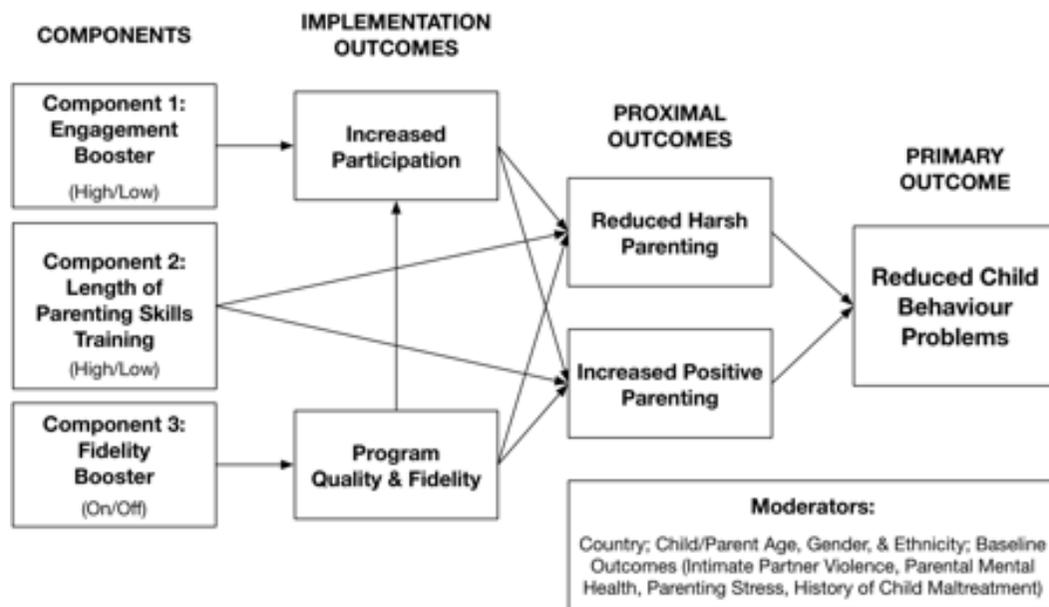
PLH for Teens Initial Cost Effectiveness

	Cost RCT	Cost at Scale
Cost per family	\$37 USD	\$20 USD
Money saved for one case of physical abuse		\$2800 USD
Money saved for one case of emotional abuse		\$2600 USD

Program cost-saving even when only abuse prevention outcome is considered.

(Redfern, Cluver et al, 2017)

Optimizing PLH for Young Children



RISE Study in Southeastern Europe

FYR Macedonia, Moldova, and Romania

Testing 3 Components Linked to Program Cost

Program Length, Supervision, and Engagement Boosters

Criteria 3: Transferable and Contextually Relevant

Can the program be transferred to other settings for other populations?

Is the program acceptable to local context?

Criteria:

- Maintain core program elements while recognizing diversity across contexts
- Acknowledge and harness local cultural beliefs, values, needs, and concerns
- Flexible to fit multiple delivery systems (e.g., CCTs, ECD centers, clinics)
- Adjust to different population groups



Nag-one-on-one time si Tatay at si Jun-Jun.



