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UNODC Global Family Skills Initiative:
Outcome evaluation in Central Asia of Families and Schools Together (FAST) multi-family groups

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***Abstract**: United Nations Office on Drugs and Crime (UNODC) Global Family Skills Initiative reviewed hundreds, and then recommended 23 evidence based programmes (2010). UNODC invited FAST (Families and Schools Together) to be piloted in Central Asia, and funded the cultural adaptation teams, translations, trainings, implementations, supervisions and evaluations. Outcome evaluation results are summarized of FAST multi-family groups offered at 9 primary schools in Tajikistan, Kyrgyzstan and Kazakhstan. FAST is a complex, multi-systemic intervention which aims to build protective factors across the child's social ecology to enhance resilience against stress and promote child well-being. Pre- post data were collected from parents and teachers on child mental health (SDQ), family functioning (FES), parent reciprocity in social networks, and parent involvement in school. 190 families of children (age 7) attended 8 weekly sessions. Trained teams of local teachers and parents were encouraged to locally adapt 60% of the processes for a cultural fit, while following a manual of core programme components. SPSS analyses used one-tailed, paired t-tests and showed improved outcomes. Discussion of results includes the high retention rates of 100%.*

***Keywords**: relationship-based; parenting groups; social work; multi-systemic; teachers; evidence-based practice; poverty; developing country*

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The results, discussion and conclusions highlighted in this paper represent those of the authors and not necessarily those of UNODC

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Introduction

In 2008, UNODC (United Nations Office of Drugs and Crime) assembled a group of experts from across the world for several days in Vienna to discuss the common factors in evidence based family skills programmes for young children.

This initiative of UNODC falls in line with the evolving research suggesting the importance of dopamine in the 'prevention of addictions' (Kalivas & Voldow, 2007). Family programmes which work to strengthen the parent-child bonds were being considered to be potential early dopamine delivery systems, which could have as a later consequence, a reduction in drug addiction of adolescents and adults. Early exposure to dopamine is considered a protective factor for children in communities with high risk of drug addiction.

In 2010, the UNODC posted on-line, the 23 family skills programmes to have a supportive evidence base (as highlighted by the presence of at least one supportive rigorously undertaken RCT) for their success in promoting child well-being and reducing eventual drug abuse in the world. Funding was sought to support cultural adaptation, pilots, and evaluations of the designated programmes in developing countries.

One of those 23 evidence based family skills programmes is FAST (Families and Schools Together). FAST (Families and Schools Together) had recently gained the status of an evidence-based programme based on completion of rigorous research. Four large randomised controlled trials with 1 or 2 year follow-up were published since 2001 indicating FAST helps low-income children and families (Layzer, et al, 2001; Kratochwil et al., 2004; McDonald et al., 2006; Kratochwill, et al., 2009).

FAST has been recognized as an evidence based parenting programme by English governmental bodies (NAPP, 2008; C4EO, 2010; DfE Toolkit, 2011). In the US, FAST is recognized by National Registry of Effective Programmes and Practices (NREPP, 2009) as a substance abuse prevention approach and as an exemplary juvenile delinquency prevention programme (OJJDP, 2007; DOJ CrimeSolutions, 2011). FAST has been implemented with training, supervision and evaluation in over 2500 schools in 18 countries, and 45 states in the US. When compared with other evidence based family strengthening programmes, a Harvard School of Education report highlighted FAST for its high retention rates (80%) engaging socially marginalised parents (Caspe & Lopez, 2006; McDonald, et al, 2012).

This paper is a summary of the evaluation results of the FAST pilots in four Central Asian Countries (Tajikistan; Kyrgyzstan; Kazakhstan; and Turkmenistan) for the UNODC.

What is FAST?

FAST is a multi-family group approach designed to build protective factors for all children to increase their resilience against stress and their well-being. Weekly multi-family groups held after school are open to all families and participation is strictly voluntary; these are followed by two years of booster sessions led by the parent graduates with support. This family skills programme takes ten social science theories out of the Ivory Tower to reduce the impact of stress and poverty on children: (1) social ecological theory of child development (Bronfenbrenner, 1979); (2)family systems theory (Minuchin, 1974; Boyd-Franklin, 2000); (3)family stress theory (Hill, 1958; Boss, 2002); (4)attachment theory (Bowlby, 1988); (5)social learning theory (Patterson. 1968); (6)adult education for oppressed populations (Freire, 1995); (7)group theory (Greif & Ephross, 2005); (8)risk and protective factors theory (Arthur et al 2002); (9)social capital theory (Coleman, 1990; Putnam, 1999); and the new brain research (Gerhardt, 2004).

The family groups are led by a trained, multi-agency team of professionals from health, education and social care, with parents from the local school as team partners. The team must be culturally representative of the families being served in the groups. FAST is a parent involvement programme for all children in a grade level at a school. The holistic, multi-systemic, relationship building approach works to reduce family and community stresses external to the school for children which in turn enhances their ability to learn from their teachers in the classroom. A school which invests in FAST should have improved attention span and learning readiness, reduced rates of school truancy and school failure, alcohol and drug abuse, youth delinquency and antisocial behaviour, child abuse and neglect, mental health problems, violence and aggression. The focus is on systematically building social capital, social inclusion and promoting the strengths of a local school, a local community and all of the children and families who live there.

The program consists of eight, consecutive, weekly, 2.5 hour long sessions that includes a family meal, structured family activities and responsive play with one parent, all coached by a trained FAST staff. Up to ten families can participate in the sessions that encourage parents to lead their family to communicate thoughts and feelings through play (such as charades or drawings) and through 'turn-taking' discussions where each member of the family gets a chance to speak while the rest of the family listens. Each session also provides an hour for children to play together while parents meet in dyads and then small groups to share their concerns and advice. Finally, each meeting provides 15 minutes of structured 'special play time' for the focal child and parent during which the two play together, separate from other members of the family. The child initiates play, and parents are coached to respond, rather than teach, boss, or criticize. This responsive one-on-one play activity is recommended daily throughout the week as 'homework.' After the 8 weekly sessions, the parents who attend 6 sessions, graduate and are supported to set their

own agenda for monthly family group meetings. The ongoing meetings sustain the relationships which are built during the weekly sessions.

FAST programme goals

Goal 1: Enhance family functioning

a) Strengthen the parent-child relationship in specific and focused ways.
b) Empower the parents to become the primary prevention agents for their own children.
c) Improve child behaviour at home

Goal 2: Prevent the target child from experiencing school failure

a) Improve the FAST child's behaviour and performance in school, both short-term and long term.
b) Empower the parents in their role as partners in the educational process.
c) Increase the child and family's feelings of affiliation toward the school.
d) Improve child behaviour at school.

