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Caregivers' perspectives on the impact of the Group Triple P-Positive Parenting Program in Pakistani orphanages

Amina Khalid  | Alina Morawska  | Karen M. T. Turner 

Parenting and Family Support Centre, School of Psychology, The University of Queensland, Brisbane, Queensland, Australia

Correspondence

Amina Khalid, PhD candidate, Parenting and Family Support Centre, School of Psychology, The University of Queensland, St Lucia, 4072, Brisbane, QLD, Australia.

Email: amina.khalid@uqconnect.edu.au

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Abstract

Children living in the orphanages of low- and middle-income countries often face maltreatment and inadequate caregiving, and caregivers are unprepared and lack training for their role. This study involved a qualitative design with a thematic analysis approach, consisting of focus group discussions with 14 caregivers working in Pakistani orphanages who had participated in Group Triple P. Four main themes emerged: caregiving skills enhancement, behavioural outcomes, personal wellbeing and change in relationships. Findings suggested that the Group Triple P was beneficial in improving the perceived wellbeing of caregivers by equipping them with parenting skills which enhanced caregivers' self-confidence in handling challenging caregiving situations. Group Triple P promoted the use of positive caregiving practices that reduced emotional and behavioural problems in children under their care, along with building a positive child-caregiver relationship. It also fostered a supportive environment in the orphanages by building respectful relationships among caregivers and the orphanage administration.

KEYWORDS

caregiver-child relationship, caregivers' training, Group Triple P, orphaned children, Pakistani orphanages, problem behaviour

1 | INTRODUCTION

Children are the building block of every society, and parents are primarily responsible for their psychological, intellectual, social and ethical development. The absence of parents may affect a child's development across these significant areas (Pulla et al., 2018). In certain contexts when parents are absent because of natural, environmental or social reasons, such as death, poverty or divorce, orphanages become responsible for children's upbringing (Tahir et al., 2015). Pakistan is currently home to 4.6 million children who have been orphaned, and the numbers are rising (Mahmood et al., 2020). Children living in orphanages in low- and middle-income countries often face maltreatment and inadequate caregiving (Mahmood et al., 2020).

As with previous trauma and other misfortunes in the family of origin, maltreatment and neglect in orphanages are linked to various emotional and behavioural problems in children (Khurshid et al., 2018). The caregiving quality provided in Pakistani orphanages is commonly deemed suboptimal due to the absence of a consistent warm caregiver who serves as a positive parental figure (Shafiq et al., 2020). Other studies in Pakistani and Indian orphanages have also found that while the material needs of orphans were met, they experienced emotional deprivation resulting from inadequate interpersonal interactions with staff (Farooqi & Intezar, 2009; Sinha et al., 2016).

It has been reported that orphanage caregivers are typically under stress and exhausted, due to workload and lack of context-specific training in child development and management of children's emotional

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and behavioural issues (Furlong et al., 2012; Khalid et al., 2022a). Findings corroborate that maltreatment by caregivers in institutional settings is associated with job-related stress, primarily attributed to a lack of caregiving knowledge and skills (Çatay & Koloğlugil, 2017; Hermenau et al., 2015; Isnaeni et al., 2021). In a study with caregivers in Ukrainian orphanages, Raskin et al. (2015) found that caregivers' job-related stress negatively affected both work motivation and child development.

Khalid et al. (2022a), through exploring the expressed professional caregiving needs of Pakistani orphanage caregivers, strongly suggested training caregivers in positive caregiving strategies for promoting positive caregiver–child relationships and healthy management of emotional and behavioural problems of orphaned children. Positive, healthy and secure attachment practices can boost children's cognitive, social and emotional development and psychological health (Huynh et al., 2019; Pulla et al., 2018). Caregivers need support to understand the impact of their roles and responsibilities, build long-lasting relationships with children and recognize that children need to feel a sense of love and belonging (Darkwah et al., 2017; Vashchenko et al., 2010).

Two studies by the Positive Outcomes for Orphans (POFO) Research Team (Whetten et al., 2009; 2014) found that the developmental outcomes of children orphaned and abandoned in low- and middle-income countries (Cambodia, Ethiopia, India, Kenya and Tanzania), where caregivers typically live on-site, are similar whether they live in institutional care or family-based settings. These studies suggest that it is indeed the quality of care being provided, rather than the setting, that makes an impact on the general wellbeing of a child. Research conducted in Pakistani orphanages has proposed the importance of training programs that promote a home-like environment in orphanages and educate caregivers to care for children as if they were their own, by increasing knowledge regarding child development and supporting behavioural changes in their caregiving practices (Khurshid et al., 2018; Mahmood et al., 2020; Shafiq et al., 2020; Soomro et al., 2012). Such training programs have significant potential to enhance relationships between caregivers and children and can also decrease the likelihood of child abuse (Yousuf & Khan, 2017).

