

Evaluation of Positive Parenting Training for Caregivers of Children with Disabilities

RESULTS OF A MIXED METHODS EVALUATION - MAY 2024



Mercy, a caregiver supported by the CRS IFS project, uses an Augmentative and Alternative Communication (AAC) card to communicate with a child with a disability. [Photo by Dooshima Tsee]

Key Takeaways

- Caregivers of children with disabilities were extremely satisfied with the parenting curriculum.
- The evaluation demonstrated improvements in parental resilience, social support and connectedness, concrete support in times of need, and social emotional regulation.
- The recognition of the rights of children with disabilities was repeatedly considered to be critical content of the curriculum.
- Frequent use of some positive parenting behaviors increased between baseline and endline.
- Caregivers reported an increase in demand for and access to most basic services for children with disabilities.

Background

Through the Inclusive Family Strengthening (IFS) Project in Zambia, CRS builds upon decades of experience in community and family strengthening activities to:

- Ensure families in targeted communities have the resources and skills to care for children
- Promote positive parenting behaviors
- Support caregivers to connect with supportive communities, access health and social services, and build household resources.

Positive Parenting Curriculum for Caregivers of Children with Disabilities

To ensure that an inclusive approach was taken towards improving positive parenting practices, IFS-Zambia developed a parenting manual to support caregivers of children with disabilities. The Positive Parenting Annex (PPA) for caregivers of children with disabilities was developed to complement the government-endorsed parenting curriculum.¹

¹ The PPA was used with caregivers of children with disabilities as a supplement to the [Parenting without Violence](#) curriculum developed by Save the Children.

The additional PPA materials and sessions provide a disability-inclusive approach to building skills and coping mechanisms for caregivers of children with disabilities and caring for their children with different needs.

Methodology and Data

Catholic Relief Services conducted a performance evaluation of the PPA, using a mixed-methods approach to address a set of key evaluation questions. The baseline consisted of a household quantitative survey. The follow-up, or endline, repeated the survey with the same caregivers and included qualitative interviews with participants and staff. This report describes the endline evaluation findings with comparison to the baseline survey findings.

Evaluation Questions

1. How do participants perceive the PPA?
2. To what extent do select outcomes (e.g., parenting behaviors, protective factors, stigma) change among caregivers over the course of participating in the PPA?
3. To what extent do select knowledge, attitudes and behaviors change among caregivers over the course of participating in the PPA?
4. How should the PPA be improved?

Evaluation Findings

The evaluation results are based on pre-post analysis of 182 caregivers of children with disabilities who participated in the parenting sessions and completed both survey rounds. Additionally, qualitative interviews were completed with a total of 32 caregivers, volunteers and supervisors across the program area at endline.

Acceptability of the PPA

There were high levels of satisfaction with the PPA for caregivers of children with disabilities. Three out of four caregivers (75.0%) were “completely” satisfied with the PPA. Twenty-three percent were “mostly” satisfied (23.0%) and only 2% were “slightly” or “not at all” satisfied with the sessions. At endline, 100% of survey respondents indicated that they would recommend the PPA to other caregivers of children with disabilities.

“*Yes, I would recommend this [PPA]. There are many people in the world who need to recognize that they must treat a child with a disability like they would any other child...I would want others to have the opportunity to learn what I have learned.*

Female caregiver, Kasaba

Protective Factors

Caregivers of children with disabilities also completed the Center for the Study of Social Policy’s [Parents’ Assessment of Protective Factors \(PAPF\)](#) at baseline and endline. The PAPF assesses parents’ self-reported beliefs, feelings, and behaviors that mitigate risks and promote child well-being. This tool measures parental or caregiver resilience, social support and connections, concrete assistance in times of need, and social and emotional competency.

The average scores for the overall PAPF and each sub-scale improved between baseline and endline ($p < 0.05$), indicating improvements in parental resilience, social support, concrete assistance, and social/emotional competencies. There was a 30-percentage point increase in the caregivers who agreed that they “had someone who helped get them through hard times” (baseline: 41%, endline: 71%, $p = 0.00$). There was a statistically significant 26-point increase between baseline (45%) and endline (71%) in percentage of caregivers who agreed they had someone who they could ask for help” ($p = 0.00$).

