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**Finnish Psvchologists for Social Responsibility (FiPSR) & Beit Atfal Assumoud (BAS)**

**Report 11/2020: Results of the parent’s feedback survey concerning the received treatment, families’ situation and the effects of the Covid-19 pandemic**

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FiPSR (Finnish Psychologists for Social Responsibility) supports a mental health program in Palestinian refugee camps of Lebanon in the context of project “Mental health for groups with complex needs: A multidisciplinary model combining client centered and community approaches”, funded by the Ministry for Foreign Affairs of Finland” (2019-2020). The local partner is BAS (Beit Atfal Assumoud). BAS has five Family Guidance Centers (FGC) in Lebanon. The FGC’s provide support for children and their families.

In October 2020, feedback was gathered about how the beneficiary families experience the received support from FGC’s. The survey was organized by the mental health program coordinator, Ms Khawla Khalaf. Social workers from the centers picked up families from each camp, interviewed them in the center based on the 26-items questionnaire (Appendix 1) and wrote down the answers. The total amount of the respondents was 32: 8 from Beirut area, 6 from Saida, 6 from Beddawi, 6 from El Buss and 6 from Nahr el Bared. The sample is 4.7% of the total amount of the all five FGC’s client base in October 2020: in total, there were 672 children who received treatment.

The clientship of the family with FGCs started 2019 in one third of cases and in 2020 most of them. Almost all of the respondents were mothers: there was one father and one beneficiary adolescent, and all the rest (30) were mothers of the children. Majority of them lived in a refugee camp, and some (particularly in Beirut) lived in near-by areas. Most of the respondent parents (90.3%) were married. 6.4% (two respondents) were widowed and 3.2% (one respondent) were separated. In most of the families there was more than one child: the average amount of children in this sample was 2.9. The source of the families’ income varied: in 71.9% of the cases, the family got at least some income from the earnings of the breadwinner in the family, usually the father. In some cases the relatives supported the family. Many families (43.8%) received financial support from BAS, UNRWA or other charities.

The living conditions of the respondents were also investigated. It was most common to live in a two- or three-bedroom apartment. 62.5% of the respondents reported that the condition of the house was ok; 37.5% told that the apartment was in bad condition, for example because of humidity or shortcuts in safety.

How the families found the BAS Family Guidance Centers? The answers point out that the information usually comes up from the community: from neighbors, relatives, friends or other professionals (doctors, psychologists etc).

The beneficiary children’s age range was between 2 to 19 years. Most of the children were in kindergarten or school age. 68.7% were boys and 31.3% girls. The most common difficulties were problems in language and speech development (50%), ADHD/hyperactivity/concentration problems (43.8%), learning difficulties (31.3%) and behavioral problems/disobedience (31.3%). Other difficulties were mental retardation (6.3%), autism (6.3%), psychological distress/anxiety/depression (25%), problems in social communication (6.3%%), sleep problems (3.1%) and epilepsy (3.1%). In all of the cases, there was more than one problem mentioned. The respondents also estimated the level of the difficulties: usually they were estimated to be somewhat severe of very severe.

The parents mentioned also a wide scale of strengths of the children: they were characterized as social, bold, helpful, confident, caring, soulful, creative, satisfied, independent, good with siblings, obedient, curious, sensitive and funny.

How the respondents experienced they had benefited themselves as parents? It was very common to report gaining more patience and understand the child’s difficulties better. Most of the parents felt that they had learned to deal with their children and treat them non-violently and in encouraging way. Many reported how they spent more time with their child playing and discussing.

What help the children received from the family guidance centers? Most of the children (62.5%) had more than one rehabilitation. The most common form of rehabilitation was speech therapy (68.8%). 43.8% the children attended in psychomotor therapy, 37.5% in psychotherapy, 12.5% mother’s psychotherapy, 3.1% in occupational therapy and 3.1% in music therapy. Other forms of treatments mentioned were: psychiatrist (12.5%), psychologist (15.6%), home intervention (3.1%), social intervention (9.4%), psychotherapy evaluation (6.3%), medical treatment (3.1%) and special school (3.1%), but it’s possible that not all reported other appointments besides the therapy sessions, so the real percentage in these can be somewhat higher. 56.5% had received social worker’s home visit during the year period 2019- 2020. In 21.9% of the families, also at least one of the siblings had also some difficulties.

