Transforming Children's Care
GLOBAL COLLABORATIVE PLATFORM

WEBINAR #15:
Breaking the Cycle - Mental Health and Well-being for Care Experienced Children, Young People and Adults
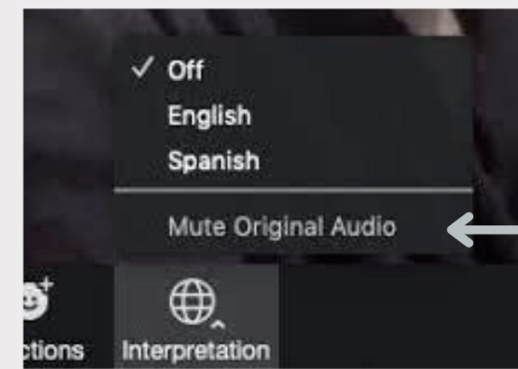
27 September 2023

zoom

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Interpretation

WELCOME

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- The platform establishes more strategic sector-wide collaboration from global to local levels to strengthen children's care and care systems

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MODERATOR

Phiona Bizzu

Uganda Careleavers and Child's i Foundation

Ambassador

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AGENDA

- Welcome

- Background of the Breaking the Cycle project and lessons learned

- Care experienced youth's perspective

- Psychologist's perspective

- Social worker's perspective

- Q&A

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PRESENTER

David Adoke

Country Director - Child's i Foundation

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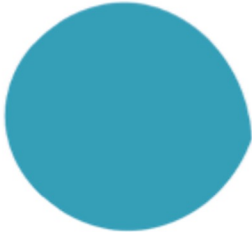COLLABORATIVE

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What is Breaking the cycle?

- This is a youth-led, accessible video series accompanied by a guidebook.

- It is designed to identify, address, and support the healing journey for children, young people, and youth in Uganda experiencing well-being and mental health adversity.

- The goal is to provide families, social workers, and youth-serving organisations, including social work students, with the tools to initiate important, non-judgmental conversations about mental health and wellbeing.

- This toolkit addresses several areas affecting youth in the community and young adults with lived experience of institutional care.

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What was done?

- The project was supported by Grand Challenges Canada and UBS

- Pilot - Implemented in 5 districts across Uganda (Mpigi, Masaka, Jinja, Kampala and Tororo)

- In partnership with Uganda Care Leavers (ACLU) , Makerere University (our research partner) and No Limit Generation (our video Production and content partner)

- Purpose was to demonstrate community-led, integrated, mental health (well-being) approaches and mechanisms for young people in Uganda, led by youth with lived care experience. Provide an advocacy platform led by Youth with lived care experience.

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What was done?

- A network of 117 youth with lived experience of growing up in care (15 - 28) trained as peer mentors & well-being champions.

- We used the innovation to train 80 social work practitioners and youth-serving professionals such as CDOs, and PSWOs, Youth officers to use the toolkit to support the children and young people they serve. We created Wellbeing groups comprised of youth-led organisations, government practitioners and well-being champions

- Peer support networks created by the Youth wellbeing champions reaching 1,170 young people experiencing various forms of trauma (engaging them through one-to-one sessions and safe group sessions known as well being circles

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Learning approach

- that most young people with lived experience of care have experienced trauma that affects an individual's sense of self, others, beliefs, and view of the world.

- This project was developed with direct input from young people and is designed to be peer-led. Young people who have grown up in care were interviewed and helped shape this curriculum-informed approach to care in the implementation of this project. The Trauma-Informed approach facilitates this as it shifts the focus from "What is wrong with you?" to "What happened to you?"

- Peer-led approach ensures sustainability and is more effective

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Thank you

PRESENTER

Brendah Laker

Care Experienced Youth

Transforming Children's Care
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VIDEO

PRESENTER

Grace Atim

Psychologist

Transforming Children's Care
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Breaking the Cycle Webinar Presentation

27th/9/2023

Submitted by; Atim Grace

Counseling Psychologist

Background

- There is a wealth of evidence gathered over 80 years, that sheds light on the negative impacts of growing up in an institution/orphanage on the lives of children. Research findings consistently highlight the detrimental effects of institutional upbringing on the overall development of the child.

- Children thrive in a family setting; an institution can never be replacement for family. And as such, there is growing global consensus to promote family-based care as opposed to institutional care for children.