All of these findings across the globe support the idea that establishing higher quality caregiver–child relationships, by training caregivers to provide positive caregiving, may lead to improved outcomes in caregivers' and children's psychological wellbeing and development (Bettmann et al., 2015; Mahmood et al., 2020; Yousuf & Khan, 2017). Caregiving that is more warm, sensitive and responsive can positively influence children's physical growth as well as emotional wellbeing (Clément et al., 2016; Lachman et al., 2017; Rahman et al., 2009).

Keeping in view the significant impact a parenting/caregiving intervention can have on the psychological and physiological health of children, the Triple P-Positive Parenting Program is an example of an evidence-based parenting programme that promotes the use of positive and structured caregiving practices that help parents create and sustain a warm and supportive environment for children's learning and upbringing. It has its roots in the concepts of social learning, cognitive behavioural and self-regulation theory and helps parents by improving their parenting skills, knowledge and self-efficacy (Sanders & Mazzucchelli, 2018; Turner et al., 2020). An important aspect of Triple

P is that it specifically aims to improve family protective factors, by increasing parental knowledge and skills, and reduce risk factors such as dysfunctional parenting, maltreatment and neglect, which are linked with serious psychological issues in children and youth (Fujiwara et al., 2011). Group Triple P is a comprehensive programme for parents of children with behavioural difficulties (Petra & Kohl, 2010; Turner et al., 2015) and is indicated in situations of parenting skills deficiency or parents requesting support (De Graaf et al., 2008).

Many studies have found that the skills training used in Group Triple P reduces behavioural issues in children and significantly decreases dysfunctional parenting practices, marital conflict and parental stress (e.g. Gallart & Matthey, 2005). A meta-analysis conducted by Sanders et al. (2014) on 101 studies concluded that all Triple P intervention levels are effective in reducing parents' dysfunctional parenting practices, improving parental efficacy and satisfaction with their role and reducing children's behavioural issues, while another meta-analysis conducted by Nogueira et al. (2022) to evaluate the effects of Group Triple P in particular revealed that Group Triple P was effective in reducing behavioural problems in children, along with improving healthy parenting practices, sense of competence, relationship quality and mental wellbeing among parents. In light of this, Group Triple P was chosen as a suitable evidence-based parenting support programme to be delivered for caregivers working in orphanages. The group format was supported by orphanage administrators and caregivers due to practical issues such as time constraints, working environment and staff availability. The group setting also allowed caregivers to support each other and build teamwork.

1.1 | The current study

To the best of our knowledge, parenting intervention has not been tested in orphanage settings, and our trial of this intervention has demonstrated changes in caregiving practices and child behaviour. The current qualitative study aimed to explore caregivers' subjective experience regarding participation in Group Triple P and to understand its impact on their personal and professional life, along with general feedback about the contextual fit of the programme through their lived experience.

2 | METHOD

2.1 | Design

This study involved a qualitative approach consisting of focus group discussions with caregivers working in Pakistani orphanages.

2.2 | Participants

Fourteen caregivers, from three orphanages in Lahore, Pakistan, participated in Group Triple P and took part in focus group discussions.

Six of the participants were women and eight were men, ranging in age from 25 to 56 years, with caregiving experience ranging from 1 to 28 years. All male caregivers and two female caregivers had completed a master's degree, and the remaining five had high school qualifications. Caregivers worked in pairs for 10- to 12-h rostered day or night shifts. They were responsible for general grooming and upbringing, assisting with schoolwork and acting as parent figures for children under their care. The three orphanages housed different numbers of children (32, 184 and 471 children, respectively) with care provided by 20 caregivers (3, 5 and 12 caregivers, respectively). To be eligible for the study, caregivers had to have completed Group Triple P and were providing care for 4- to 12-year-old children in these orphanages, as children younger than these are not admitted by the administration and teenagers have different caregiving needs. Fourteen of the 20 caregivers met the criteria and were included. Each caregiver was taking care of between 18 and 22 children.

2.3 | Procedure

Ethical clearance was obtained from the University's Human Research Ethics Committee (approval number 2020001253). Permission to conduct the research was sought from the heads of the three orphanages who referred caregivers to the project. A confidentiality agreement was also signed to respect their privacy. Caregivers were approached directly through online Zoom meetings in their respective orphanages in a private room to discuss the agenda of the research. Participant information sheets were provided outlining the purpose of the research along with participation requirements. Participants had the right to not answer any question that they found invasive or offensive and could opt out of the study at any time without providing any explanation. Their approval was taken through a written consent form. Permission to record the Zoom focus group sessions was also obtained for later transcription.