There were some differences in the services between the FGC’s: for example in El Buss it was very common to mention mother’s psychotherapy sessions and Nahr el Bared psychomotor therapy sessions. The areas and FGC’s can vary by some characteristics and emphasis in staff’s expertise, though it’s not known if this sample is an exact sample of each place’s families.

And how the received support was experienced? All of the respondents (100%) felt that they were very satisfied with the service of FGC. Most of them (90.6%%) also felt that they had received enough help with the child’s problems and the rest (9.4%) that they had received some help but not enough. 43.8% had attended often in other BAS’ activities, 15.6% sometimes, 9.4% seldom and 31.3% not at all. All of the respondents were interested to work as a volunteer in parent’s committee sometimes or often.

It was also asked what other service would be needed. Many mentioned that more awareness sessions for families or the community would be helpful. Also children’s playgrounds/play halls, adult’s psychotherapy, family therapy, oncologists, financial aid were mentioned. Other wishes were shorter waiting lists in services, drug clinics, transportations, special education, computer classes for children, protection from violence and securing the crucial medications.

How the surrounding attitudes towards mental health problems were experienced? The answers varied: 53.1% reported that the attitudes were positive, 31.3% reported the attitudes negative. Some felt they were neutral (6.3%) or somewhat mixed (9.4%). Also in this question there were some differences varying by the area: in the largest Beirut it was most common to feel that the attitudes towards mental health problems were negative, compared to other areas. The awareness sessions and community work of FGC’s surely affect on the common attitudes, and positive reactions in more than a half of the respondent’s social surroundings can be understood as a result of this work.

The effects of the global Covid-19 pandemic were also explored: How did the corona lock-down time affect the cooperation between families and FGC?

Parents dealt with their children’s need during the lockdown by supporting children to play

indoors, playing with them, and telling or reading them stories. Drawing and reading were

common activities. Parents tried to explain the situation with virus and they tried to answer

children’s questions and calm down children’s fears. Lockdown was very demanding and

stressful time for many families to try to keep children occupied, calm and safe. Parents

tried to be creative and let the children e.g. use water filled plastic pool indoors. Many parents were under serious psychosocial and economical stress and some of them feel they did not have enough energy to deal with children’s needs sufficiently. Some mothers gave children small tasks to help at home or gave children kitchen utensils to play with. Parents also did therapeutic activities sent on video by FGC and utilized different free time activity videos and advices provided by FGC.

The main supporter to the family depends a lot on family’s situation. Many families faced unemployment and depend on the help from BAS. Also help from relatives is considered important. Families have difficulties securing their daily needs and they have cut down all purchases and everyday consumption down to very basic essential needs. If someone of the family has work, it may be insecure and not full time. Families are able to provide everyday essential needs with help from BAS, FGC social workers, different NGOs, charities and UNRWA. Families feel the cooperation with FGC has been very good during the lockdown. Families experience that FGC has been active by keeping up contact with families by calling and asking how the family is doing. FGC have provided instructions of how to avoid corona, the importance of hygiene and face masks. FGCs have given guidance and have been available for any questions via phone or online video. Families have received therapeutic videos and instructions how to deal with children during the lockdown and also how to do activities and handicrafts from materials easily available at home. Parents feel that FGC’s online courses and workshops for mothers and children have been important. Especially useful have been online stress-reduction exercises.

Yhteenveto

Syksyllä 2020 BAS:n perheneuvoloiden sosiaalityöntekijät haastattelivat asiakasperheitä heidän kokemuksistaan saadun palvelun suhteen. Sosiaalityöntekijät valitsivat vanhempia kustakin viidestä perheneuvolasta, ja yhteensä haastateltuja oli 32. Heistä 30 oli äitejä, lisäksi yksi vastaaja oli isä ja yksi nuori itse. Iät vaihtelivat 2 ja 19 vuoden välillä, painottuen selkeästi päiväkoti- ja kouluikäisiin lapsiin. Lasten tyypillisimmät haasteet olivat kehityksellisiä ongelmia, kuten puheen ja kielen kehityksen viiveisyyttä, oppimisvaikeuksia ja keskittymisongelmia sekä psyykkisiä oireita. Suurin osa lapsista sai useampaa kuin yhtä kuntoutusta, ja tavallisimpia tässä joukossa olivat puheterapia, psykomotorinen terapia ja lapsen tai vanhemman psykoterapia. Vastaajat raportoivat hyötyneensä vanhempina saamastaan tuesta: moni koki, että on oppinut kärsivällisyyttä, lapsen haasteiden ymmärtämistä ja uudenlaisia keinoja toimia niiden kanssa. Asiakastyytyväisyys oli erittäin korkeaa: kaikki vastaajat olivat erittäin tyytyväisiä, ja yli 90% koki saaneensa tarpeeksi tukea. Kaikki ilmaisivat myös ainakin jonkinlaista kiinnostusta vapaaehtoistoimintaa kohtaan paikallisyhteisössä. Kyselyssä kartoitettiin myös kokemusta yhteisössä vallitsevista asenteista mielenterveysongelmia kohtaan. Hieman yli puolet (53.1%) koki asenteiden olevan myönteisiä, joka voi olla nähtävissä ainakin osittain perheneuvoloiden yhteisöllisen työn tuloksena.