- Childs i Foundation strongly believes and advocate for every child being brought up in a family and families supported through a "**family-based care approach**".

Family-Based Care

- Child's i Foundation has championed the "**FAMILY-BASED CARE**" approach in Uganda;

- Through working with government to strengthen services that can respond to families in need, through identifying and working with grassroot organizations, training community volunteers and creating a coordinated system of support to families.

- Children with no family to go back to, alternative or foster care within their community of origin.

- CiF works with orphanages to repurpose them into hubs that could be turned into training centers, schools etc.

Inception of "BREAKING THE CYCLE"

Its against this background that a gap was realized. **Child's i Foundation** and a team of partners set out to address issues that were manifesting among care leavers. Children leaving care are faced with several challenges to include:

- Developmental delays/stagnation both cognitive and physical
- Stigma
- Mental issues
- Attachment and belonging issues.
- Self-esteem/ identity crises
- Integration and transition challenges
- Emotional and behavioral challenges
- Impaired social skills
- Lack of or over duplication of livelihood skill hence lack of employment opportunities, among others.

Breaking the Cycle Training Program

- Just like the title says; the program was aimed at breaking the cycle of the effects of institutional care among care leavers.

- The primary beneficiaries of this program were a team of selected care leavers from five districts in Uganda.

- Secondary beneficiaries included a selected team of social workers both in practice and those who just graduated, as well as community leaders at various levels and community volunteers

- While care leavers were faced with a wide range of challenges, Child's i Foundation and its partners chose an area that was very critical to address, which was **"MENTAL WELLBEING."**

- Mental wellbeing broadly, as a crisis innervation strategy, focus and emphasis was put on areas the research indicated as critical.

Breaking the Cycle Focused on Five Critical Areas

- Stigma

- Stress and Trauma

- Depression/suicidal thoughts and tendencies

- Anxiety

- Grief and loss
  - ❏ A trauma informed approach was adopted, this approach focuses on empowering and facilitating and individual explore in depth what happen to them unlike the "what happened to you approach. It is an empathetic and non-judgmental approach which helps an individual explore their issues safely at the same time empowering them.

Presenting Problems Included

- Difficult fitting in with family
- Psychological abuse from relatives
- Unemployment because they are treated with suspicion
- Loss of property because young had no experience living alone later alone how to survive outside the orphanage
- Several cases of suicidal thought and a few attempted suicidal
- Anxiety
- Depression
- Stigmatization
- Behavioral/ social conduct disorders

Presenting Problems Included; cont...

- Majority of the care leavers suffered post traumatic stress disorder(PTSD)

- Prolonged grief

- Identity crises

- Exploitation in different forms.

- Lack of basic skills, both social and survival

- Sexual abuse/other forms of physical abuse

- Cognitive stagnation, helplessness, dependency

- Lack of proper identification document (those have failed to trace their families) e.g. ID

Outcomes and Benefits of Training

- The program had a profound impact on the young care leavers, helping them gain insight into what was happening in their day-to-day life.
- Being able to identify and interpret feelings, processing and developing coping strategies that were practical within their means,

Among other things, care leavers were able to:
- ❏ Gain an understanding of the importance of their mental wellbeing
- ❏ Draw up strategies of how they would support each other
- ❏ Acquired skills on how to manage their emotion
- ❏ Identify and know what support systems they have in their community
- ❏ Many recognized they suffered from PTSD, while it was addressed a big number sought for personal counselling.
- ❏ Both social workers and community leaders were moved and felt the training need to be extended to all because mental health issues are wide spread and affect all irrespective of upbring.

Outcomes cont...

- It was also evidenced that after the initial training, some young people were able to reorganize themselves and were living a much more meaningful life.
- Family relations improved due to better communication and understanding
- A small number were thriving in their career choice or businesses.
- Majority were much more optimistic about life.

Recommendations

1. While working with the young care leavers, it was evidenced that a big number had mental stagnation due to limited exposure and stimulation; Thus, care leavers need comprehensive training and challenging to prepare them to go out and start another life;

2. Repurposed orphanages should be used to training care leaver in such areas as;

- Life skills
- Staring life outside an orphanage
- Importance of health and mental health
- Survival skill/ self care and maintained skills(independent life skill
- Knowledge about their culture/ language/ practices/ taboos
- Provide education support and vocational training and job placement

Recommendations cont....