2.3.1 | Programme delivery

Group Triple P was delivered to caregivers in a group workshop format over Zoom. Two 5-hour sessions were conducted in each orphanage. There were two key adaptations. Firstly, groups were conducted in Urdu, the national language of Pakistan, for ease of communication and to facilitate richer discussion by boosting caregivers' confidence. Intervention materials such as presentation slides and workbooks were presented in English, as all caregivers were able to read and comprehend English. Secondly, the content is related to positive parenting principles and skills as applied in an orphanage context, addressing common issues reported by caregivers (Khalid et al., 2022b). Culturally relevant and context-specific examples and terminology were used. There is ample evidence that delivering interventions from one culture to another with such minor surface level adaptations can be as impactful as in their culture of origin (Al-Amer et al., 2015, 2016; Gardner et al., 2016; Mamauag et al., 2021; Turner et al., 2020).

Between sessions, practice tasks were given as homework to help caregivers set personal goals to implement strategies in their daily caregiving roles. Three follow-up Zoom sessions of 20–30 min were conducted, again in a group format, to check in with caregivers, get their feedback regarding their use of the positive parenting strategies and provide additional support as required.

2.3.2 | Focus group discussions

One 2-h focus group discussion was conducted, in Urdu, in each of the three participating orphanages—9 months after the caregivers completed Group Triple P. A discussion schedule, comprising 14 questions, was developed to elicit responses from the caregivers about their perception of the parenting programme (see Table 1). Caregivers were asked to share with the group their day-to-day caregiving-related examples that were relevant to the intervention. Audio recordings of the focus group discussions were then transcribed and analysed in the same language so that the actual meaning of participants' descriptions and narratives was retained.

2.4 | Analyses

Data were analysed using thematic analysis (Braun & Clarke, 2006) with an inductive, bottom-up approach to extract themes from the transcripts. Analysis followed a semantic approach, reporting what

TABLE 1 Focus group protocol.

1. What are the most significant points that stood out for you while participating in Group Triple P?
2. What are the effects of participating in Group Triple P on your wellbeing?
3. What are the effects of participating in Group Triple P on your everyday personal life?
4. What would you say about your confidence level in dealing with everyday problems?
5. What are the effects of participating in Group Triple P on your everyday professional life?
6. Were there effects on your relationship with your colleagues?
7. Were there effects on your relationship with the administration of the orphanage?
8. Has Group Triple P provided you with enough parenting techniques to help with the parenting of these orphan children?
9. Do you believe after participating in Group Triple P, anything has changed between you and the orphan children you take care of?
10. What would you say about your confidence level in dealing with orphan children's problems?
11. What would you say about the orphan children's behaviour at this point?
12. Do you believe participating in Group Triple P has met children's needs?
13. Would you change anything about participating in Group Triple P?
14. Would you like to add anything important/specific that I did not ask?

participants said and using this to arrive at interpretations, rather than trying to identify participants' underlying ideas and conceptualizations (Braun et al., 2019). To maintain rigour, two coders were used for the data analysis process. The first (first author) and the second coders (research assistant) completed the manual transcription. The second coder had a Master's degree in Clinical Psychology and was a registered psychologist in Pakistan, who previously had experience conducting focus groups and using a thematic analysis approach. All transcripts were labelled using a numerical code to protect the identity of the participants. Both coders read the entire data set independently and completed coding (of all data deemed relevant to the aims and objectives of the study, along with other significant reported data). Consistent patterns across the dataset were then identified, generating possible codes, searching for emergent themes, reviewing those themes and defining and synthesizing similar themes into major themes. Relevant coded verbatim text from the raw dataset was extracted, translated and presented against these themes to guarantee that the themes characterized and represented the verifiable meaning of the relevant raw dataset. Themes were then independently re-assessed by both coders against the entire uncoded dataset to ensure the originality and accurate depiction of the reported content.

3 | RESULTS

Four main themes emerged: caregiving skills enhancement, behavioural outcomes, personal wellbeing and change in relationships.

3.1 | Theme 1: Caregiving skills enhancement

This theme incorporated positive caregiving practices that caregivers started using in their daily life. It also showed that participating in a parenting programme enhanced caregivers' confidence in providing care to children, and performing their professional duties, which was reported by all caregivers. It included two subthemes: changes in caregiving practices and confidence in the caregiving role.

3.1.1 | Changes in caregiving practices

This subtheme demonstrated how taking part in Group Triple P assisted caregivers to positively modify ineffective caregiving practices. Caregivers noted that prior to participating in Group Triple P they tended to overexplain things, repeat instructions multiple times, ignore some serious negative behaviours (such as verbal aggression and swearing) and sometimes overreact to minor issues (such as laughing during study time). Caregivers would threaten children with punishment for their negative behaviour but rarely follow through, and usually, consequences were not immediate (e.g. delivered later in the day or the next day). Caregivers also mentioned how using these ineffective strategies created a stressful environment in the orphanage and made caregivers unable to relax and build healthy relationships.