Criteria 4: Scalable and Sustainable



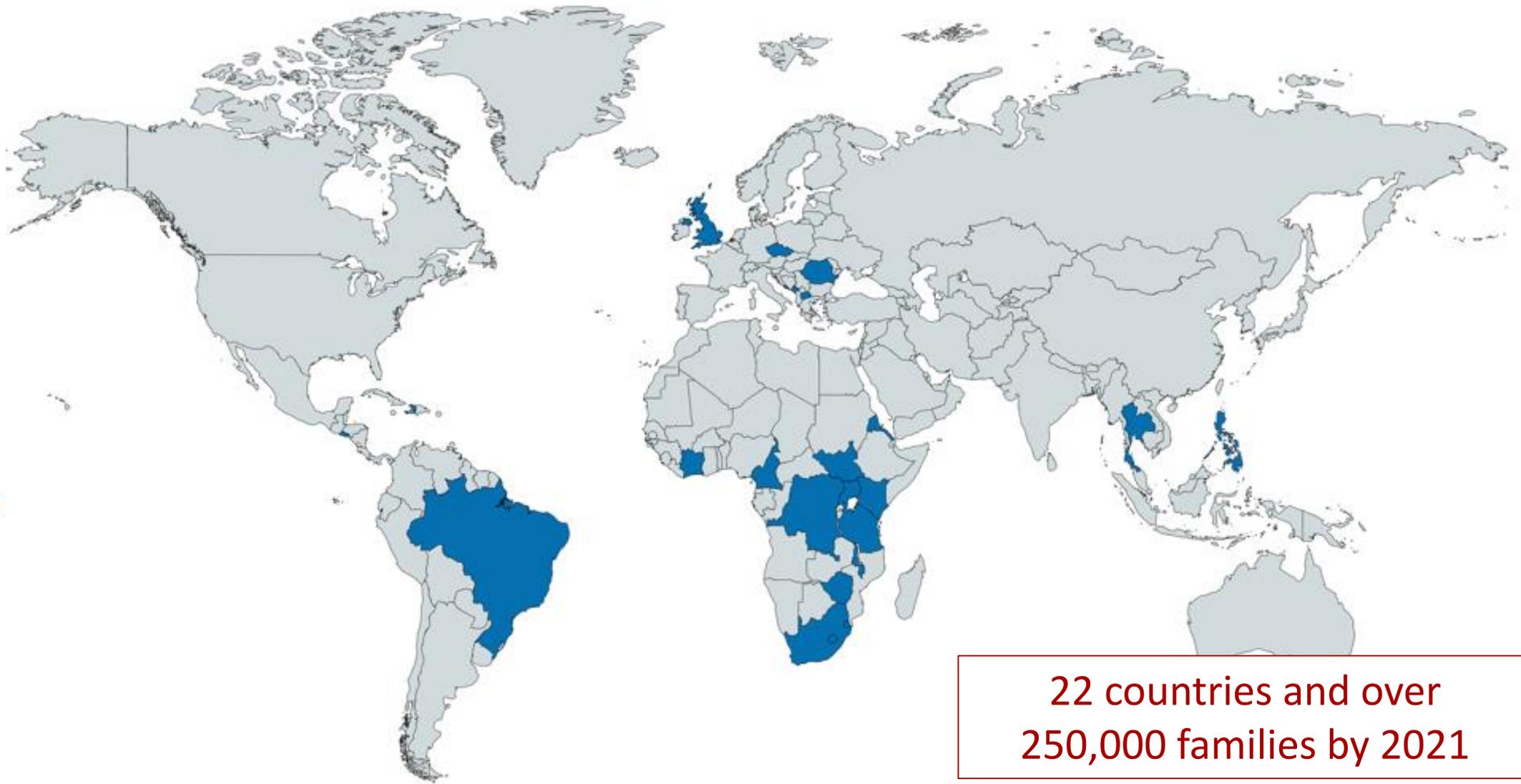
Can the program be delivered at scale?

Does it maintain effectiveness?

Criteria:

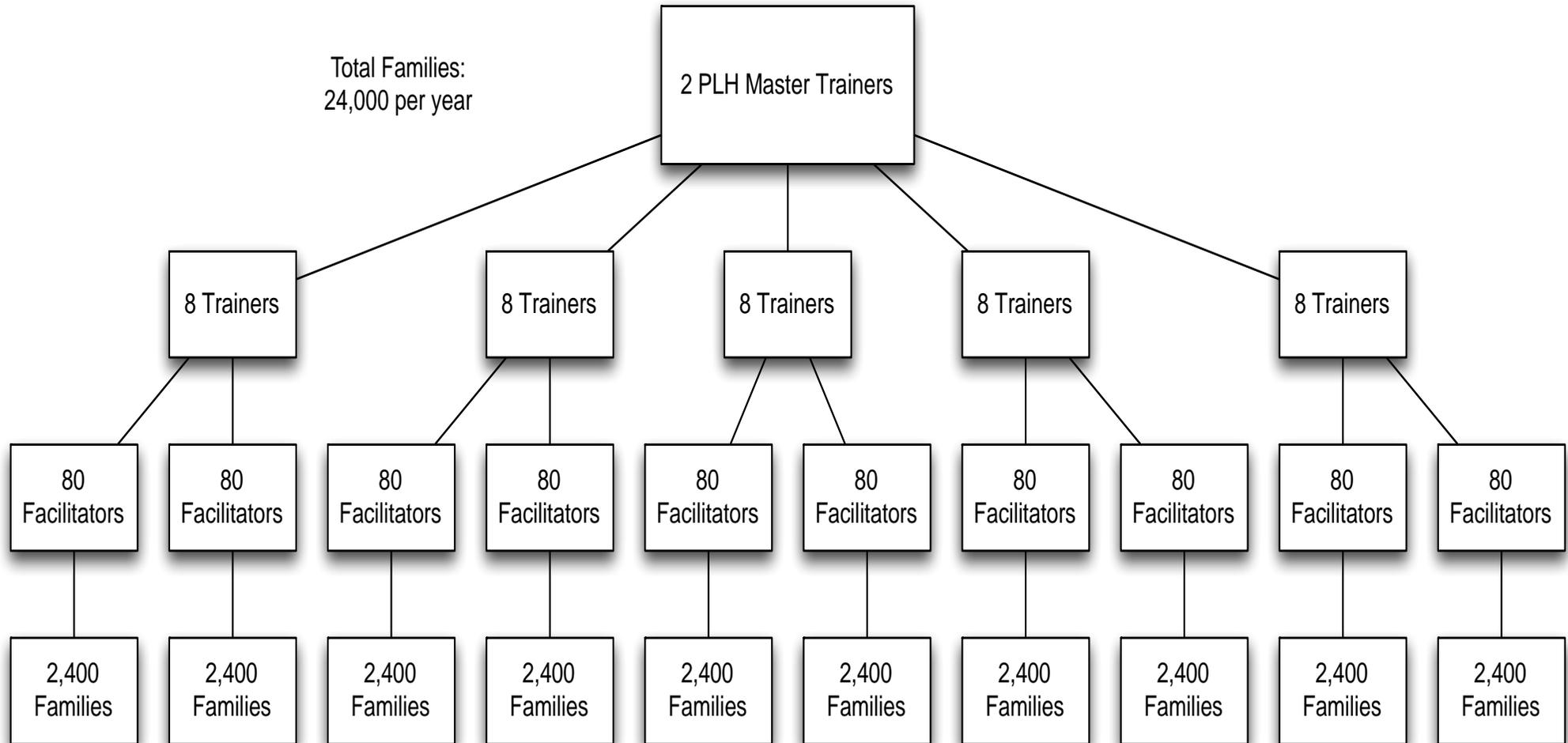
- Integrated: Using existing providers & complementing other services
- Replicable: Training and supervision
- Sustainable: Sufficient resources and commitment from agencies