2. Family and community have contributed to stigmatization of care leavers, meaning before children being reintegrated with family, communities need to be trained and prepared, they come up with strategies on how they will support children returning home. Child acceptance is not automatic since families had valid reason to give them to orphanages.

3. Families need continues psychosocial support to harmonize reintegration of children and family.

4. Economic empowerment(which is more sustainable) may be necessary for families, instead of handouts.

5. Follow-up is critical; when children are reintegrated, majority suffer from attachment and trust issues hence need consistence of presence to cultivate health attachment and trust because some have gone to the streets because they couldn't cop or were maltreated.

6. Continuous mental health support and input for both care leaver and family.

Conclusion

Family can never be replaced by any other, there is no such thing as a perfect family but family is where our roots are. When you uproot a child from a family you cheat them of belonging, identity, and everything perfect and imperfect in family.

Our intervention endeavors should strive to empower care leavers and help them develop essential skills that will enable them to thrive in all aspects of life.

THANK YOU

PRESENTER

Sumaeya Nassuna

Care Experienced - Social Worker

Transforming Children's Care
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PRESENTER
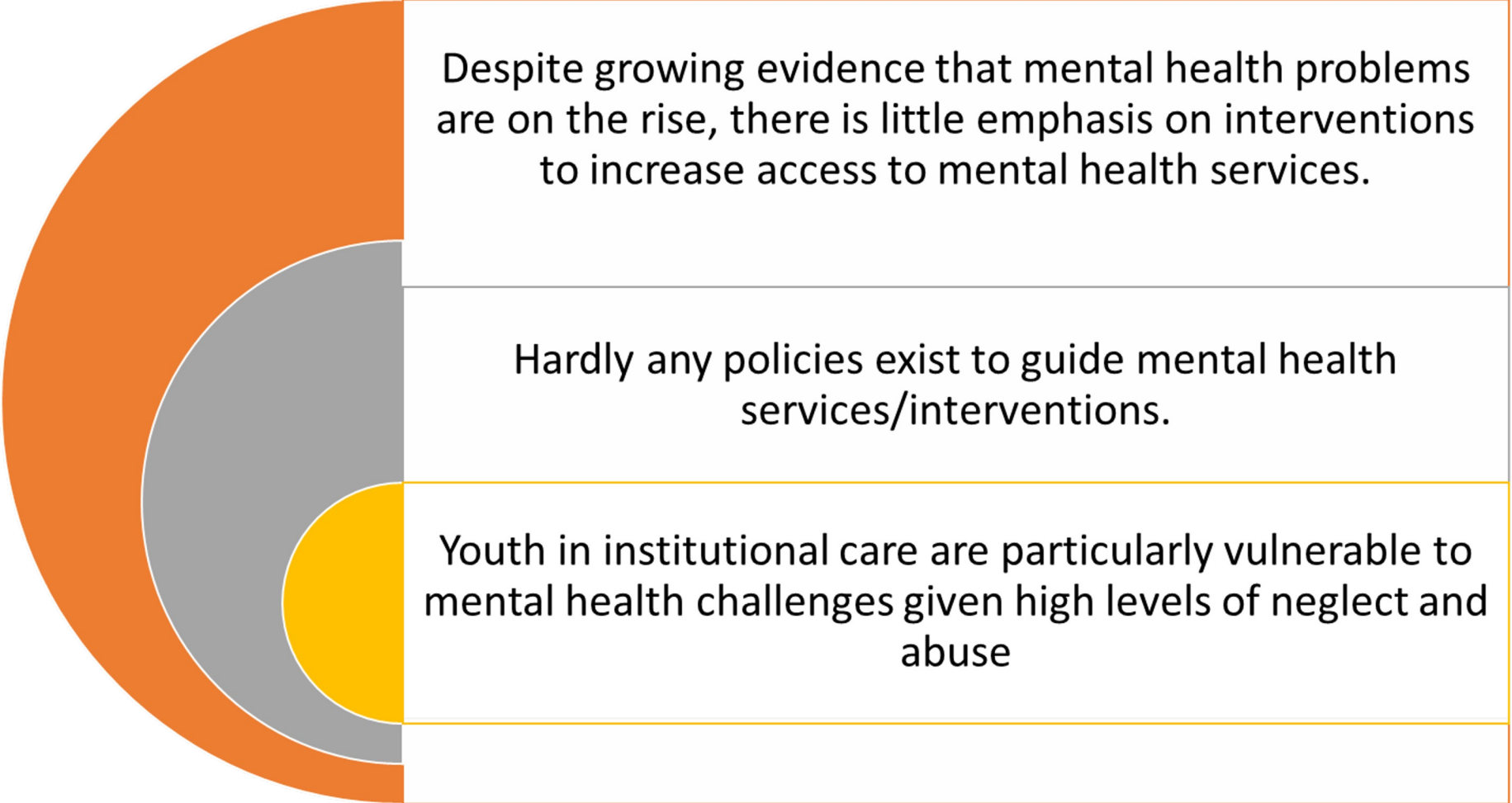
Dr. Laban Musinguzi