**Appendix Questionnaire**

**Feedback from beneficiaries (Sept 19th 2020 SK, KK)**

Questionnaire for parents, to be filled in with the assistance of the social worker

**A. Survey questions for the parents**

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| **Background of the respondent** |
| 1 | Name | Circle your option |
| 2 | Relationship to the child | 1 father 2 mother 3 grandparent 4 sibling 5 other |
| 3 | Location of the family (town, village or camp), displaced from |  |
| 4 | Marital status | 1 married, 2 divorced, 3 widowed, 4 single |
| 5 | Main income of the family | 1 regular income of breadwinner of the family (father, mother, sibling)2 support from relatives3 charities4 UNRWA5 Beit Atfal Assumoud6 other |
| 6 | How did you hear about the services of Family Guidance Center? |  |
| **Living conditions of the child’s family** |
| 7 | Description of housing, number of rooms |  |
| 8 | Condition of the house | 1 OK 2 badif bad, how and why? |
| **Child** |
| 9 | What is your child’s name? |  |
| 10 | Birthday of your child |  |
| 11 | Gender of your child | 1 boy 2 girl |
| 12 | What difficulties is your child having? Difficulty 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Difficulty 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Difficulty 3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Indicate how severe each difficulty is:Difficulty 1not severe 1, somewhat severe 2, very severe 3 Difficulty 2not severe 1, somewhat severe 2, very severe 3 Difficulty 3not severe 1, somewhat severe 2, very severe 3  |
| 13 | What positive resources and strengths does your child have? |  |
| 14 | What have you learned in dealing with your child? |  |
| 15 | What type of therapy/therapies or intervention does your child have in the FGC? |  |
| 16 | Have you had any home visits by a social worker at home? | 1 yes How many visits in the year 2020?2 no |
| **Family** |
| 17 | How many children do you have? And how old are they? | Number of children:Ages:  |
| 18 | Have you had the same difficulties with any of your other children? | 1 yes, what kind?\_\_\_\_\_\_\_\_\_\_2 no |
| **Respondents’ thoughts about the service of FGC** |
| 19 | Have you received any support and advice from FGC on how to deal with your child?  | 1 yes enough 2 yes, some but not enough 3 not |
| 20  | How satisfied are you with the service of FGC? | 1 very satisfied 2 somewhat satisfied 3 not satisfied |
| 21 | Have you participated in the activities of FGC? | 1 yes often 2 yes, sometimes 3 yes, seldom 4 no |
| 22 | Are you interested in participating in the volunteer work of the parents’ committee? | 1 yes2 sometimes3 no |
| 23 | Are there some other services/ support/ advice/ something else that you would like to get for the children, families, camp/community? | Additional forChildren\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Families\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Camp/community\_\_\_\_\_\_\_\_\_\_ |
| 24 | In your opinion, what is the general attitude in the camp/in your surroundings towards the mental health services? | 1 positive2 neutral3 negative |
| **25. How did the corona lock-down time affect the cooperation?** |
| 25a. How did parents deal with their children's needs during the lockdown? 25b.Who was the main supporter to the family? 25c.How the family managed to secure their daily needs? 26d. How was the cooperation between family and FGC during the lock-down time? |
| 26. Other comments? |

**B. Duration of the cooperation between family and FGC (from FGC data file)**

When did the intervention for the child start in FGC (date)?

Intervention continues Yes \_\_\_\_\_ No\_\_\_\_\_\_

Date of the interview:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social worker\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_