Goal 3: Reduce the stress that families experience from daily life

a) Offer on-going opportunities for building social support among parents.
b) Link the family to appropriate community resources and services, as needed.
c) Empower parents to establish relationships and increase their effectiveness in dealing with everyday life.

Goal 4: Prevent substance abuse by the child and family

a) Build protective factors against children becoming involved in substance abuse in the future by strengthening the parent-child and family relationships and improving child behavior at home and at school.
b) Reduce parent substance use.

At the eight-weekly multi-family group meetings, there are structured activities to build the parent child bond and social connections. FAST is a simple package of social science theory and research applied into highly interactive parent-led family games, with an hour for parents to meet one another and talk about things in a parent group. FAST employs a positive approach based on family systems, adult education models and community/school collaborations. This approach is designed to enhance the child's functioning in school, in the community, and at home. Further, the programme promotes increased parental involvement in the child's life, within the family unit, with other parents at the school, with the school personnel, and with community agencies. High levels of parental involvement are a protective factor that increases

the likelihood of helping children to succeed and to increase the child's well-being.

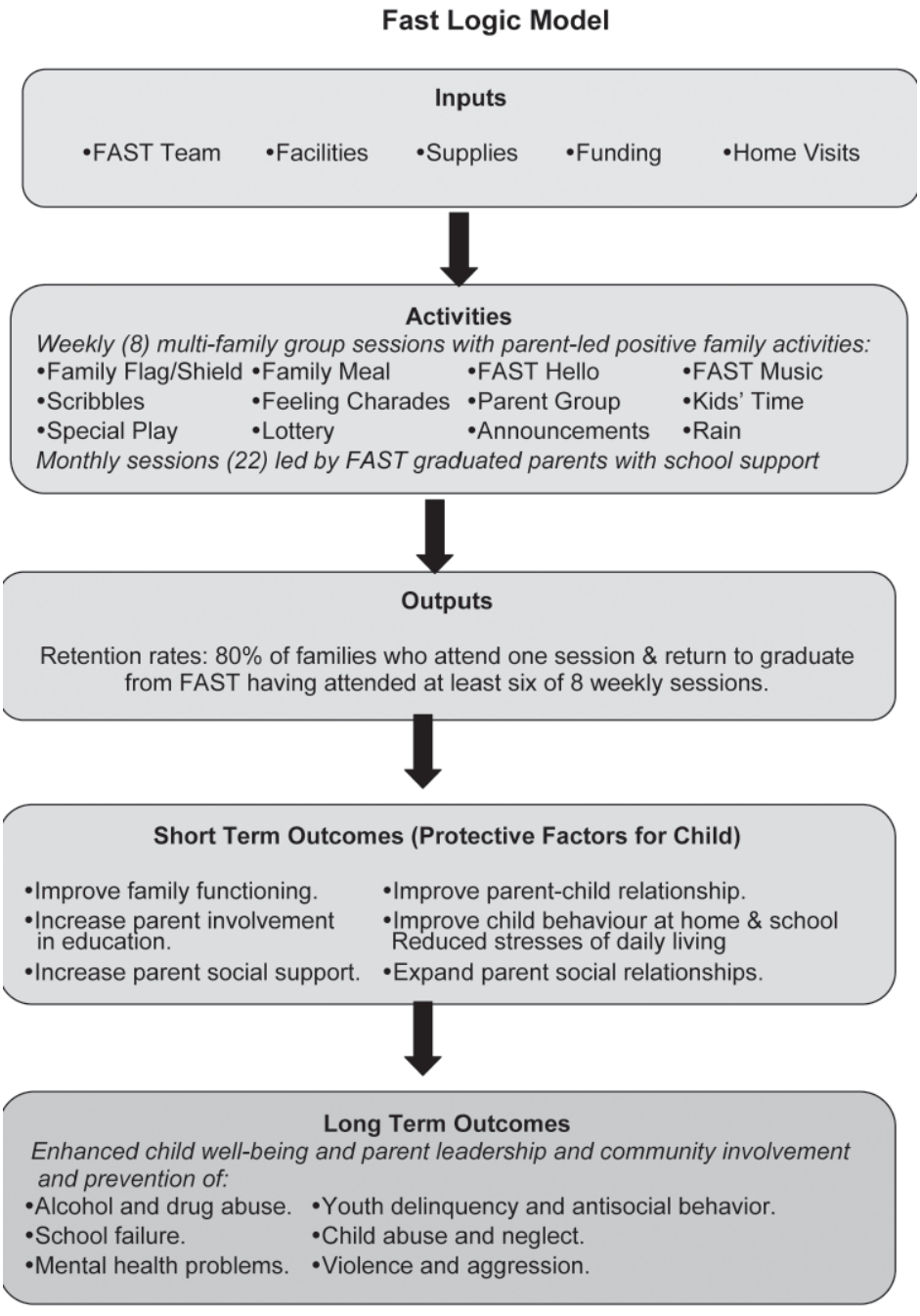
The groups can serve 40 to 60 whole families at a time, but families meet in groups of ten, called a 'hub.' The whole programme is implemented by the collaborative FAST team that is comprised of four members per 'hub' serving ten families: a parent partner (or 2) with an older child from the same school being served must be on each 'hub' team; a school partner or teacher from the school being served; and community-based partner(s) from health or social work, or community organizations are also on the team. Each 'hub' meets separately in a classroom. Each weekly session includes six key elements: (1) a meal shared as a family unit; (2) family communication games played at a family table; (3) time for couples or buddies; (4) a self-help parent group; (5) one-on-one parent-child time; and (6) a fixed lottery that lets every family win once followed by a closing ritual. These core components aim to strengthen the bonds within and between families, and between families the school and the community.

Families graduate from the programme at the end of eight weeks and then participate in monthly follow-up meetings for two years led by the parent graduates. With team support, parents design the agenda to maintain family networks that were developed, and identify community development goals.

Training and supervision to maintain Programme Integrity

The FAST quality assurance package which supports the widespread dissemination of FAST and helps to achieve predictable positive child and family outcomes alongside high retention rates, includes the following components:

- 2 day team training by a certified FAST trainer;
- FAST manuals for team members;
- teams which are culturally representative of the families being served;
- partnerships between parents and teachers and community professionals;
- direct supervision by a certified FAST trainer of multi-family group implementations by the trained team members;
- quality of implementation checklists;
- a programme integrity checklist (PIC);
- a required panel of parent graduates to listen to their voice as a service user;
- and an outcome evaluation.


