Parenting for Lifelong Health (PLH) for Young Children Aged 2-9

A feasibility study of an evidence-based parenting intervention to prevent violence and improve positive parenting in Thailand

Introduction

Parenting programmes that strengthen families through the development and reinforcement of positive parenting practices and enhancement of positive parent-child relations are an effective strategy to reduce the risk of violence against children [1]. These interventions promote parenting behaviours that build functional parenting competencies of parents or caregivers to connect and provide adequate support and care for their children. Parenting interventions have also been shown to be effective in preventing and treating child disruptive behaviour and reducing maternal mental health problems [2]. Although there is much evidence on the effectiveness of parenting programmes in high-income countries, there are currently few evidence-based interventions that are well-suited for low- and middle-income countries. To respond to this need, Parenting for Lifelong Health for children aged 2-9 years (PLH 2-9) was developed based on programmes that have been tested in the UK, US, Australia, the Netherlands, and Hong Kong. The PLH 2-9 prototype was adapted to and tested in South Africa as the Sinovuyo Caring Families Programme (Sinovuyo Kids), with a 2014 randomised controlled trial (RCT) (N=68) showing improvements in observed and self-reported positive parenting behaviour for families who participated in the programme in comparison to controls [3]. A larger RCT (N=296) demonstrated improvements in parenting and child behaviour at immediate post-intervention and reductions in harsh parenting at 1-year follow-up [4].

Parenting for Lifelong Health (PLH)

Parenting for Lifelong Health (PLH) is an initiative led by experts from the **World Health Organization, UNICEF, the Universities of Bangor, Cape Town, Oxford, Reading, and Stellenbosch** (www.who.int/violence_injury_prevention/violence/child/plh/en/). PLH is committed to developing and testing a suite of effective, feasible, culturally relevant, and scalable parenting programmes to reduce the risk of violence against children and improve child wellbeing in low- and middle-income countries [5].

Project aim

The aim of this project is to adapt and test PLH 2-9 with low-income families in Thailand. In order to determine the cultural appropriateness, feasibility, and effectiveness of PLH 2-9 in reducing the risk of violence against children and improving positive parenting behaviour in the Thai context, the project partners propose a feasibility study project to be implemented in a selected province in North Eastern Thailand in close collaboration with the Provincial Public Health Office, the Department of Social Development and Human Security, the Department of Local Administration, Thai parenting professionals, and parents and primary caregivers [6] themselves.

Objectives

1. To determine the needs of parents, primary caregivers, and public health practitioners in receiving and providing parenting services for violence prevention and improving positive parenting behaviour;
2. To adapt the PLH 2-9 programme format and materials so that they are appropriate to the cultural context and the capacity for public health services in Thailand;
3. To test the adapted programme in hospital/clinic or community settings in Thailand in order to assess intervention acceptability, impact on parenting behaviours, and potential for scaling-up; and
4. To build the knowledge and skills of public health practitioners to deliver high quality parenting education and support.

[1] Bornstein, M.H et al. Cognitive and Socioemotional Caregiving in Developing Countries. Child Development, 2012 83: 46–61.
[2] McGrath, P et al. Remote population-based intervention for disruptive behaviour: Study protocol for a randomized trial of Internet-assisted parent training (Strongest Families Finland-Canada). BMC Public Health, 2013, 13(985):1-26
[3]Lachman, J.M., et al., Integrating evidence and context to develop a parenting program for low-income families in South Africa. Journal of Child and Family Studies, 2016. 25(7): p. 2337-2352.
[4]. Cluver, L., et al., A parenting programme to prevent abuse of adolescents in South Africa: Study protocol for a randomised controlled trial. Trials, 2016. 17(1): p. 1.
[5]. Ward, C.L., et al., Parenting for Lifelong Health: From South Africa to other low-and middle-income countries. Early Childhood Matters: Responsive Parenting: A Strategy to Prevent Violence, 2014. 49.
[6]'Primary caregivers' is defined here as those persons - such as grandparents, other relatives or neighbours - who assume the most responsibility in caring for a child.

Project activities

Phase 1: Prototype development

1.1 Formative evaluation

A qualitative study will be conducted with policymakers and designated public health practitioners, in order to capture their views on the PLH 2-9 key parenting principles, how the materials could be best adapted to suit Thai cultural norms, and how the group education format with occasional home visits may be compatible with the existing service delivery system.

1.2 Cultural & contextual adaptation

Based on the findings from the formative evaluation, and in consultation with a reference group of Thai parenting experts, the project team will adapt the PLH 2-9 programme materials to reflect Thai cultural norms and the public health service delivery context. Adaptation will involve tailoring the key principles to the appropriate target group; adjusting the format and frequency of trainings to meet the needs of parents/primary caregivers and service providers; developing a facilitator's manual; and designing and producing materials for parent/primary caregiver participants.

1.3 Capacity building

A team of six facilitators and two supervisors will be identified within the designated local health service in collaboration with the Provincial Public Health Office, and will undergo a week-long training led by a Master Trainer from the PLH-Prototype Implementation Network (PIN). A team of 10 data collectors will also be trained to conduct interviews and collect observational data.

1.4 Feasibility pilot

The feasibility pilot will test the degree to which the adapted version of PLH 2-9 is accepted by a small group of 30 parents/primary caregivers, whether there are preliminary signs of effectiveness, and whether the intervention can be delivered with a high degree of fidelity.

Overview of the PLH 2-9 curriculum

Session 1:	Building a Home of Support in your family – Quality time with your child
Session 2:	Quality time with your child – Say what you see
Session 3:	Quality time with your child – Talking about feelings
Session 4:	Praising our children
Session 5:	Rewards (a little something extra)
Session 6:	Giving clear and positive instructions
Session 7:	Keeping our children safe – Household rules and routines
Session 8:	Distract and ignore for challenging behaviours
Session 9:	Cool down for aggressive, dangerous, and destructive behaviours
Session 10:	Using consequences for refusing cool down & refusing to follow instructions
Session 11:	Problem solving with your child
Session 12:	Keeping the fire alive in our Home of Support – Reflecting and moving

Phase 2: Small RCT

2.1 Community mobilization, recruitment & logistical support

In order to prepare for the small randomized controlled trial (RCT), the project partners will work closely with the Provincial Public Health Office, other local government counterparts, and target communities to manage intervention facilitators, supervisors, and data collectors, as well as to recruit and retain 120 parents and primary caregivers for the trial.

2.2 Group sessions for parents/primary caregivers

The trial participants will be randomly allocated to intervention and control groups, followed by the collection of pre-intervention baseline data. Intervention group families will receive the intervention through a weekly group session format, with assigned weekly home practice activities and home visits for those families who missed a session or who are in need of additional support.

2.3 Outcome evaluation

The University of Oxford will evaluate the effectiveness of the intervention by comparing the outcome effects between the intervention group (60 families) and the control group (60 families) at two time points post-intervention: two weeks and four months. The outcomes to be assessed include reductions in incidents of violence against children; reductions in risk factors for violence, including negative child behaviours; and improvements in parent-child interactions.

Phase 3: Dissemination & planning

The findings from the outcome evaluation will be shared with the Thai Government and other stakeholders at the national and provincial levels to discuss the impact of the programme, any revisions that may be needed, and whether it should and can be scaled up to other areas.

More information

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