'I used to repeat instructions so many times and children would not listen, I was getting tired, I used to watch them doing something wrong but would be exhausted or busy with something else to deliver the consequences, I noticed that children were not taking my instructions seriously.' (19-003, male, <5 years' experience)

Caregivers indicated that they learned many positive caregiving strategies through Group Triple P, such as using praise to encourage desirable behaviours, focusing more on the strengths and positive attitude of children, spending quality time, setting rules and boundaries, giving firm, clearer instructions for every expected behaviour and backing up those instructions with consistent consequences if not followed.

'This training taught us how to make things work by taking the right decisions. It [Triple P] helped all of us to understand our role more clearly by teaching us correct tips that now we can use with these children.' (26-001, female, <5 years' experience)

Prior to Group Triple P, caregivers had never received any formal parenting or caregiving training. They used ways that were learned by following other caregivers in the orphanage or on the advice of their own family members. This caused problems with consistency as every caregiver used different ways of handling children.

'We used to do stuff on our own to manage their behaviour, but we weren't sure, everyone was giving us different advice that most of the time did not work, but with this training, we learned many positive and healthy ways to deal with common and serious issues that were daily occurring. We believe we are doing better now.' (19-001, female, >15 years' experience)

After completing the programme, caregivers worked together by using gentle and consistent discipline methods, consistent with the Triple P principle of *using assertive discipline* and developing behaviour charts with well-defined rules to prevent problems and reward successes. They also backed up these clear rules with logical consequences in response to problem behaviour (e.g. briefly removing an activity or privilege, such as putting away an activity that children are fighting over and then returning it and encouraging turn taking) rather than their previous approaches such as yelling and emotional or physical punishment (e.g. taunting, name-calling, hitting with a hand or stick).

'Before, we could not understand why children were showing this aggression and agitation but now, we noticed that one major factor was we were not giving them clear directions and not sticking to what we said. Now we make sure everyone is aware of rules and the consequences if they break them.' (18-001, male, 6–10 years' experience)

'Training has helped us to change our pattern of inflexible thinking towards caring for these children. We have rules charts in our orphanage to help children remember them and we also make sure to remind them about the consequences if they do not follow [the rules]. These reminders have stopped us from using punishments.' (17-003, female, >15 years' experience)

Caregivers mentioned that one of the things they liked about Group Triple P was that it supported them in taking care of several children collectively and made them time-efficient. For example, using behaviour charts helped them observe and record many behaviours of a group; spending quality time could occur with more than one child through storytelling and discussing moral development and setting clear boundaries and rules through an 'Orphanage rules chart' applied to all children under their care.

'My main issue was how to take care of this huge number [of children] and do things that work. By following the rules, behaviour chart, and doing group activities, it's easy for us to take care of this big number [of children].' (30-001, male, >15 years' experience)

Although the programme did not resolve all the problems of every caregiver, it addressed the key significant issues that caused most problems and helped with awareness in terms of common caregiving pitfalls.

3.1.2 | Improved confidence in caregiving role

This subtheme revolved around the perceived benefits of Group Triple P on improved confidence of caregivers in their caregiving abilities. According to caregivers, before receiving the programme, they were shamed by some members of the orphanage administration, who criticized and humiliated them for not being able to manage children's behaviour and being overwhelmed in stressful situations. This made caregivers anxious and constantly doubt their caregiving abilities.

'We [caregivers] blamed each other and were unable to handle the situation, and the administration was always insulting us. But now we both are on the same page when it comes to taking care of these children.' (17-004, male, 6–10 years' experience)

Group Triple P provided caregivers with a structured caregiving platform, which reduced misunderstandings and improved confidence in their ability to perform caregiving duties. Having the same training for all caregivers in the orphanage also helped create a consistent, predictable parenting pattern and reduced uncertainty among caregivers on who had the best approach.

'We [caregivers] know how to engage children in a positive way and children have stopped manipulating us. They [children] know we took the same training and there will not be two different stances on one thing, we have fewer arguments as well over who is doing it right.' (19-001, female, >15 years' experience)

Caregivers also reported that changes in the attitudes and behaviour of administrative and supporting staff (i.e., they showed caregivers more respect and accepted their point of view regarding caregiving of children) also boosted their confidence.

'I am more confident in dealing with children, now I know my role and duties well, so I know I am doing things right and others cannot confuse me. They [children] are also more compliant, knowing that I took training and know my job well. Other staff members also do not tease me as such now.' (18-002, male, 6–10 years' experience)

'Whatever we learned from training, we use it every day here with children, sometimes with some changes but it worked well, so obviously we are happy and confident in ourselves.' (30-001, male, >15 years' experience)

Caregivers with less experience also noted that Group Triple P helped them attain a position of respect and acceptance among more experienced caregivers, a shift from being constantly questioned on their caregiving abilities before training.