Fast Logic Model
Inputs
•FAST Team
•Facilities
•Supplies
•Funding
•Home Visits
Activities
Weekly (8) multi-family group sessions with parent-led positive family activities:
•Family Flag/Shield
•Family Meal
•FAST Hello
•FAST Music
•Scribbles
•Feeling Charades
•Parent Group
•Kids' Time
•Special Play
•Lottery
•Announcements
•Rain
Monthly sessions (22) led by FAST graduated parents with school support
Outputs
Retention rates: 80% of families who attend one session & return to graduate from FAST having attended at least six of 8 weekly sessions.
Short Term Outcomes (Protective Factors for Child)
•Improve family functioning.
•Improve parent-child relationship.
•Increase parent involvement in education.
•Improve child behaviour at home & school
Reduced stresses of daily living
•Increase parent social support.
•Expand parent social relationships.
Long Term Outcomes
Enhanced child well-being and parent leadership and community involvement and prevention of:
•Alcohol and drug abuse.
•Youth delinquency and antisocial behavior.
•School failure.
•Child abuse and neglect.
•Mental health problems.
•Violence and aggression.

Evaluation design

The outcome evaluation uses a pre and post mixed methods evaluation design, with two independent reporters (parent and teacher), using standardised instruments with established validity and reliability, and one-tailed, paired t-test analyses. Each reporter completes a questionnaire designed specifically to measure FAST programme goals both before the programme (pre-test) and again after the eight-week cycle (post-test). Parents answer questions about social relationships, social support, involvement in their child's education, self-efficacy, family environment, and the child's behaviour. Demographic data and feedback on the satisfaction with the programme are also collected from the parents at the end. Teachers complete a questionnaire about the child's behaviour and academic performance, and about the parent's involvement in the child's education.

There are also open-ended perspectives on service users experiences solicited in the questionnaires as well as on a review panel at the end of the 8 weeks. In addition, site visits by certified FAST trainers are made on three of the 8 sessions to monitor the programme integrity of the multi-family group implementation. 40% of the evidence based programme are core components which cannot be changed, and 60% of the processes are locally adapted.

The original evaluation design was developed by the programme founder, Dr. Lynn McDonald, Professor of Social Work, with Dr. Stephen Billingham, in 1990 for the Statewide FAST Initiative in Wisconsin. The evaluation reporting structure was further developed with funding from the Center for Substance Abuse Prevention (CSAP) in 1992 by McDonald and Dr. Thomas Sayger (University of Tennessee). The evaluation process was again revised with Department of Justice funding by McDonald with Dr. Paul Moberg (University of Wisconsin-Madison, 2002). For this FAST evaluation in Central Asia, all the relevant questionnaires were translated into the Russian Language by UNODC.

Data collection

All schools or sites use a standard protocol to invite families to participate in the FAST programme. School personnel contacted families about FAST, and those families who are interested in participating in the programme receive personal contacts with/or home visits from the FAST team members. At the one to one meeting, team members explain the programme, invite the parent to come and try it once, and ask the parents to complete the pre-programme questionnaire. At this time, parents are also asked to complete an informed consent form that asks for permission to consult the child's teacher and explains how confidentiality is maintained. The child's teacher is asked to complete the pre-programme questionnaire after the target child's parent

has givens informed consent. Participation in the programme and the evaluation are strictly voluntary.

Within two weeks of the programme ending, team members distribute post-programme questionnaires to parents and teachers. After the post-programme questionnaires are completed, the evaluation materials is sent to The FAST Project, in London for analysis. The data is entered and analysed with the Statistical Package for the Social Sciences (SPSS). An independent evaluator is then assigned to summarise and interpret the data.

In order to protect confidentiality, each family is assigned an identification number. The FAST team member in charge of coordinating the data collection assigns this number. The family is identified by this number on all programme questionnaires. The numbers allow evaluation staff to match each parent's and teacher's pre- and post-questionnaires. Respondents sealed the completed questionnaires with confidentiality stickers, and the completed questionnaires are sent for analysis.

Data collection instruments

In this evaluation several standardised instruments were used to measure child and family functioning, parent involvement in school and social supports in the community.

Family functioning

Family functioning is assessed with the *Family Relationship Index* of the *Family Environment Scale (FES)* (Moos & Moos, 1981). Completed by parents, this is a 27-item scale that rates the domains of cohesion, expressiveness, and conflict. The *Cohesion* subscale measures the degree of commitment, help, and support family members provide for one another. The higher the score, the better the family functioning. The *Expressiveness* subscale measures the extent to which family members are encouraged to act openly and express their feelings directly. The higher the score, the better the family communication. The *Conflict* subscale measures the amount of openly expressed anger, aggression, and conflict among family members. The higher the score, the more common conflict is in the family. The FES has demonstrated good reliability, with inter-item reliability of subscales between 0.61 and 0.78 and test-retest reliability between 0.52 and 0.91 at 2 months, 3 months and 1 year interval range. The scale has established norms for normal and distressed families.

Parents' relationship

Parents' relationship with their FAST child is assessed by a subscale on the *Social Relationships Scale* (McDonald & Moberg, 2002). *Parent-Child Relationship* is measured through 8 items completed by parents. It measures the relationship that parents have with their FAST child in terms of how easy or difficult it is getting the child to respect, listen to or obey parents' requests, and how easy or difficult the parent find it talking and listening to their child. Parents are asked to score each item on a scale of 1 to 10, with higher scores corresponding to stronger parent-child relationships.

The child's behaviour

The child's behaviour at home is assessed with the Strength and Difficulties Questionnaire (SDQ) (Goodman, 1997) completed by parents and also by teachers. This has 5 dimensions that through its 25 items address strengths (pro-social behaviour) and difficulties (emotional problems, conduct problems, peer problems, and hyperactivity problems). The inter-item reliability of the subscales ranges between 0.57 and 0.85, with test-retest reliability between 0.57 and 0.72 over 4 to 6 months. The SDQ has been validated against other instruments such as the Child Behaviour Checklist and the Rutter questionnaire. The SDQ also has established norms for normal, borderline and abnormal scores. For example, the top of normal and cut off for borderline for SDQ Total Difficulties is a cumulative score of 13. In an evaluation study without a control group, one can consider the norms of the instrument, and determine the amount of change against those norms of child mental health and child well-being. The SDQ has been used widely in developing countries as well as industrialized countries, including Russia.