22 countries and over 250,000 families by 2021

Cascading scale up model



Local & national priorities and context: these determine model for sustainable integration with existing services

Thailand: **UNICEF + govt policy on violence prevention:**

Chose Public Health system; poorest re NE; working thru system of community nurses and lay health volunteers



Philippines: **Govt Dept Social Development + UNICEF:**

Existing parenting programs integrated with cash transfer system; wanted to develop and disseminate local adaptation of PLH kids - embedded in this system

- **Montenegro:**
- **UNICEF plus 10 Ministries:** all signed up to Violence Prevention! PLH implementation in mixture of NGOs and govt social work services
- **Malaysia:**
- **UNICEF + Govt Dept LPPKN- family health;** utilise local family community gatherings – Sundays.

Challenges and Considerations



Monitoring and evaluating program impact and delivery at scale

Updating programs based on real-time feedback mechanisms

Limited capacity of disseminating and implementing agencies

Establishing training and technical assistance hubs

Adapting and testing new approaches for specific populations

Need more evidence of effectiveness!!!

In Summary...



Get smarter with how we
spend our money

Not more money but a
realignment of resources

Use innovative methods to
optimize parenting
programs

Strengthen research, policy,
practice, and philanthropic
partnerships

All about children & families...



Thank You!!!

Donors:

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The Clarendon Fund
The National Lottery Trust
Distribution Fund (South Africa)
Rand Merchant Bank
The ApexHi Foundation
The European Research Council
The Department of Foreign Affairs,
Trade, and Development Canada (DFATD)
Irish Aid (via UNICEF South Africa)
World Health Organization

Implementation partners:

- Clowns Without Borders South Africa
- AMPATH – Kenya
- Mikhulu Trust
- Ikamva Labantu
- The Parent Centre
- National Association of Child Care Workers
The Keiskamma Trust
- UNICEF South Africa, Thailand, Philippines
- UNICEF Innocenti Centre
- UNICEF ESARO
- Catholic Relief Services
- World Education International
- Save the Children South Africa
- SA National Department of Social
Development
- SA National Department of Basic Education
- PEPFAR-USAID
- Regional Psychosocial Support Initiative
- Eastern Cape Buffalo City Metro District
Department of Social Development

Conflict of interest:

I am on the Steering Committee for PLH and was involved in the development, implementation, training, and evaluation of PLH for Young Children and Adolescents.





معهد الدوحة الدولي للأسرة
Doha International Family Institute
البحوث لدعم السياسات الأسرية
Research to advance family policies

Investing in Parenting Education Programs

Session Chair:

Wadih Maalouf, Programme Manager, United Nations Office on Drugs & Crime

Panelists:

Frances Gardner, Professor of Child & Family Psychology, University of Oxford

Ignacio Socias, Director of Communication, International Federation for Family Development

Jamie M. Lachman, Co-founder, Parenting for Lifelong Health

Zulkifli Ismail, Consultant pediatrician, Chairman, Positive Parenting Programme

#DIFI2018

Parenting, Child Wellbeing and Development



QNCC
Doha, Qatar



23 - 24 October 2018
9:00 - 16:00

Investing in Parenting Education Programs

Ignacio Socias

Director of International Relations and Communication
International Federation for Family Development



About IFFD

1. Non-governmental, non-denominational, non-profit.
2. 70 countries on the 5 continents.
3. Non-discriminatory.
4. Respect to role of parents in raising children.
5. Parents also need to learn how to do it.
6. Case method, dialogue without imposition.
7. Moderators who volunteer, not teachers or experts.
8. Aimed at groups of parents with similar children.
9. Periodical Congresses.
10. Academic research and communication.

Method

'Family system' 3 traditional steps + 1 specific
More focused on the couple than on the subject.

1. Parents as primary educators of their children.
2. Professionalization and anticipation.
3. Commitment of both partners.
4. Friendship and definition of common standards.
5. Fun and simplicity.

The courses cover the basic habits that children acquire at each stage of their development.

Recommendations

1. Parenting education needs legislative support.
2. Parenting education should be part of children education.
3. Resources need to be made available to families.
4. Training needs to be provided to children and adolescents on how to develop a healthy family.
5. Encompass underlying stressors usually associated with child maltreatment.
6. Family responsive policies need to be emphasized.



Ignacio Socias

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