'I am doing my job in a more effective way now. My colleagues give importance to what I say, they consider me their equal now, previously they did not believe in my opinion because I had less experience as compared to them.' (25-001, female, <5 years' experience)

'It [Triple P] has given us knowledge and knowledge is power. When knowledge increases, confidence increases as well. If something happens now, we all are very confident in dealing with it and we are also very confident in speaking in front of the administration, they value our opinion as well.' (30-004, male, 6–10 years' experience)

3.2 | Theme 2: Behavioural outcomes

After receiving Group Triple P, caregivers reported many positive behavioural changes in children which helped them to feel content and pleased with the environment of the orphanage.

3.2.1 | Changes in child behaviour

The most important positive behavioural changes that appeared among children through caregivers' implementing the strategies taught in Group Triple P included increased compliance and cooperation, showing respect to caregivers, healthy communication, better anger management and following rules.

'The strategies you [researcher] taught us all worked wonders for us. We have seen so much change and improvement in children, they are happy now, we are happy now, the whole environment is much relaxed.' (18-001, male, 6–10 years' experience)

'Children know how to give respect to elders, their communication has improved, instead of fighting now they talk and [appropriately] express their anger or frustration either with me or the other caregiver.' (19-001, female, >15 years' experience)

'We have started focusing on positives and praising them while initially we were telling them no constantly and criticising them all the time. Now they yell and fight less and listen to us, which is very good.' (26-001, female, <5 years' experience)

'Their [children's] punctuality, in terms of getting ready for school, sleeping time, eating time and playtime, respectable manners, completing their homework, following rules, and listening to us has improved' (19-002, female, >15 years' experience)

'Children have become calm, they have stopped hitting each other and swearing, which is a very big relief, they are understanding the consequences of their actions and stop other children as well if they fight' Participant (17-003, female, >15 years' experience)

3.2.2 | Changes in caregiver behaviour

Caregivers built on the positive caregiving skills they had learned. For example, some caregivers dedicated 1 h each day to spend with children under their care, where they would do what children wanted to do rather than caregivers imposing activities (Triple P principle: *creating a positive learning environment*). Furthermore, to engage and promote children's development, caregivers made clubs, such as reading clubs to promote book reading among children, writing clubs to encourage children to write and showcase their ideas in a healthy way, debate clubs to foster independent thinking and respectfully agreeing or disagreeing with each other's point of views and storytelling clubs to enhance creative and imaginative abilities of young children (Triple P principle: *ensure a safe and engaging environment*).

'We all sat together and thought what we can do with the free time that children have because they just get bored and start doing silly stuff, then Mr X came up with the idea that why not we do some learning activities like reading or debate, and then we started doing these sessions daily for 1–2 hours.' (30-003, male, 11–15 years' experience)

'I noticed that some of the older children were interested in telling stories and making handicrafts, so I made groups and asked the older children to teach younger [children] the same things or engage them in some way, so they learn those skills as well. Surprisingly they liked the idea and now we conduct it regularly either one or the other kind of group activities to keep them engaged.' (19-003, male, <5 years' experience)

3.2.3 | Changes in caregivers' families

Although caregivers' own children were not the focus of the study, all caregivers mentioned that Group Triple P helped them in managing the emotional and behavioural issues of their own children as well. What they learned from the programme, they shared with their partners and applied it to deal with parenting issues in their home. This helped them to develop a healthy and consistent parenting pattern in their families and promoted better communication skills, rather than punishment.

'My own son was showing some signs of aggression. I discussed the matter with my wife and told her about this training that you taught us. We used those strategies with our son as well. I and my wife both saw a prominent change in his behaviour, there is less yelling and anger outburst in him, which is helpful for me and my wife.' (17-004, male, 6–10 years' experience)

'Initially my wife would threaten kids with punishment but never follow through, so our children learned that these are just words but now they know that we both mean what we say so they listen and follow instructions.' (30-004, male, 6–10 years' experience)

'Yes, I and my partner and we both apply the same training to our children as well. The youngest one was naughty and would not listen to both of us but now praising his positive behaviour encouraged him to behave better.' (26-001, female, <5 years' experience)

3.3 | Theme 3: Improved personal wellbeing

This theme reflected the impact of Group Triple P on the perceived wellbeing of caregivers. Working on *having realistic expectations*,

another principle of Group Triple P, promoted the concept of keeping a reasonable outlook when it came to the parenting of children under their care. Caregivers reinterpreted some challenging behaviours (such as crying, whining, and not following instructions) as resulting from a lack of spending quality time, not providing need-based caregiving and too little or too many instructions given.

