



**LEARNING GROUP 1: STRENGTHENING FAMILIES**

CHILD, YOUTH, FAMILY AND  
 SOCIAL DEVELOPMENT

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*“HIV in the family triggers a range of family-specific issues and responses. It impacts household composition, age structure, and the everyday functioning of families. It alters intergenerational relationships.”*

**PROGRAMMES TO STRENGTHEN FAMILIES: REVIEWING THE EVIDENCE FROM HIGH INCOME COUNTRIES**

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**INTRODUCTION**

This paper reviews the literature on strengthening families from high income countries, with the goal of identifying common components of successful interventions and programmes that can be meaningfully applied in high prevalence middle and low income countries. The review focuses on programmatic responses with a strong evidence base, and particularly those which evaluation and impact studies have demonstrated as effective in improving outcomes for children, youth and families. It does not review the literature on family strengthening and HIV as this was the subject of another paper commissioned by LG1 (see Wakhweya et al).

Families are one of the most important sources of care and protection for children, and the well-being of families and children are inextricably linked, regardless of cultural context. The importance of family stems, in part, from the extended time during which children are dependant upon their parents or caregivers for meeting their every-day needs. In addition, family support has long-term implications on educational achievement, job seeking, partner selection, and in turn, the future of subsequent generation of parents and children.

Families, however, do not care and provide for children in a vacuum, but within complex networks of social, cultural, and economic conditions. Living in poverty is one of the most significant risk factors for child and family well-being, placing parents at greater risk of psychological problems, including depression, and negatively impacting on parenting capacity. Evidence-based interventions to support families struggling with HIV and poverty can play a pivotal role in enhancing resilience and protection for children at risk.

**METHODS**

This review of the evidence base for strengthening families is based on both peer-reviewed and unpublished English-medium evaluation and impact studies. It relies heavily on existing review articles, and meta-analyses of family strengthening activities and programmes. Very few programmes define themselves as “family strengthening”, so a flexible inclusion strategy was used, which covered: Home Visiting Programmes; Two-Generation and Combination Early Childhood Development Programmes; Parenting Education & Behavioral Parenting Programmes (including school-based); and Youth Development Programmes. Literature was identified through electronic searches.

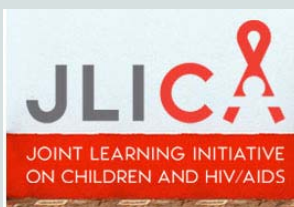
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*“Services based on generic family support, without a clear delineation of intervention strategies matched directly to measurable objectives, appear to be less effective.”*

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## KEY FINDINGS

### Parenting and family support programmes

- Usually contain one or more of the following: parenting education; parent skill building; home visiting; social support; counseling services; case management services; health care provision; early childhood education; adult education and job training; financial assistance; and advocacy.
- The evidence on effectiveness is modest to promising, with small but significant effects. Early intervention is most efficacious and cost effective. Carefully targeting and tailoring services, delivering services directly to children, providing group services to parents, and programme delivery by professional staff also all increase effectiveness.

### Home visiting programmes

- Home visiting aims to prevent future problems by working with parents when children are young.
- Home visiting brings services to families, resulting in practical advantages to families such as savings in time and money for transportation and childcare, and improving access by geographically or socially isolated families.
- By engaging the whole family, they can potentially benefit both the targeted child as well as other children in the household.
- Home visiting also ensures individual attention, and personalized services.
- Evidence on home visiting programmes is promising but mixed. Home visiting combined with center-based early childhood education generally produce larger and longer lasting cognitive benefits than home visiting alone.
- Scaling up home visiting as part of a larger system of early childhood development is a “good bet”, but must be done with a focus on quality.

### Early child development and parental involvement

- Generally targeted toward children and families living in poverty, early childhood development programmes are intended to counteract the factors placing these children at risk of poor outcomes.
- Early Childhood Development (ECD) programmes often include early childhood education, health screenings and immunization, and nutritional support. Increasingly, they also offer support services to parents and families, which may include parent education, family case management, home-based services, adult education and employment training, and mental health services.
- Relatively few ECD interventions have been systematically evaluated, but evidence from the United States indicates that investment in ECD yields important benefits for children, families, and society at large.

### Youth development programmes and family involvement

- Relatively few programmes directed towards families with older adolescents and youth, especially within the context of a positive developmental, asset-building framework. well-evaluated and evidence-based.
- Although many authors conclude that family involvement in youth programmes is a highly effective strategy for increasing positive outcomes, a recent review of evaluations was not able to find any evidence of this connection.