Social Worker and Lecturer at Makerere University

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Community-based, youth peer led mental health and wellbeing support for young people in Uganda

Reflections from the pilot study

Problem

Despite growing evidence that mental health problems are on the rise, there is little emphasis on interventions to increase access to mental health services.

Hardly any policies exist to guide mental health services/interventions.

Youth in institutional care are particularly vulnerable to mental health challenges given high levels of neglect and abuse

In response: the intervention

- With funding support from Global Challenges Canada;

  Child i's Foundation (CiF) and The Uganda Care Leavers Network implemented a 15 months pilot project

  The pilot utilized a preventative and mental health promotive approach

  Focused on Young People with Lived Experience of Care (YPLEC)

  Provided supervised peer support to other young people experiencing daily challenges.

  The project would provide a safe space for young people to speak

  The project also supported the skills development

The pilot intervention sought to;

i.Establish a youth-led learning partnership between YPLEC and final year Social Work students

i.Establish a peer network of "well-being champions" in 5 districts of Uganda

Intervention outcomes

- Improvement in knowledge and understanding of a trauma-informed approach to addressing mental health needs among youths by social workers

- Children and youth receiving support would demonstrate some clinically meaningful improvement in mental health, well-being, self-esteem/ self-worth, depression symptom severity

- Care leavers and champions would demonstrate improvement in knowledge of mental health literacy, resilience, psychosocial support and wellbeing practice

So what was the purpose of the study

To generate evidence around the effectiveness of a pilot community based and responsive wellbeing / mental health intervention led by young people with lived experience of care and supported by social work practitioners in Uganda
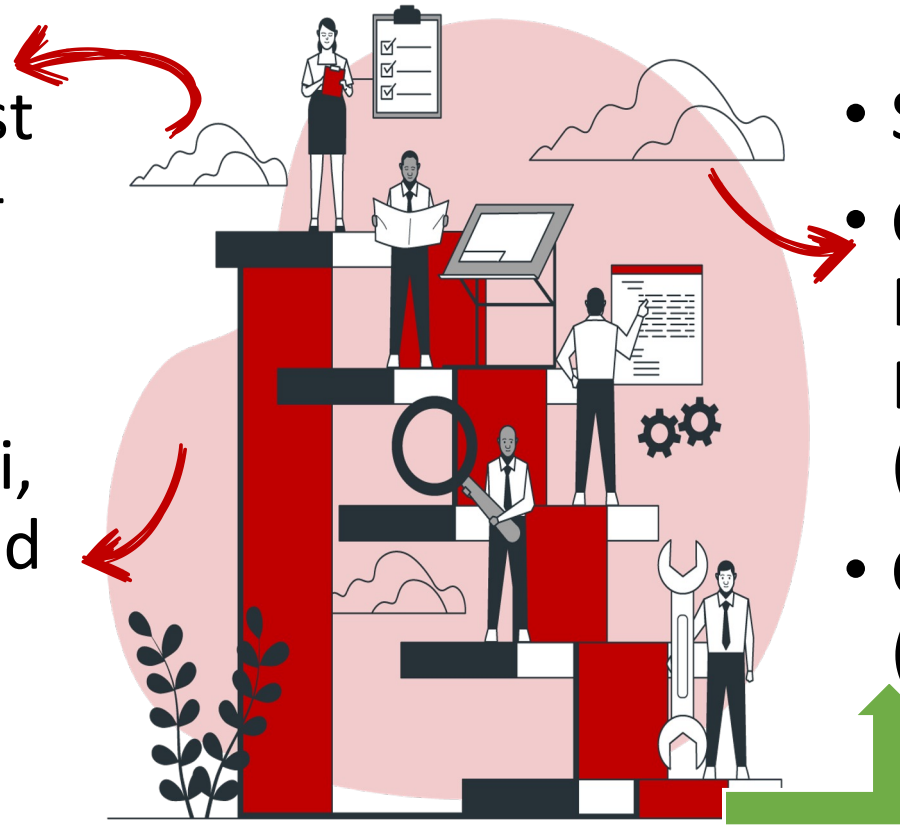
Methodology