'When children were aggressive (hitting, throwing stuff), we got angry as well and then we all struggled. But understanding that it's better to have realistic demands from children helped us to have a more relaxed attitude, and it improved our mental state and health. I think I am less stressed now' (19-003, male, <5 years' experience)

'Now we know that sometimes when children can be angry or misbehave, and it is not possible to expect that they would be on their best behaviour all time, I believe none of us can. Understanding this point and accepting it is a huge thing, but I must say it has calmed me down quite a bit' (19-001, female, >15 years' experience)

'Our behaviour and thinking have moved towards positivity since the training has begun, it has helped us a lot in staying positive and this has in return transformed children into staying positive and calm as well. They are way more relaxed than before, and we all are happy regarding it.' (17-005, male, >15 years' experience)

Learning about the Group Triple P principle of *taking care of yourself as a parent*, caregivers started doing little things for themselves which proved to be a source of respite. Caregivers reported that they had never previously thought about self-care and believed that if they are not working all the time it means they are not sincere in their role. After attending Group Triple P, caregivers took time out to do activities they enjoyed, such as resting when children went to school, taking a break with fellow caregivers or spending time with their own family. Once caregivers took more care of their own needs, they felt happier and more in control in difficult situations while performing caregiving duties.

'When they [children] are at school, after finishing the work, we [caregivers] go into the room, lay down and talk to each other, sometimes I fall asleep as well (caregiver laughed), then one of us will go and make a cup of tea for all. This way we find some time to relax and take things easy, which is good, it makes me feel good.' (17-003, female, >15 years' experience)

'Now during playtime, we also go to the ground and join them [children]. We all have started playing cricket every day, which is good exercise and keeps me active and happy.' (17-005, male, >15 years' experience)

Reflecting on perceived personal wellbeing, caregivers discussed the impact of transferring Triple P strategies from work to their home. They worked with their partners to implement the strategies with their own children, keep realistic expectations and focus on self-care, which helped them create a positive home environment and enhanced their personal sense of wellbeing. This generalization of skills was a significant finding as caregivers' own children were not discussed during the programme.

'I am applying the same rules with my three children as well. I have discussed all these techniques with my wife. To be honest, it has helped me and my wife to stay calmer now even in the house which is relieving.' (30-001, male, >15 years' experience)

'I am also a parent other than a caregiver here in the orphanage. Whenever I go back to my room, they [my own children] start yelling or misbehaving, and it was hard for me to sleep or relax in my free time. I and my husband started applying these training rules in our home, it gave us a structure where now we can take some time out to rest and spend quality time which makes us a bit happy.' (17-002, female, >15 years' experience)

3.4 | Theme 4: Change in relationships

This theme revolved around changes in the relationship of caregivers in three different contexts: relationships with children under their care, relationships with colleagues and relationships with orphanage administration. After Group Triple P, caregivers realized the importance of building relationships through mutual respect and support and how this can reduce their stress and promote harmony in their workplace.

3.4.1 | Relationships with children

Caregivers started investing in their relationships with children, and once children noticed this positive change, they developed a bond of trust and care, showing more cooperation and respect towards caregivers.

'Now they [children] listen to us and have become more obedient. They do not get hyper most of the time and I believe it is because we show them care so they copy us in most of the ways. Our relationship has improved a lot. Now they are happier and try to please us, I believe our attachment has increased.' (25-001, female, <5 years' experience)

'Yes, obviously it [relationship] has become more positive and relaxed, the way we communicate with each other

[caregiver and children]. Children know how to talk better, and we also know how to approach children positively, now they know that we genuinely care about them and want what's in their best interest.' (30-004, male, 6–10 years' experience)

3.4.2 | Relationships with colleagues

Receiving the programme produced a sense of cohesion and peer support among caregivers. They reported that it reduced the frequency of disagreements between them and increased cooperation and teamwork. Caregivers expressed their opinions, expectations and feelings more honestly and positively with each other when it came to managing daily routines and stressors of caregiving. This promoted a culture of equality and respect between caregivers, which was a significant factor in their improved relationships.

'We all are on the same page. We think the same regarding the parenting of these children, we come up with similar solutions. Previously, one [caregiver] suggested giving kids a slap, the other said no, and this would constantly cause a rift between us. It has helped all of us to better communicate with each other.' (19-003, male, <5 years' experience)

'It has improved our relationship and trust in each other. We are more supportive and helpful toward each other. It increased a feeling of confidence among us as now we can be sure what the other caregiver is saying is right and better for these children.' (30-001, male, >15 years' experience)

'Yes, our relationship changed, how we talk to each other and deal with disagreements, it [Triple P] helped us in gaining clarity of what we all think regarding children's parenting and we all give due respect to each other and understand the burden of this job. I would say that taking part in this training made us more empathetic as colleagues.' (26-001, female, <5 years' experience)

3.4.3 | Relationships with administration staff

Other than improving the relationship with orphaned children and colleagues, Group Triple P also helped improve relationships between caregivers and the administration of the orphanage. Caregivers reported that, after completing the programme, the attitude of the administration staff changed towards them. They treated caregivers with more respect and included them in monthly meetings where they were asked to give input for the improvement of the orphanage environment. This was a major change; as initially, caregivers were not included in any administrative meetings. It facilitated the formation of a pragmatic and beneficial relationship between the two parties.