## KEY FINDINGS

### Two-generation and combination programmes

- Two-generation programmes aim to address family poverty using a multi-generational and multi-dimensional approach. They therefore include a developmentally appropriate early childhood programme, parenting education, and adult education, literacy or job skills and training.
- The child development and parenting education components are intended to improve outcomes for children, while the adult education and employment component aims to enhance family self-sufficiency.
- Although theoretically very appealing, the evidence on two-generation programme effectiveness is mixed, and the effects are generally small.
- Key elements of successful two-generation programmes which provide high returns to public investment include: starting with children between birth and age 3; well-educated, trained and compensated teachers; small classes with high teacher-child ratios; intensive nature; and inclusion of parent education and support.

### Behavioural parenting and family intervention

- Parent training seeks to impart positive messages about parent-child relationships, and to provide ways to enhance these relationships, particularly when challenges, including behavioural problems, arise.
- Of the approaches to parental training that have been evaluated, behavioral parent training and family skills training have the strongest evidence base for improving childrearing in families.
- Programmes targeting families individually, in groups, or combining family and school interventions all show various advantages, which depend on the nature of the child and family problems being addressed.
- Common features of effective programmes include opportunities for children and parents to do things together and to bond, recruiting and retaining problematical families, and tailoring to the developmental stage of the child.

### Best programme practices

- Quality matters fundamentally. In fact, it makes all the difference. To ensure a high-quality programme, with high-quality outcomes, attention must be given to implementation fidelity, quality assurance, and ongoing monitoring and evaluation.
- Sufficient resources need to be allocated to staff recruitment, training and retention, to ensure the availability of staff with the right qualifications to meet programme needs. Poorly trained staff and high staff turnover undermine programme implementation and outcomes.
- Dosage is a critical ingredient. While the “right dose” for family strengthening programmes is difficult to identify, those programmes providing the strongest evidence of success tend to be intensive.
- Even the most well-intentioned, well-researched, evidence-based programmes can fail to achieve their desired outcomes if they pay insufficient attention to how best to engage and retain families in services. Engaging and retaining families requires careful consideration of obstacles and barriers to service uptake, cultural relevance, and the active engagement of families in the shaping .

*“Families are one of the most important sources of care and protection for children”*

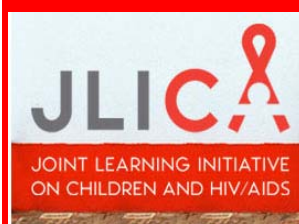
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JOINT LEARNING INITIATIVE  
ON CHILDREN AND HIV/AIDS

*“Two key areas, home health visiting for pregnant mothers and young children, as well as early childhood development programmes, emerge as areas of appropriate and promising intervention.”*

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## RECOMMENDATIONS

### 1. Home visiting and early child development programmes

Examining the evidence on family strengthening from high-income contexts and considering its applicability to high prevalence, resource constrained settings, points to two key areas of appropriate and promising intervention: home health visiting for pregnant mothers and young children, and early childhood development programmes.

#### *Home visiting*

- In contexts of high prevalence, a sizable proportion of pregnant women are HIV positive, which has serious implications for maternal, child, and family health.
- Many women carry a heavy care burden, and must provide this care under harsh conditions of poverty and hunger. This has implications for their mental health and well-being, as well as for the quality of care their children receive. This is exacerbated when a family is affected by HIV and AIDS. While providing daily care for very young children is very energy and time intensive under any circumstances, it becomes even more so if a child or parent is HIV-positive and/or ill.
- In a context of high poverty and high HIV prevalence, well-implemented, evidence-based home health visiting programmes can provide support and practical assistance to caregivers and families, particularly in the care of their youngest and most vulnerable members.
- Home visiting for pregnant mothers can also serve as a platform for HIV prevention, voluntary counseling and testing (VCT), and the prevention-of-mother-to-child-transmission (PMTCT). In addition, home-visiting could build on existing structures of home-based care and community health workers in Sub-Saharan Africa.

#### *Early child development programmes*

- Scaling up high quality ECD programmes in high prevalence countries could make significant contributions to strengthening families and positively impacting life trajectories of impoverished children.
- Evidence-based ECD programmes combined with good service delivery can play a key role in offsetting some of the child and family-level impacts of the epidemic. By offering comprehensive services, with a strong parent component, they can address the interrelated caregiving, development, nutrition, and healthcare needs of young children.

### 2. Large scale systemic interventions

Given the broad scale impacts of HIV in high prevalence countries, there is general consensus that enhancing protection for children affected by HIV and AIDS necessitates large scale systemic interventions. These must strengthen international, national, and community level responses for *all vulnerable children, rather than HIV and AIDS affected children, per se.*

While home health visiting programmes and early childhood development programmes can provide important services to families, it will be difficult for families facing multiple stressors to benefit from interventions if they are struggling to meet everyday needs such as food, shelter, healthcare, and access to basic services. It is clear then that implementation of family strengthening programmatic activities must either unfold alongside or build upon efforts to economically strengthen families.