Parents' involvement in their child's education

Parents' involvement in their child's education is assessed using the *Parent Involvement in Education Questionnaire* adapted from Shumow et al, 1996. Both parents and teachers are consulted. The subscales have good reliability with inter-item reliability ranging between 0.83 and 0.96. Teachers are asked 28 questions on parental involvement in child's education which assess the three dimensions: *Teacher Relationship with parent*, *Teacher Involvement with Parent* and *Parent Involvement in School*. The score for each dimension ranges from 1 to 5, with higher numbers indicating better relationship with the child's parent, more frequent contact with the parent, and a perception of greater parental involvement in school. The measure *Total Parent Involvement in Education* is a summary of all three subscales and this can range from 0-12 with higher scores indicating a higher overall parental educational involvement.

Parents' social relationships with the community

Parents' social relationships with the community are assessed with a subscale of the *Social Relationships Questionnaire* (McDonald & Moberg, 2002). Parents complete 11 items which measure parents' social relationships with their child, other people and community agencies, as well as their child's relationships with teachers and other children at school. The scores range from 1(poor) to 10(excellent) and higher scores therefore indicate better family community social relationships.

The level of *Social Support* that parents can draw on includes 12 items (Sherbourne & Stewart, 1991) that measure three aspects of social support: Emotional support (expression of affect, empathetic understanding, and encouragement of expressions of feelings); Tangible support (providing material aid or behavioural assistance) and Affectionate support (expression of love and affection. *Total support* is a sum of these three dimensions as well as one item on positive social interaction. Reliability of the scale as a whole is .97 and the three subscales range from .91 to .96.

Reciprocal Parent Support (McDonald & Moberg, 2002) is a parent completed measure that determines the level of support that parents may *receive* from or *provide* to other parents, such as help with babysitting, car sharing, sharing feelings, and getting together socially. Scores for the two subscales (*Support Received* and *Support Provided*) can range from 0 to 3. For the overall *Reciprocal Parent Support* scale, scores can range from 0-6 with a higher score corresponding to more support.

'Customer satisfaction'

The 'customer satisfaction' part of the evaluation, which afforded parents and teachers an opportunity to provide feedback on their experiences of the FAST programme, was originally developed by McDonald et al (1987) but has since evolved and developed. Also the FAST team were asked to give feedback on the functioning of the team.

Results

Recruitment and completion rates

Across 9 pilot schools in Central Asia (Kazakhstan (2), Kyrgyzstan (2), Tajikistan (3) and Turkmenistan (2)), 190 families agreed to take part in FAST. Eight schools hosted 20 families per session, and the 9th hosted thirty families per session. All 190 families graduated from FAST having attended 6 or more sessions; a completion rate of 100%. Completion rates of the evaluation questionnaires were also extremely high with matching pre and post questionnaires completed for all 190 families.

Demographic characteristics

In total 190 children participated in the evaluation of the FAST programme at the primary school. Parents and teachers reported on pre and post questionnaires and demographics were completed.

The average age of the focal FAST children (who received the 'special play' intervention) was 7.17 years. Of those who responded to the questions on demographics, ninety four (47%) children were male and eighty four (42%) were female.

Parents' average age was 36.26 years, ranging from 22 to 67 years old (grandparents). Twenty six (13%) were male and one hundred and fifty six (77%) were female. In terms of parents' highest educational attainment, two (2.5%) had attended grades 1 through 8, fifty nine (29.5%) had completed some high school, sixty nine (34.5%) had completed high school graduate or GED, one (0.5%) had some college (not junior or vocational) qualification, fourteen (7%) had a college degree, four (2%) had attended some Graduate/professional school, one (0.5%) had attended Junior or vocational college and twenty three (11.5%) had attended Graduate/professional school.

One hundred and three (51%) of the parents were employed full-time, one (0.5%) was retired, twenty (10%) worked part-time and fifty six (28%) were not employed outside the home or were looking for work or disabled and unable to work. The poverty was pervasive in these communities in the four developing countries. The median family annual income was less than $10000.

Total family size ranged from 2 to 8, with an average of 4.43. One hundred and forty three (71.5%) were married, one (0.5%) was separated, one (0.5%) had never been married, thirteen (6.5%) were divorced, three (1.5%) were widowed and one (0.5) was cohabiting with a partner.

Parent reported changes in family relationships

The FES has established scores for normal families as well as distressed families. The data of this study in Central Asia can be seen to be compared with that of over 7000 US FAST families pre and post scores. As can be seen in Table I, Central Asian (CA) parents reported at the outset a quite similar level of family functioning to the FASTUSA families. However, the CA total post scores showed substantially more positive changes than do the post average aggregate reports of change in FASTUSA. CA Parents reported that there had been a highly statistically significant increase in *family cohesion* (21%, $p<0.001$). Family conflict had been decreased by 52% ($p<0.001$). However, there was the least positive change in the domain of *family expressiveness*, which showed only a trend in the positive direction (4%, $p<0.10$). In this sub-scale, the improvement of the US FAST families was greater. Overall, *total family relationships*

showed a very highly statistically significant improvement of 35% (p<0.001). These changes would reduce the stress at home, and increase the emotional resonance and connectedness in the home, which in turn, supports the child's feelings of well-being. One parent made the comment 'We are friends; we started to communicate more often and to understand each other '. Another parent stated ', we became very close and we try to support each other in all matters'.

Table 1. Parent Reported Changes in Family Relationships

	UNODC Central Asian Aggregate						USFASTNationalAverage(N=7,534)			
FES Subscales	*N*	Pre-test Mean	SD	Post-test Mean	SD	Effect size (r)	Pre-test Mean	SD	Post-test Mean	SD
Family Cohesion	189	6.75	2.37	**8.14******	1.24	n/a	6.77	2.10	**7.37******	1.78
Family Expressiveness	189	5.25	1.40	**5.43***	1.27	n/a	5.30	1.78	**5.61******	1.74
Family Conflict	188	3.00	2.22	**1.44******	1.43	n/a	3.15	2.21	**2.57******	2.06
FES Total Family Relationships	188	8.98	4.86	**12.14******	2.75	n/a	8.91	4.71	**10.42******	4.27

*p<.10 **p<.05 ***p<.01 ****p<.001

Parent-child relationship

Parents reported a pre-post change in the parent-child bond, which was highly statistically significant. There was an improvement of 27% (p<0.001) in their reported relationship with their FAST child (Table 2). The items in this scale include questions about warmth and connection as well as about authority and obedience. One parent made the comment 'I pay more attention and time to a child'. Another parent said 'Now I better understand my children'. Moreover, in this regard, one further parent commented, 'he is no longer arguing with me and I always try to listen to his opinion'. These pre post findings suggest that the family relationships and the parent-child bonds were strengthened as a result of repeated encounters for 8 weeks in the FAST programme.