'Now the confidence of administration staff has increased in us, and this improved our relationship. Now the weight of what we say about children and possible solutions is more. They believe what we are talking about.' (30-004, male, 6–10 years' experience)

'Previously they would not take us seriously but now they give importance to what we say and try to follow it, now they even say to other staff members to listen to us when it comes to taking care of orphan children.' (25-001, female, <5 years' experience)

'Yes, they [administration staff] give all of us more importance, they agree on most of our points regarding these children. Even during meetings, if we suggest something from the training they listen and agree with us.' (17-002, female, >15 years' experience)

4 | DISCUSSION

The study aimed to explore caregivers' subjective experiences regarding participation in Group Triple P and to understand its impact on their personal and professional life, along with general feedback about the contextual fit of the programme, through their lived experience. Caregivers reported that Group Triple P provided them with structure and uniformity in terms of positive caregiving strategies. It also increased the perceived respect and acceptance from colleagues and administrative and supporting staff regarding the caregiving of children, which enhanced their confidence in performing their professional caregiving duties. Caregivers reported that they were more efficient, confident and assertive in their caregiving role after the training. This is a demonstration of the benefits of addressing the need for training expressed by Bettmann et al. (2015) to improve the capacity, skills and confidence of orphanage caregivers to provide effective caregiving. It also illustrates a nonparent caregiver parallel to the Prinz et al. (2022) findings that Triple P enhances parents' confidence and self-efficacy.

Looking at specific caregiving practices, Group Triple P helped caregivers to identify ineffective approaches they were currently using, such as physical punishment, yelling, using taunts and hurtful words, ignoring positive behaviours and only focusing on problematic behaviours. They adopted alternative positive caregiving strategies such as using praise, focusing on the strengths and positive behaviours of children, spending quality time by telling stories and playing cricket, promoting open and positive communication, providing interesting activities for children, setting rules and boundaries, giving firm, clear instructions and backing up instructions with consistent consequences. This is another caregiver parallel to research with parents (Morawska et al., 2011; Schoemaker et al., 2020) showing that parenting interventions help parents to identify and modify unhelpful parenting practices in a supportive way.

Outcomes for children included improved anger management (less fighting, yelling, swearing), compliance and respect towards

caregivers, healthy communication and following orphanage rules. These findings with children living in orphanages fit with evidence for children living at home, that Triple P leads to sustained improvement in children's emotional, behavioural and social problems along with improving parents' attitudes towards their children and promoting healthy parent-child interaction (Gray et al., 2018; Heinrichs et al., 2014; Li et al., 2021). An added benefit was that Group Triple P helped caregivers in managing the emotional and behavioural problems of their own children at home as they transferred learned strategies across work and family settings. This finding is consistent with other studies demonstrating the transfer of learning across settings. For example, Haslam et al. (2012) found that when teachers implemented positive parenting strategies at home, they transferred their learnings from home to work, impacting their interactions with children in the classroom.

Caregivers also started taking care of themselves, which made them feel happier and in control of difficult situations, something they had never thought of before. These results are encouraging, given that caregivers' mental health issues and the need for knowledge and skills training have been previously reported in Pakistani orphanages by Yousuf and Khan (2017). This positive outcome on caregiver wellbeing is in line with studies with parents which have shown that those who participate in Group Triple P report significantly less parenting-related stress and an improved sense of wellbeing (Bodenmann et al., 2008; De Graaf et al., 2008; Gallart & Matthey, 2005).

Prior to participating in the programme, caregivers felt stressed and worried about having no previous context-specific formal training. They reported that the programme helped them develop skills and confidence by providing helpful strategies to manage daily caregiving challenges. Caregivers also reported that applying the new caregiving strategies enhanced their personal sense of wellbeing both at home and at work. This mirrors the findings of Haslam et al. (2012) that Triple P was effective in improving work-family balance by providing participants with positive strategies to deal with both family and work-related stressors.

Our study found that Group Triple P promoted healthy, positive relationships among caregivers, with children under their care and with the orphanage administration, which helped in reducing stress and promoting harmony in the orphanages. After Group Triple P, caregivers started investing in their relationships with children by understanding their developmental and caregiving needs. Children noticed this change and reciprocated with greater respect and cooperation. Group Triple P also produced a sense of cohesion and support among caregivers receiving the same training, which reduced disagreements and enhanced communication skills and support for their colleagues. Previous research has highlighted the significance of unified and consistent caregiving in orphanages for promoting positive relationships among children and their caregivers (Ashaalan & Ibtisam, 2015; Hermenau et al., 2017), in the same way that promoting healthy relationships among children and their parents reduces parent-child conflicts and parenting-related stressors (Sanders et al., 2000; Zhou et al., 2017).