Design and approach

- **Design**   Pre/post (Baseline & End-line Survey)

- **Study area**   Kampala, Mpigi, Masaka, Jinja and Tororo districts

Study population

- Social Workers (55)

- Champions = Young People with Lived Experiences of Care (YPLEC) (92)

- Community youths (Peers of YPLEC in the community) (172)

Tools

Kirkpatrick's evaluation model – Assesses effectiveness of training programs (Reaction, Learning & Behavior).

Patient Health Questionnaire (PHQ-9) - Depression

World Health Organisation- 5 (WHO-5) – Mental health well-Being

Rotter's Locus of control scale (LOC) - Locus of Control

Rosenberg Self-Esteem Scale – Measurement of self-esteem/ self-worth

Results

Result 1: Social workers' knowledge and understanding of a trauma-informed approach to addressing mental health needs

Knowledge areas	Pre-test (%)	Post-test (%)
Trauma and Stress	58.2	65.5
PTSD Triggered behaviors	56.4	65.5
Trauma recovery	65.5	**76.4**
Knowledge regarding managing and coping with stress	60.0	**78.2**
Depression and Suicidal thoughts and feelings	56.4	74.6
Signs among persons experiencing depression	50.9	63.6
Anxiety	76.3	**89.1**

Result 2: *Youth demonstrating some clinically meaningful improvement in mental health and well-being, depression symptom severity within 15 months*

The Rotter's Locus of control scale (LOC) (92, YPLEC)- An individual's perception about the underlying main causes of events in his/her life

LOC	Baseline (%)	End line (%)
Internal	29.4	*72.8*
External	70.7	27.2

Youth demonstrating some clinically meaningful improvement in mental health and well-being using the well-being Index- the WHO-5

Wellbeing measure	Baseline (%)	End line (%)
Worst	**57.6**	13.0
Poor	32.6	29.4
Best	9.8	*57.6*

Youth demonstrating some clinically meaningful improvement in depression symptom severity as measured PHQ-9

| Depression	Baseline (%)	End line (%)	Interpretation
Minimal	26.1	**40.2**	*May not need depression treatment*
Mild	40.2	41.3	Treatment recommended based on duration of symptoms and functional impairment
Moderate	28.3	16.3	
Moderate severe	4.4	None	Treatment for depression, using anti-depressant psychotherapy and/or a combination needed
Severe	1.1	2.2	

Self-esteem

Positive self-image

Results from the Rosenberg Self-Esteem Scale

Self-esteem measure	Baseline (%)	End line (%)
Low	**13.0**	**5.4**
Normal	77.2	80.4
High	9.8	14.1

Result 3: *YPLEC demonstrating improvement in knowledge related to mental health literacy, resilience, psychosocial support, and wellbeing practice*

| Knowledge areas	Pre-test (%)	Post-test (%)
Trauma and Stress	60.9	69.2
PTSD Triggered behaviours	76.9	87.0
Trauma recovery	65.4	73.9
Knowledge regarding managing and coping with stress	39.1	50.0
Depression and Suicidal thoughts and feelings	46.2	60.9
Signs among persons experiencing depression	61.5	67.4
Anxiety	34.6	35.0

Concluding remarks
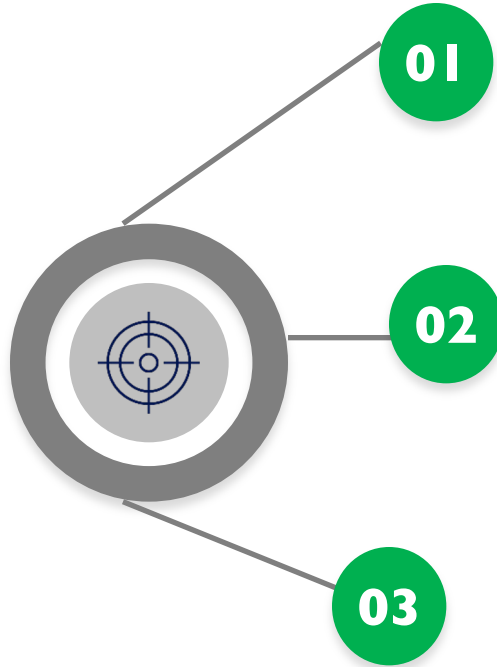
- With just a little exposure to information on mental health using videos and guidebooks, the intervention demonstrated greater potential to revolutionarise mental health services in resource limited settings.