Table 2. Parent Reported Changes in Relationship with FAST Child

	UNODC Central Asian Aggregate						US FAST National Average (N=7,534)			
	N	Pre-test Mean	SD	Post-test Mean	SD	Effect size (r)	Pre-test Mean	SD	Post-test Mean	SD
Parent-Child Bond-Relationship	176	7.00	2.10	**8.89******	1.55	n/a	n/a	n/a	n/a	n/a

*p<.10 **p<.05 ***p<.01 ****p<.001

Child well-being and behaviour at home

At the outset the CA parents reported substantial and significant behaviour problems in the home, which were higher than the FASTUS average at pre, and were also at the highest end of normal of the SDQ, and almost at the borderline level (cut off score of 13). Despite the highly statistically significant changes reported (see Table 3), in which parents reported improvements on their children's behaviour, the Total Difficulties Score stayed very high and at near borderline levels on the standardized child well-being instrument (Strengths and Difficulties Questionnaire; SDQ: Goodman, 1997).

Child pro-social behaviour was improved very highly significantly by 44% ($p<0.001$). This is despite showing an initial very low level of pro-social behaviour at pre. Compared to the FASTUSA children, the CA children were reported as having extremely low levels of pro-social skills. After participating in FAST, children were also reported by parents to have fewer *conduct problems* (7%, $p<0.05$), statistically significantly less *hyperactivity* (7%, $p<0.01$), and significantly reduced peer problems (4%, $p<0.01$). Each of these changes were highly statistically significant. Also, the parents reported that the impact of the child's problem behaviours at home on them as parents decreased a lot: impact of difficulties (82%, $p<0.001$). Overall, children's score for *total difficulties* had decreased by 7% at a highly statistically significant level ($p<0.01$). However, the average total SDQ score after FAST was still above 12, which remains extremely challenging for the parents to manage at home. For contrast, the changes reported by the FAST parents in the USA start at 11 and then after FAST moved to 10. One Central Asian parent made the comment 'He became kind, attentive, disciplined'. Another parent said - 'The kids are now more obedient, they help at home'. These findings indicate that FAST has made a positive difference to children's behaviour.

Table 3. Parent Reported Changes in Strengths and Difficulties of Children (SDQ)

	UNODC Central Asian Aggregate						US FAST National Average (N=7,534)			
SDQ Subscales	***N***	**Pre-test Mean**	**SD**	**Post-test Mean**	**SD**	**Effect size (r)**	**Pre-test Mean**	**SD**	**Post-test Mean**	**SD**
Pro-social Behaviours	181	2.58	1.69	**3.70******	1.38	n/a	7.56	2.00	**7.94******	1.92
Difficulties:										
Emotional Symptoms	151	1.19	1.20	**1.17***	1.12	n/a	2.44	2.20	**2.00******	2.06
Conduct Problems	115	3.13	0.91	**3.00****	1.13	n/a	2.38	2.07	**1.97******	1.93
Hyperactivity	137	4.58	1.10	**4.28*****	1.20	n/a	4.52	2.57	**3.97******	2.49
Peer Problems	156	4.32	1.21	**4.24*****	1.31	n/a	2.33	1.88	**2.11******	1.83
SDQ Total Difficulties	113	12.69	2.71	**12.37*****	2.39	n/a	11.65	6.60	**10.04******	6.39
Impact of Difficulties	165	1.35	2.05	**0.24******	1.11	n/a	1.28	2.26	**0.89******	1.97

*p<.10 **p<.05 ***p<.01 ****p<.001

Parental involvement in education

Parents were asked questions related to the three domains: *School to Parent Contact, Parent to School Contact and Parent School Involvement.* Scores for each of the subscales and for the total measure, range from 0 to 3 with higher scores indicating increased parental involvement in child's education.

Parents reported a statistically significant increase in most of parent school involvement measures. Parent to school contact improved by 40% ($p<0.001$), School to parent contact improved by 28% ($p<0.001$), Parent school involvement improved by 26% ($p<0.001$) and Total parent involvement in education improved by 31% ($p<0.01$). On parent 'we understand better what teachers want from children and parents. We are closer to the school now '.

Table 4 demonstrates that teachers reported very dramatic changes and improvements in parent involvement in education across several measures. There had been a very statistically significant increase in teacher relationship with parents (11%, $p<0.001$) as well as a statistically significant increase in teacher involvement with parent (18%, $p<0.001$) the overall measure for parent involvement in school had increased by 9% ($p<0.01$) which was a statically significant improvement.

Table 4. Teacher Reports of Parent Involvement in Education

	UNODC Central Asian Aggregate						US FAST National Average (N=7,534)			
Subscales	***N***	**Pre-test Mean**	**SD**	**Post-test Mean**	**SD**	**Effect size (r)**	**Pre-test Mean**	**SD**	**Post-test Mean**	**SD**
Teacher Relationship with Parent	186	4.09	0.53	**4.55******	0.29	n/a	n/a	n/a	n/a	n/a
Teacher Involvement with Parent	186	2.50	0.61	**2.95******	0.51	n/a	n/a	n/a	n/a	n/a
Parent Involvement in School	188	3.72	0.54	**4.05*****	0.31	n/a	n/a	n/a	n/a	n/a

*p<.10 **p<.05 ***p<.01 ****p<.001

Child behaviour at school

Teachers reports at the outset agreed with the parent assessments about behaviour at home: the teachers reported that there were very challenging behaviours of these children in the classroom. Teachers reported pre-test SDQ scores of over 12, which are Borderline in the classroom, and these baseline scores were much higher than the pre-test scores for FAST children by US teachers (see Table 5). The teachers reported post tests showed a big statistically significant reduction especially in the sub-scales of children's hyperactivity of 12% ($p<0.001$) and conduct problems (5%, $p<0.01$). They also reported a statistically significant reduction in Total Difficulties (7%, $p<0.05$). The hyperactivity levels were very close to borderline (5) at the outset. Moreover, the child pro-social behaviour has improved by 90% at a very statistically significant level

(p<0.001). Interestingly, as was also true for the parents, the pro-social behaviours were reported by teachers as very low both at pre and at post, especially compared to teacher reports of US children. CA teachers reported no change in peer problems, and only a trend of reduced emotional symptoms of the children.