At endline, nearly 9 out of 10 caregivers knew where to receive assistance for their child’s disability.



The caregiver survey also included specific items to measure access to health, educational, and other social services at endline. There was a 17-point increase between baseline (49%) and endline (66%, $p = 0.00$) in caregivers who indicated that they knew “where to get help if they had trouble taking care of emergencies”.

The qualitative interviews highlighted the perceived contribution of the PPA to increasing the access of children with disabilities to needed services, including health, education, and social cash transfers. Increased access to assistive devices for children with disabilities was mentioned by about half of the caregivers. Specifically, increased access to wheelchairs was viewed as transformative for their children.

“*I sought assistance for him [respondent’s child] because I was not managing to provide for his needs. His needs are increasing the older that he is growing. For instance, before I received a wheelchair from CRS, I had to carry him on my back whenever we needed to go anywhere. This time around, it’s easy to take him to school and to church because I can just put him in his wheelchair.*

Female caregiver, Lubwe

Rights of the Child with Disabilities

The PPA also covered the rights of the child with disabilities. At endline, 100% of respondents indicated that people with disabilities had a legal right to access health care and education.

The qualitative interviews of caregivers and volunteers generally highlighted that the PPA contributed to an increased recognition of the rights of children with disabilities. This recognition was often expressed as treating the child just like any other child. Caregivers often associated the recognition of these rights and improved treatment of the child with changes in their attitudes and behaviors, such as providing the child with love and affection, accessing services, and including children with disabilities in family and community activities.

“ In the past we never used to pay attention to him [child with a disability]. We never even used to comfort him... But now all this has changed. We have accepted his condition, and we love him just the way he is. This change has come about from the sessions that we’ve been having because we have been taught that he is a human being, just like anyone, and we should treat him just as we treat any other child.

Female caregiver, Ndola

Positive Parenting Behaviors

The survey incorporated the positive parenting sub-scale of the [Alabama Parenting Questionnaire \(APQ\)](#). Frequent use (always or almost always) of three out of the six behaviors increased between baseline and endline. The percentage of caregivers who reported frequently rewarding their child/ren for obeying them or behaving well increased from 33% at baseline to 59% at endline ($p=0.00$). There was an 18-percentage point increase in complimenting their child/ren when they did something well (baseline: 51%, endline: 69%, $p=0.00$). There was a large increase between baseline (25%) and endline (64%, $p=0.00$) in the percentage of caregivers who hugged or kissed their child/ren when they did something well.

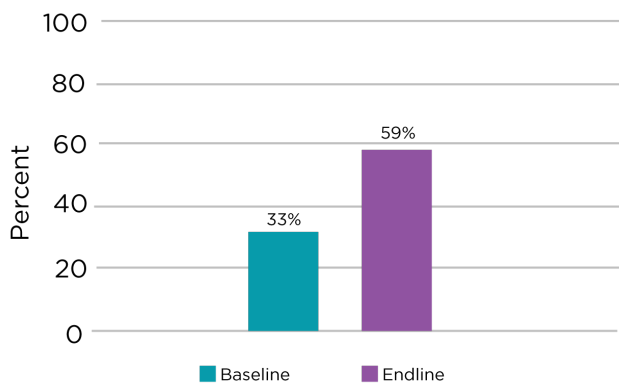


Figure 1. Caregivers who frequently reward their children for obeying them or behaving well.

Through the qualitative interviews, most participants indicated that the sessions contributed to their ability to better care for their child with a disability. Almost half of the caregivers interviewed mentioned that they demonstrated more love and affection towards their children with disabilities.

“ What I learnt ... was how to take care of the children [with disabilities]. I learnt that these children, we are not supposed to stay away from them. We need to be closer to them and show them love.