- This is particulary because all indicators improved in the short period of piloting the intervention

- It is possible to create awareness and skills about mental health, enhance mental well-being and improve quality of life through the use of problem-solving interventions delivered through peer support.

01

02

03

Concluding remarks

- Creating pathways for reintegration in a more dignified and meaningful way is possible within families and communities

- Our informed opinion therefore is that this project should be scaled up as the need is greater and the support is limited.

    After all, promoting a sustainable community based model is an antidote to youth-led solutions to some of the world's most pressing challenges.
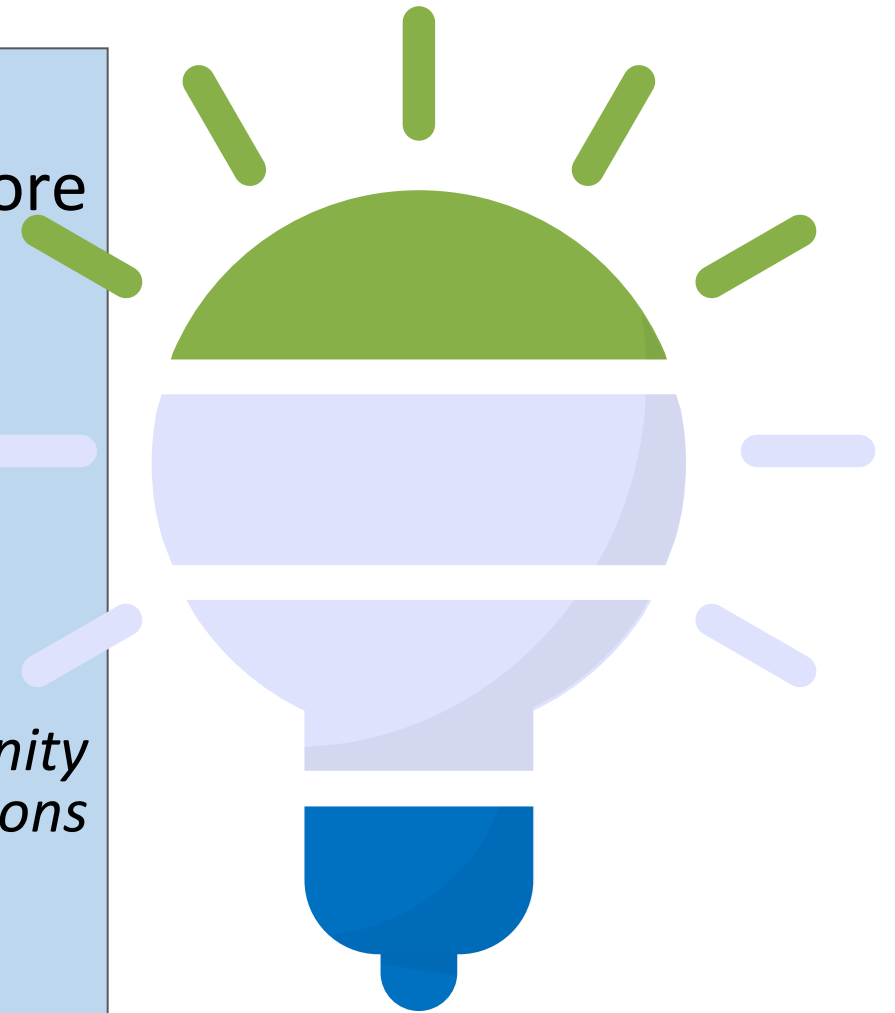
Thanks for your attention

Any questions?

Q&A

THANK YOU FOR JOINING!

Please see the chat box for a link to learn more about the Transforming Children's Care Global Collaborative Platform and find out how to join.

We will be sending you a link to the resources shared, webinar recording and slides in a follow-up email shortly. If you have questions, comments or recommendations for future webinar topics, please send them to:

contact@transformcare4children.org

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