These changes also led the teachers to say that the impact of these children's behaviours on the classroom was decreased in their perception (59%, p<0.001) (Table 5). A teacher commenting on the changes observed in one FAST child – 'His conduct has improved and he started to get on with his peers.' Another child was described as 'He became quieter, balanced. He pays a lot of attention to studies, improvement in his studies'. These findings suggest that the FAST programme have created positive changes in children that effect their functioning at school behaviourally.

Table 5. Teacher Reported Changes in Strengths and Difficulties of Children (SDQ)

	UNODC Central Asian Aggregate						US FAST National Average (N=7,534)			
SDQ Subscales	*N*	Pre-test Mean	SD	Post-Test Mean	SD	Effect size ®	Pre-test Mean	SD	Post-test Mean	SD
Pro-social Behaviours	189	1.85	1.79	**3.52******	1.66	n/a	6.60	2.61	**7.00******	2.56
Difficulties:										
Emotional Symptoms	139	1.86	1.62	**1.81***	1.59	n/a	1.58	2.06	**1.44******	1.92
Conduct Problems	115	2.90	0.94	**2.75*****	1.17	n/a	1.88	2.34	**1.73******	2.23
Hyperactivity	151	4.84	1.43	**4.27******	1.34	n/a	4.23	3.21	**3.91******	3.14
Peer Problems	163	4.40	1.17	4.37	1.20	n/a	2.02	1.93	**1.88******	1.89
SDQ Total Difficulties	108	12.50	2.95	**12.38****	2.47	n/a	9.71	7.39	**8.95******	7.15
Impact of Difficulties	198	0.80	1.40	**0.33******	0.88	n/a	1.18	1.75	**1.07******	1.68

*p<.10 **p<.05 ***p<.01 ****p<.001

Community social relationships

Parents reported statistically significant change in their *community social relationships* by 24% (p<0.001) (Table 6). These scores were at similar levels at both pre and post to US.

Table 6. Social Relationships with Community Reported by Parents

	UNODC Central Asian Aggregate						US FAST National Average (N=7,534)			
	N	Pre-test Mean	SD	Post-Test Mean	SD	Effect size (r)	Pre-test Mean	SD	Post-test Mean	SD
Community Social Relationships	178	7.12	1.78	**8.81******	1.04	n/a	7.50	1.53	**8.07******	1.31

*p<.10 **p<.05 ***p<.01 ****p<.001

on the social support dimension. They started at lower levels than the FAST parents in the US and increased their trust and exchange with other parents to quite a bit higher than the post FAST average US score. Parents reported highly statistically significant improvement in the three sub-scales: Tangible support (17%, p<0.001), Affectionate support (18%, p<0.001), and Emotional Support (27%, p<0.001). Of the three, the Affectionate pre-FAST support was higher than the US pre-FAST support. CA parents overall reported highly statistically significant increased in Total social support (22%, p<0.001) . See Table 7.

Table 7. Social Support Reported by Parents

	UNODC Central Asian Aggregate						US FAST National Average (N=7,534)			
Subscales	*N*	Pre-test Mean	SD	Post-test Mean	SD	Effect size (r)	Pre-test Mean	SD	Post-test Mean	SD
Tangible Support	178	1.88	0.85	**2.20******	0.70	n/a	1.90	0.90	**2.06******	0.87
Affectionate Support	183	2.27	0.77	**2.69******	0.45	n/a	2.22	0.85	**2.37******	0.78
Emotional Support	182	1.85	0.84	**2.36******	0.63	n/a	2.04	0.88	**2.22******	0.81
Total Support	181	1.97	0.74	**2.39******	0.51	n/a	2.02	0.79	**2.19******	0.74

*p<.10 **p<.05 ***p<.01 ****p<.001

were the parent reports of very highly statistically significant increases in the social support they provided to other parents (57%, p<0.001) as well as the social support received from others, which had increased by 67% (p<0.001) at a very highly statistically significant level. Parents Total Reciprocal Support had increased by 63% (p<0.001). The research is clear that with more social support, parents experience reduced stresses of daily living, and this in turn should show a positive impact on their child's behaviour at home and school. See Table 8 below.

Table 8. Reciprocal Support Reported by Parents

	UNODC Central Asian Aggregate						US FAST National Average (N=7,534)			
Subscales	*N*	Pre-test Mean	SD	Post-test Mean	SD	Effect size (r)	Pre-test Mean	SD	Post-Test Mean	SD
Support provided to other parents	176	2.25	1.52	**3.55******	1.24	n/a	n/a	n/a	n/a	n/a
Support received from other parents	176	2.04	1.39	**3.41******	1.28	n/a	n/a	n/a	n/a	n/a
Total reciprocal support	171	4.28	2.78	**6.98******	2.47	n/a	n/a	n/a	n/a	n/a

*p<.10 **p<.05 ***p<.01 ****p<.001

Programme satisfaction

Parents and teachers were asked about their overall satisfaction with the FAST programme. Parents were also asked to rate their relationships with FAST team members and other FAST participants. These were scored on a scale form 1 to 10 with higher ratings indicating higher satisfaction and good relationships during the programme. Parent gave a very good consumer feedback on their experience with FAST and in terms of overall satisfaction parents rated the FAST programme a 9.13 (1=very dissatisfied, 10=very satisfied). In addition, Parents rated their relationship with other FAST parents an 8.96, the parent partner a 9.08, the school partner a 9.04, and the community agency partner a 9.10 (1=poor, 10=excellent).

Teachers in Central Asia were asked to assess improvements in the child's behaviour, relationships, academic performance, attitudes and attendance. Teachers also rated the benefits of FAST to parents, children and to themselves (Table 9). Teachers rated improvement in children's behavior at 8.89, which was much higher than in the US. They evaluated relationships with peers at 8.90, academic performance at 9.06, attitude at 9.10, and attendance at 9.28 (1=no improvement, 10=excellent improvement). Moreover, teachers rated benefits to the teacher from the FAST programme being at their school as a 9.14, the benefit to child's parent(s) as a result of participating in FAST a 9.16 and the benefit from child's participation in FAST a 9.22. These were all very positive ratings.

