Promoting Adjustment of Refugee Families in Australia

A Pilot Evaluation of Triple P Among Refugee Families in Sydney

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Refugee Families in Australia

• There are currently 11 million refugees in the world, nearly half of whom are children (UNHCR).

• Australia is one of the top three refugee resettlement countries in the world per capita, accepting nearly 15,000 humanitarian entrants yearly.

• Many of these are families with children.
Refugee Families and Resettlement

- Resettled refugee families are a disadvantaged population on many indices of health and wellbeing.

- There is an urgent need to promote refugee families wellbeing and adjustment after resettlement and by these means increase life chances of refugee children.

- One possible solution is to provide refugee parents with support and skills to promote positive parenting and child development early in the resettlement period.
Parenting in a Refugee Context

• Refugee families who resettle in high-income countries face many challenges:
  - Pre-immigration trauma;
  - Multiple stressors during replacement;
  - Unemployment;
  - Discrimination and racism;
  - Social isolation;
  - Negotiating parenting in the new cultural context.

• Refugee parents often struggle to provide a safe, nurturing environment for their children.

• This can trigger an early onset of child behavioural and emotional problems and affect child life outcomes in the new country.
Triple P for Refugee Families

• Evidence-based parenting support facilitates the provision of a safe, stable family environment and places children on a positive developmental trajectory via reduction of risk factors and enhancement of positive factors.

• Triple P- Positive Parenting Program is one of the most effective evidence-based, culturally sensitive parenting programs internationally.

• The weight evidence of Triple P makes it an ideal tool through which to improve refugee family functioning and refugee children outcomes.
A Pilot Study

• A pilot study was conducted in the partnership with **Navitas** – a major provider of the Adult Migrant English Program (AMEP) in Sydney.

• **The aims were to:**
  
  - Examine cultural acceptability of the Triple P and the relevance and utility of parenting practices to new arrival families.
  
  - Preliminary assess the efficacy of the Triple P in decreasing parenting stress, coercive parenting practices and child maladjustment.
A Pilot Study

• Participants were 19 new arrival Vietnamese and Arabic speaking parents who had immigrant or refugee visa in Australia:
  ➢ 92.9% mothers
  ➢ 92.9% married
  ➢ 42.9% university degree
  ➢ 92.9% without paid employment
  ➢ Child mean age 2.58 years old (71.4% boys)
A Pilot Study

Standard Triple P delivered in a flexible way

- 5 2-hr group sessions with parents
- 3 30-min individual consultations
- Delivered in parents first language
- Delivered as a part of English language classes

Focus groups

Purpose: Parents collectively reflecting on the benefits of Triple P

Offering alternative support/providing referral pathways/ to parents who need further support in parenting
Good Practice Model

- The model offered a flexible and culturally appropriate delivery
- Cost free parenting program
- Delivery in the first language of the parent group
- Removed all the barriers for participation (by providing child care, lunch on the same site after the English classes in Navitas)
Intervention Targets

• Coercive Parenting Practices
• Parental emotional maladjustment
• Child behavioural and emotional problems
## Domains of Assessment

<table>
<thead>
<tr>
<th>Domain of Assessment</th>
<th>Measure</th>
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<tbody>
<tr>
<td>Sociodemographic</td>
<td>Family Background Questionnaire</td>
</tr>
<tr>
<td>Parenting practices</td>
<td>Parenting Scale <em>(Arnold, O’Leary, Wolff, &amp; Acker, 1993)</em></td>
</tr>
<tr>
<td>Parent emotional maladjustment</td>
<td>DASS-21 <em>(Depression Anxiety and Stress Scale, Lovibond &amp; Lovibond, 1995)</em></td>
</tr>
<tr>
<td>Child behavioural and emotional problems</td>
<td>SDQ <em>(Strengths and Difficulties Questionnaire, Goodman &amp; Goodman, 2009)</em></td>
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</tbody>
</table>
Baseline: Parenting practices

- 42.8% Parents in clinical range
Baseline: Parent emotional maladjustment

- 100% Parents in normal range

![Chart with bar graph showing stress, anxiety, and depression levels.
Stress: 7.82
Anxiety: 5.20
Depression: 3.10
Clinical cut-off indicated.
}
Preliminary analyses: Child maladjustment

- 100% Children in normal range

<table>
<thead>
<tr>
<th>Emotional symptoms</th>
<th>Conduct problems</th>
<th>Hyperactivity</th>
<th>Peer problems</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.00</td>
<td>2.60</td>
<td>4.41</td>
<td>2.83</td>
<td>12.92</td>
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</tbody>
</table>
Preliminary analyses: Parenting

\[ t(7) = 9.22, \ p < .001 \]

Clinical cut-off
Preliminary analyses: Parent maladjustment

- **Stress**: $t(10)=3.61, p < .05$
- **Anxiety**: $t(10)=1.21, p = .26$
- **Depression**: $t(10)=2.31, p < .05$

Clinical cut-offs

- Stress: 7.82
- Anxiety: 5.20
- Depression: 3.10

**Pre-intervention**

- Stress: 3.33
- Anxiety: 4.00
- Depression: 1.50

**Post-intervention**
Preliminary analyses: Child maladjustment

$\text{t}(10)=1.65, \ p=.13$

Clinical cut-off

- Pre-intervention: 12.92
- Post-intervention: 11.5

$t(10)=1.65, \ p=.13$
Outcomes

• Parents welcomed and appreciated the fact that the sessions were held in their own language.

• Parents who participated in the pilot have low levels or no English and reported that they would not have participated in the Triple P program if they were only run in English.
Outcomes

• The flexibility of the program (language, site and time) also made it easy for clients to participate, as sessions fitted around the clients’ family and work commitments.

• The Practitioners were able to build trust with the group, providing pathways for referrals and connections to other services.

• Parents reported significant contribution of the PPP learning acquired in the Pilot to their every day life while settling in the new country.
Outcomes

• Parents became aware of and able to recognise the associations between their parenting experience and stress, anxiety and depression issues.

• Parents also reported that their relationship with children improved as they were able to better understand the causes of child’s misbehaviour.

• Parents spent more quality time and used appropriate strategies to be assertive in disciplining their child.
Outcomes

• Recorded parents’ comments:

‘This course is an eye opener for us’. ‘I have to look after myself to be able to look after my children’. ‘We feel we have been empowered by this course to discipline our children in non-hurtful way’. Mum said: ‘I told my 13 year old daughter ‘I love you’, daughter said: really mum?! Mum said ‘I love my children but I never thought to express it in words’.
Conclusions

• Preliminary results indicate that participation in Group Triple P program:
  ➢ Decreased ineffective parenting strategies;
  ➢ Decreased parent emotional maladjustment;
  ➢ Decreased child maladjustment (trend level).

• Focus groups results indicate that parents find Triple P Program acceptable and extremely useful.

• Parenting interventions have potential to reduce high level of stress in the settlement process and increase refugee/immigrant families adjustment and their children outcomes.

• More research is needed.
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