Female caregiver, Ndola

The survey also assessed the percentage of caregivers who “always”, “often” or “sometimes” engaged in specific acts of corporal punishment at baseline and endline. One out of the three behaviors decreased between baseline and endline. The percentage of caregivers who reported “spanking their child/ren with the hand on a part of the body that was not their face when they did something wrong” decreased by 30 percentage points between baseline (41%) and endline (11%, $p=0.00$). There were no statistically significant differences in the use of the other two corporal punishment behaviors (slapping the child in face, hitting the child with a cane/belt/switch) between baseline and endline. At endline between 30-33% of participants continued to report engaging frequently in those behaviors. Additionally, 3 out of 10 caregivers at endline agreed that beating a child was an effective way to help them behave.

Child Protection

A large majority of caregivers surveyed (82%) recognized that children with disabilities were vulnerable to child protection issues, including abuse and neglect. There was a statistically significant increase (10 percentage points) between baseline and endline in the percentage of caregivers who would seek help if they suspected that a child with a disability was being abused or harmed. Critically, at endline, almost all caregivers (92%) knew where to go to receive help for a child protection issue. There were significant increases in the percentage of respondents who knew that they could receive help from NGOs, hospitals, the Child Protection Unit and Social Welfare Officers.

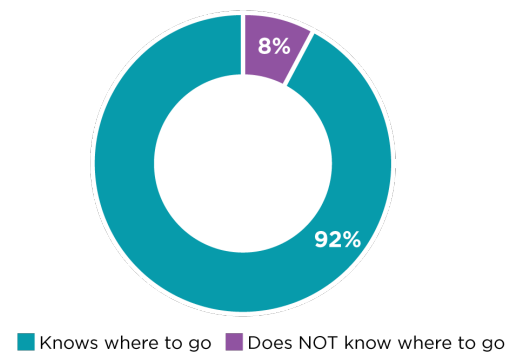


Figure 2. Caregivers who know where to go to receive help for a child protection issue.



Volunteers lead a session on inclusive parenting for caregivers of children with disabilities in Luanshya, Copperbelt province, Zambia. [Photo by Dooshima Tsee]

Caregiver Stress

Over 90% of caregivers at baseline (93%) and endline (96%) agreed that caregivers of children with disabilities often face additional challenges that bring stress and worry. There was a nine-percentage point decrease in the caregivers who were worried or stressed because of these challenges between baseline (85%) and endline (76%, $p=0.03$). There were also fewer caregivers at endline (38%) who felt they worried “too much” or “a lot” because of their child with a disability compared to baseline (52%, $p=0.00$). Importantly, at baseline and endline, over 90% of caregivers indicated that they engaged in practices to actively reduce stress/worry. The total number of different stress-reducing activities that the caregivers practiced increased between baseline (mean: 2.9 activities) and endline (mean: 3.3 activities, $p=0.02$).

“The most important thing that has changed about me as a parent is that most of the time when moving around with my child in the community, people would stare at me a lot. That made me start isolating myself... After we were taught about how to manage stress, I realized that my child is a blessing and he has a purpose here on earth...”

Female caregiver, Luanshya

Recommendations

When designing parenting training for caregivers of children with disabilities, ensure content and activities:

- Are relevant to caregivers’ interests
- Include sessions on rights of the child with disabilities and specific rights in their locality and country
- Encourage caregivers to share what they are learning with other family members to improve support and engagement in the care for children with disabilities
- Provide parents with information about protection risks for children with disabilities and where they can go for support if there is a protection concern.

Projects should plan for holistic support to parenting session facilitators. Centralized training should be accompanied by supportive supervision, follow-up training, and pictorial job aids to ensure quality implementation of the parenting sessions.

Government partners should encourage all implementers to use disability-inclusive parenting training resources. They should consider updating existing national curricula to be disability inclusive so that it meets the needs of caregivers of children with disabilities.

Government should leverage existing resources, including this Positive Parenting Annex for Caregivers of Children with Disabilities.

Government partners should disseminate information about the rights of children with disabilities and where parents of children with disabilities can receive services.