Table 9. Central Asian Teacher Ratings of FAST

	UNODC Central Asian Aggregate		US FAST National Average (N=7,534)
	N	Mean	Mean
On a scale of 1 ('no improvement') to 10 ('excellent improvement')			
Improvements in child's school behaviour	158	8.89	5.57
Improvements in child's relationship with classmates in school	160	8.90	5.66
Improvements in child's academic performance	159	9.06	5.50
Improvements in child's attitudes towards school	161	9.10	5.86
Improvements in child's attendance	159	9.28	5.59
On a scale of 1 ('no benefit') to 10 ('great benefit')			
Benefit to child's parent(s) as a result of participating in FAST	160	9.16	6.26
Benefit to teacher from the FAST programme being at their school	156	9.14	6.68
Benefit from child's participation in FAST	155	9.22	6.46

Discussion

In contrast to the US, Central Asian teacher evaluations of the impact of FAST in their schools were very high (between 8-9.5), whereas US teacher evaluations ranged between 5 – 6 (out of a possible 10 as the highest). Whereas CA parents all rated FAST similarly to the parents in the US, these high ratings by CA teachers were significantly different, and much higher than teacher assessments of FAST in US. CA teachers also made the comment 'the child has become more active and is in friendly relationships with the classmates'. Teachers also made the comment 'The child has become active in school activities.

Explaining these high teacher ratings is hard to determine as the reasons for this wide discrepancy were not tested. However, there was a big difference in US FAST teams vs CA FAST teams. The constellation of the FAST teams in Central Asia were entirely different from any other country, in that the teams were usually 75% classroom teachers. This is drift from the core requirements of FAST teams: a school representative, community representatives, and a school parent partner. However, the 'drift' was correlated with very positive outcomes and 100% retention rates.

There were many challenges in adapting FAST to the four unique CA countries in their social-political-cultural-historical contexts. In order to further encourage the implementation of such innovative pilots on a national level, Cultural Adaptation Teams, who were governmental representatives from education, health, justice and social care, were established in each country. These Cultural Adaptation Teams were compensated for their efforts. In addition, there is a core FAST component which requires cultural representation on each team. The culturally representative teams are given the local responsibility to adapt 60% of FAST. Despite being manualized, there is flexibility of the FAST processes, which enabled the creativity of the local teams to find solutions which fit their local priorities and cultural norms and traditions.

The teacher-dominated FAST teams liked the presentations on the social science theories which were applied in the underlying strategies in FAST, which were perhaps not previously known in the former Russian context. The lectures and formal presentations about stresses and dopamine levels, risks and protective factors, and the theories about family stress, family systems, social supports and social capital were apparently new and of interest to the participants, mostly teachers. The CA countries were exposed to extreme change and contextual stressors in the past three decades, perhaps these concepts on stress and protective factors of positive relationships perhaps offered some understanding of the observable severe social problems they were facing.

The education system in Central Asia was built during Soviet rule, and the teachers were trained then, during a distant time. Teachers were tall and strong, as cultural community heroes, in the state belief that education of the masses could bring social justice. The historical strengths in the education system were evident, however now after years of neglect, the schools were crumbling: buildings had

gaping holes and were vastly under resourced in their materials; school teachers in some CA countries were teaching two and three shifts of children a day, as there were not enough school buildings nor trained teachers. Teachers were underpaid and over worked and under-appreciated. The stories of daily classroom challenges to teachers were overwhelming. Children were poorly behaved, and teachers were struggling to teach. Yet education was still highly valued by all of society. Maybe the teachers saw the FAST strategies as useful for them as giving support to the families, reducing the external stresses, and thereby helping the children to be calmer and more open to learning.

Also, the offer by the UNODC to pay the teachers for their time to be trained as FAST team members and for their time to host the multi-family groups were quickly taken up, in part because of the money and the poverty of the teachers. The CA head teachers agreed to conduct the pilots for their country, and were honoured and also were paid for their many contributions. The teachers did the recruitment of children and families through their classrooms with big success. The family groups met on Saturday morning. The FAST teams were dominated by teachers, despite extra efforts needed to find the required local parents as partners and the required community partners. The economics of the situation clearly changed the dynamics of teacher participation, as in the US, the teachers unions have restrictions on working after school hours or on weekends even when paid extra.

The 100% retention rates were a bit concerning because there was no variability across all 9 FAST site implementations. FAST retention rates are always monitored with all new implementations, and voluntary parents will show their opinion of a parenting programme with their feet: they walk out and do not return. As the average retention rate for FAST groups in disadvantaged communities is 80%, it is known to be not every time, but rather an average. Therefore, 100% retention rates have happened many times and usually at a rate of about 1/6th of the sites. As there were only 9 CA sites, it is possible that the next ones would have dropped considerably. Nevertheless, we wondered what possible factors might have contributed to the very high retention rates..

The social context must be considered as part of the extraordinary 100% participation, with no drop outs whatsoever. For example, perhaps the extreme poverty of the families in these countries could explain 100% attendance, because of the free weekly family meals and the guaranteed family prize, which was very much desired. These concrete reinforcers may have had more leverage in a social CA context of extreme poverty and unemployment so much worse than in the disadvantaged communities in the US, resulting in all families being present with perfect attendance. The above could refute the concern that the high retention rate noted was the result of any non-voluntary or threats or unspoken rule encouraging participation.

Later, we learned that other parents were asking the headteachers why they had not been selected to be in FAST, including parents being angry about favouritism, and pestering headteachers about whether they could come the next time. These

stories suggested the high desirability of participating, rather than involuntary participation.

Repeated attempts were made to have discussions about the recruitment strategies used to invite the families, as that could contribute to the universal 100% involvement. It is a required core component of FAST that it be made clear that participation in FAST was strictly voluntary, with out threats of any kind. We learned that other parenting programmes had been offered in the CA countries and that these had not been successful and had suffered from high drop out rates of the parents. The teachers reported to us that FAST was unique, and that it was the children who were key to the 100% attendance rates. The children pulled their parents to come and then to come back. The children spoke extremely highly about FAST and how much they loved it.

Children urging their parents to come is the case with FAST in schools everywhere. However, that usually results in an average of 80% rather than 100% attendance. CA was the only area where classroom teachers have dominated every FAST team. It may be that the children were being encouraged 'heavily' by their classroom teachers, who were on the teams, to be certain to 'get' their parents to bring them to FAST. This was refuted by all, but could be an invisible pressure, rather than an explicit one. This can be tested in further research, by having different team memberships host the FAST sessions. This deserves more understanding with qualitative research.