Rahman et al. (2009) called for the provision of manualized training to orphanage staff for promoting healthy relationships and a positive working environment. In the current study, caregivers reported that

receiving training promoted a culture of equality and respect between more experienced and less experienced caregivers, which was a significant factor in their improved relationships. Caregivers also reported that after Group Triple P, administration staff showed greater respect and joint decision-making with caregivers, which did not happen previously. This facilitated the formation of a practical and favourable relationship between the two parties, which can again be related to Haslam et al.'s (2012) finding that Triple P reduced workplace stress by promoting healthy professional relationships.

5 | CONCLUSION

This study explored the accounts of caregivers working in Pakistani orphanages after they completed Group Triple P. Our findings suggest that the programme was beneficial in improving caregivers' wellbeing by reducing caregiving-related stress both at work and at home. Skills and strategies learned during the programme enhanced caregivers' self-confidence in handling challenging caregiving situations. Caregivers also identified many helpful caregiving practices they had adopted, that they felt had reduced the emotional and behavioural problems of children under their care, along with building a positive child-caregiver relationship and fostering open and healthy communication patterns. There was also a generalization of skills from work to home. Caregivers used skills learned in Group Triple P at home with their partners and children, leading to a positive impact on not only professional relationships but also on family dynamics. Group Triple P also fostered a supportive environment in orphanages by building respect and support for less experienced caregivers by colleagues and also between caregivers and orphanage administration staff.

5.1 | Limitations

The main limitation of this study was the small sample size, which limits the generalisability of the study findings. While the focus group approach provided rich information on the experience of caregivers in the three participating orphanages, further research is needed to explore outcomes with caregivers attending to children with more severe emotional and behavioural problems and with children of different age groups as the needs of younger or older children and the issues faced by their caregivers may vary from the current sample. Another limitation is that the focus groups were conducted by the same researcher that facilitated the Triple P groups. While participants were encouraged to share their honest reactions, there is some risk of bias towards positive feedback. Further research with independent interviewers would minimize this risk.

5.2 | Recommendations

It was strongly suggested by all orphanage caregivers to deliver professional caregiving training to orphanage supporting staff, as they

spend a significant amount of time each day with orphaned children, and their unhelpful behaviours were reported to be affecting children. Therefore, it is recommended that all orphanage staff should receive some form of evidence-based context-specific training that can propagate a structural and supportive change within orphanages through skill-building and professional development. Consistent support and monitoring should be provided to caregivers to prevent them from falling back on previous unhelpful caregiving practices. For further research, interviews with these caregivers at a longer-term follow-up could explore whether the strategies learned through the programme were sustained in their practice over time. This would provide further support for scaling up the programme in similar settings.

Orphanage administration should focus on conducting regular training for all staff members on the principles of positive and helpful parenting strategies to maintain and build on positive changes. Orphanage administration should also focus on providing professional caregiving training to all new recruits to reduce work-related stress and the risk of child maltreatment.

To establish generalizability of this study's findings, additional trials are recommended to demonstrate consistent positive effects using valid psychometric measures and rigorous statistical approaches and with at least one significant long-term follow-up (Flay et al., 2005). This would build a strong evidence base to support the application of programmes like Triple P in various caregiving contexts such as orphanages and in low- and middle-income countries such as Pakistan. While orphanage placement may not universally adversely affect child wellbeing (Whetten et al., 2014), there is a need for evidence-based, scalable, cost-effective professional development in disadvantaged communities, which have an increasing number of orphaned children living in institutionalized caregiving facilities, to ensure adequate care and optimal developmental outcomes for all children.

AUTHOR CONTRIBUTIONS

Amina Khalid was responsible for conceptualization, methodology, investigation, data curation, formal analysis and initial paper drafting. Alina Morawska was responsible for the supervision, conceptualization, project management, review and reporting of data. Karen Turner was responsible for the supervision, conceptualization and review of data synthesis. All authors contributed to writing this paper and have approved the final version.

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CONFLICT OF INTEREST STATEMENT

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ETHICS STATEMENT

Ethical clearance was granted from the Human Research Ethics Committee of the University of Queensland (Approval number 2020001253).

ORCID

Amina Khalid  <https://orcid.org/0000-0001-5399-1774>

Alina Morawska  <https://orcid.org/0000-0002-9404-5423>

Karen M. T. Turner  <https://orcid.org/0000-0002-2750-5012>

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