Family strengthening

Introduction

In humanitarian contexts, all boys and girls are particularly vulnerable to the negative effects of conflict and displacement, as prolonged or cumulative exposure to adversity can impair their development and wellbeing and impact their mental and physical health, their social inclusion, education and safety.

Despite the risks, many children can, and do, thrive and grow in adverse environments – this is called resilience. Several protective factors are associated positively with resilience, particularly the role of responsive and supportive caregivers and healthy caregiver-child relationships.

Male and female caregivers are the primary actors responsible for protecting all boys and girls from any harm and ensuring that their physical, emotional, social, cognitive and spiritual needs are
They also play a significant role in strengthening their capacity to cope with stressful situations during natural disasters and conflicts.

Yet for adults in humanitarian contexts, their capacity to provide nurturing care is often hampered by their own experiences of distress and adversity. The additional stress affects caregivers’ well-being, compounded by economic hardships and social isolation, change in family composition and roles due to death, divorce and forced separation and the loss of protective community mechanisms. These can result in an increased incidence of children’s exposure to inter-familial conflict, violence or neglect. Children are also more likely to be exposed to negative coping strategies such as early marriage or child labour.

Caregivers’ psychological state affects children. Their distress increases children’s risks and vulnerability, their level of emotional, behavioural and social stress. Children who have cumulative exposure to adversity and violence are more at risk of mental health issues.

Caregivers can be sources of resilience for children through the provision of nurturing, responsive care, but they can also be sources of risk.

The family strengthening standard is linked to the family level of the socio-ecological model.

STANDARD

Girls and boys are empowered and protected from abuse, violence, exploitation, discrimination and neglect in the household and from the negative effects of adversity through a strengthened and protective family environment.

KEY ACTIONS

Preparedness

Consider age, gender, disability, diversity and inclusiveness for all the following actions.

Disseminate data collected to relevant actors including beneficiaries to inform the humanitarian response.
16.2. In consultation with caregivers, children and key stakeholders, document existing practices, cultural and social norms and behaviour and their causalities at the family level that protect or expose children to abuse, violence, exploitation, discrimination and neglect.

16.3. Map out and assess the quality of existing formal and informal services that provide support to families across all sectors, including international and national organisations, community and government actors at national and local levels.

16.4. Document how the concept of well-being is culturally defined for both children and adults in order to develop contextualised responses and well-being measurement tools.

16.5. Document local practices and coping strategies and their causalities used in adverse situations that would affect or ensure continued care of children at risk, including community traditional forms of fostering and kinship care practices.

16.6. Map child protection systems and support at the community level to identify key service providers that could support families and primary caregivers in nurturing practices.

16.7. Document the impact of crisis on family systems, dynamics, socioeconomic background and gender roles related to caring practices at family and community level.

16.8. Identify family strengthening evidence-based interventions relevant to the context (see the Alliance’s global Task Force on Family Strengthening’s Interventions Mapping) and adapt interventions based on the local understandings of family and kinship systems.

16.9. Train the workforce to identify and refer caregivers to programs and deliver evidence-based family interventions.

16.10. Raise awareness among families on strategies to prevent risks induced or exacerbated by a humanitarian crisis.

Response

Approaches and models of intervention that strengthen the family environment can vary according to the outcomes sought, the type of violence addressed, the age, gender of the children and families, the risks they face and the context. Evidence support various delivery modalities and entry points.

16.11. Strengthen mental Health and psychosocial well-being of caregivers: There is a link between caregiver’s mental and child and adolescent well-being (see also Standard 10). Psychosocial interventions for caregivers integrated into a parenting skills program can improve child psychosocial outcomes.

16.12. Enhance social networks: Encourage participation in existing social groups or establish peer to peer support groups in forms of face to face meeting, self-help group, or through telecommunications (social media and phone) may reduced the distress, stigma and the social isolation felt by family members (See also Standard 17)

16.13. Strengthen positive parenting skills: Supporting families, caregivers to learn positive parenting practices can result in reductions of harsh discipline and improved caregiver-child relationships for all girls and boys. In addition, home visiting programs can significantly
reduce child maltreatment. [35] Interventions promoting positive parenting behaviours—
sensitive, nurturing, responsive, and consistent caregiver-child interactions specifically in early
childhood—are associated with positive outcomes for all boys and girls, such as improved
cognitive function, self-regulation, and socialization. (See Standard 15)

16.14. [36] **Address intimate partner violence (IPV):** Children in households affected by intimate
partner violence are significantly more likely to experience violent discipline. [37] Interventions
tackling IPV in coordination with the GBV actors can have a significant impact on the reduction
of child maltreatment.

16.15. [38] **Promote change to family norms and practices that support violence against children:**
Changing attitude and norms is an important part of preventing violence against children. [39] Intervention aimed at changing social norms appear to be more effective when combined
with other elements such as intervention on legislation or the provision of life skills training.

### MEASUREMENT

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<tr>
<th>INDICATOR</th>
<th>TARGET</th>
<th>NOTES</th>
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<tbody>
<tr>
<td>16.1 [40]% of affected caregivers who report reduced symptoms of distress in order to better respond to the needs of all boys and girls under their care.</td>
<td>50%</td>
<td></td>
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<tr>
<td>16.2 [41]% of the targeted population who report a change in behaviour to protect all boys and girls under their care from abuse, violence, exploitation and neglect.</td>
<td>Increase</td>
<td></td>
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<td>16.3 [42]% of male and female caregivers and their children who have access to information and services that promote a caring and protective family environment.</td>
<td>80%</td>
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<tr>
<td>16.4 [43]% of targeted male and female caregivers surveyed who have increased knowledge of caring and protective behaviours to prevent abuse, violence, exploitation and neglect against all boys and girls under their care.</td>
<td>80%</td>
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### GUIDANCE NOTES

16.1. [44] **Importance of Economic support for the families:** Economic interventions targeting
households, including providing equal economic empowerment of women, cash transfers and
other forms of economic opportunities are particularly important to address the needs of all
children at risk and their families. (See also Standard 19)

16.2. [45] **Enhance the participation of caregivers in child protection response:** Include caregivers in the design and the implementation of child protection activities in humanitarian crisis.
16.3. **Encourage fathers’ engagement:** Despite an extensive research demonstrating the positive impact of father engagement on children social, educational, behavioural and psychological outcomes, fathers are too often not involved in parenting interventions. Common barriers to fathers engagement pertain to cultural, institutional, professional, operational, content, resource and policy considerations in the design and delivery of parenting programs. Recommendations include specific attention to the timing and the location of program delivery for fathers and working parent generally as well as taking into consideration fathers needs in program content design and facilitators training.

16.4. **Advocacy:** In coordination with all relevant actors, advocate for the promotion of family-focused interventions in emergency response programming as well as in services provided by government institutions. (See Standards 3 and 18)

16.5. **Considerations for all vulnerable household:** Family interventions should adapt their approach and content design to respond to their specific needs and build capacities of the workforce.

16.6. **Considerations for foster families:** When parents or caregivers are unable to carry out their protective role, share information and services provided in the community with foster families and adapt interventions and social initiatives to respond to their particular situation and needs (See also Standard 17 and 18)

**REFERENCES**

- Betancourt TS (2015) « We left one war and came to another : resource loss, acculturative stress, and caregivers-child relationships in Somali refugee families. APA Psyc Net
- Cook and Mueser, 2014; Craig, 2004; Kaplan et al., 2014; Schrank et al., 2015; Wan et al., 2008
- Guedes, Mikton. Examining the intersections between child maltreatment and intimate partner violence. WHO 2013


[70] WHO. Violence prevention, the evidence. 2010