During the first two days introducing the programme, there was lack of interest and negativity. For example, in the discussion about values, the teachers expressed total bafflement that anyone would challenge whether a parent actually loved their child. This taught the FAST trainers from the US and UK, a lesson about cultural differences. In the western countries, many professionals question parents' love of their children. After the initial resistance, the CA teachers were excellent team members who seemed to enjoy mastering the details of FAST and they were highly committed to learning each aspect of the FAST programme. They studied the manual, and in the end, many teachers applied to become FAST trainers and have since advocated that all teachers in Central Asia learn the FAST programme as a required part of becoming a certified teacher. This is a remarkable result of the CA pilots.

However, this outcome could not have been predicted at the outset. The shift was a gradual process, and not how the FAST training began. At first, there was a dramatic 'grumpiness' and not listening to the formal presentations. There seemed to be general suspicions about an 'American Programme', and scepticism of the threats of USA cultural imperialism. The government representatives read through all materials before any training could be scheduled, with intense concerns that FAST might be not what it seemed, that is, perhaps it was a missionary effort or even a CIA programme. These worries were quite difficult to challenge directly. There was however a dramatic turn around.

The FAST international training and quality assurance model was adapted for the UNODC because of various circumstances, including geographical distance and the limits on funding for multiple trips to repeatedly supervise the implementation process. Therefore, a new international 5-day team training model has now been tested across all four CA countries to good benefit. In the first two days, collaborative teams were trained in the usual ways. However, on the third day of the five day training, one of the schools hosted a FAST session, while the other team observed. This was followed immediately on the fourth day of training by a multi-family group implementation being held at the second school. The final fifth day of training was for review of core components and quality of programme implementation, and a day for reflection and discussion.

The dramatic changes in the high levels of suspicion amongst the CA teacher team trainees took place when they actually watched the children and families in classrooms. When the talk stopped and the observations began, they could see the theory moving out of the Ivory Tower and into the school. They saw families doing the theory based parent-led activities in the classrooms and they watched the families laughing together. The activities expressed each family's creativity. At the end of one FAST session, a child came to the trainer and said 'this was the best day of my life.' The observing teachers wept when the families sang traditional songs in the classroom during the 'music activity'.

In fact, when the music activity came, each parent wanted to lead their family and the other families in a song. Whereas in Europe and the US, the FAST singing activity is often avoided as much as possible, the families in Central Asia entered into participatory music and singing with great collective energy. Each time one song ended, another family stood up with another song to sing. Everyone knew all of the songs, and joined in. It was in this moment, the eyes filled with tears and the cultural divide between US and Central Asia broke down. The music sung by ten whole families in classrooms brought us all together across the western world and the central Asian world. The divide disappeared because we all want the same thing: for children to have less stress, so they can learn.

The CA teachers were very intelligent and well educated, and highly motivated to help their children to learn. They perceived the FAST programme as directly related to their ability to teach in the classroom and to have more control of the children in the classroom, as well as to foster positive learning environments. Several of the teachers hinted at their increasing inability to control the behavior of the children in the classroom, and their frustrations with their ineffective efforts to threaten and shout at the children. The teachers were quite interested in the positive approach of repetitions of structured positive behavior as another FAST strategy they could also use for enhancing the children's self-control in the classroom. They repeatedly discussed the positive approach used by the trainers towards their own learning, which they tried using in the classroom.

Some limitations of this evaluation include the pre and post process itself of

administering questionnaires in countries which were not familiar with this strategy of evaluation. Therefore, it was with some trepidation that we read the completed questionnaires and wondered about the reported pre and post responses. Also, the questionnaires had not been back translated when these results were entered, thus it was not clear whether the meanings of the questions were clearly understood by the respondents. Thus, some hesitance about exactly what the results of the questionnaires mean is a good idea. On the other hand, the open ended questions which parents and teachers answered at the end in their own writing, helped to establish the validity of some of the very positive quantitative findings, and also boosted the confidence of the evaluation researchers in the results. The qualitative comments were in unique sentences and showed positive enthusiasm consistent with the quantitative results. This was also a non random sample of parents, and it was not quite specified exactly how the families were selected to attend, thus the results cannot be generalized to all of the population in CA countries.

As demonstrated by the evaluation results presented in the data tables, the FAST programme was able to reach most of its stated goals. Results showed benefits to 190 whole families of 7 year old children in 9 primary schools in 4 countries in Central Asia. As a result of FAST, family functioning has been enhanced. The parent-child bonds were strengthened. The parents developed reciprocal exchanges and positive networks of social support. Both parents and teachers initially reported high levels of child behaviour problems, and there was significant positive change in 8 weeks with much more needed.

Enhanced parent involvement in the 9 schools, with high levels of attendance, shifted and improved the family school relationships, which should over time contribute to more academic learning and prevention of the target child from experiencing school failure.

The stress levels that families were experiencing from daily life might be reduced. As there was no control group, these are only pre-post estimates of impact. However, decreases in distress are probably as a result of empowering parents through offering them on-going opportunities for building social support and establishing relationships and increase their effectiveness in dealing with everyday life and linking the family to appropriate more intensive community services, as needed.

The fourth goal of FAST is to prevent substance abuse by the child and family. The prevention of child substance abuse in later years is impossible to directly measure in this evaluation. However, the prevention of addiction is now strongly linked by research on dopamine to the protective factor of the parent-child bond (and reduced family conflict). Also, improvements in child behaviour at school and at home will create protection against later life problems with tobacco, alcohol and drugs.

Conclusion

FAST is a social work group model for multiple whole families which brings ten social science theories and published intervention research studies out of the Ivory Tower and into the world of children and families in disadvantaged communities. Of the UNODC list of 23 family skills programmes, very few have an emphasis on building relationships, empowering parents in partnership with teachers, and building social capital to improve local child outcomes. Fewer have social justice values and a commitment to socially excluded populations. Moreover, FAST is a highly participatory, very positive, approach in which all participants are constantly talking to others and doing activities; hence there is no pass ive learning. The hands on approach within the groups enhances learning for all ages, all literacy levels, and all languages. Overall, we can conclude that if social capital increases, individuals' well-being will be increased too (Doostgharin, 2010). As we know social capital requires reciprocity, mutual, bonded vs. bridging relationships, trust; shared information, norms, sanctions, and repeated opportunities to maintain contact outside of professional/paid relationships. When there are cohesive families with less conflict and high social capital in a school or a community or a country, we can expect to observe improved education outcomes, reduced referrals to child welfare, safer neighborhoods, reduced crime, economic prosperity, health and longevity and reduced disease. This evaluation suggests that the local adaptations by the teams and the supervision of the programme integrity of the implementations helped FAST to 'work' in Central Asia.

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