



Eurofound

Parenting support in Europe

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The influence of parenting on the well-being and future opportunities of children is widely acknowledged, but it is only recently that parenting support and education have come to be viewed as a social investment that contributes towards reducing parental stress and helping parents to manage their work–life balance. European Member States provide support for parenting in many different ways, from very practical medical-based interventions such as support with breastfeeding, to programmes that aim to increase the confidence and self-esteem of parents and thus improve their relationship with their children. This report gives an up-to-date overview of the main elements of parenting support services and the structure of services across Europe. It includes more detailed information about parenting support in seven Member States: Austria, Belgium, Estonia, Hungary, Ireland, Portugal and Sweden. The report summarises common challenges faced by all providers of parenting support, and concludes with policy recommendations based on what has been observed to work in different countries.

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This research report draws heavily on an unpublished literature review and on country reports about the situation in Austria, Belgium, Estonia, Hungary, Ireland, Portugal and Sweden. The report also benefited from feedback given by the evaluation committee and participants in the workshop organised by Eurofound on 10 September 2012.

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Executive summary

Introduction

Much of the debate about work–life balance and the well-being of children has focused on issues such as childcare services, flexible work arrangements and child allowances. While the influence of parenting on the well-being and future opportunities of children is widely acknowledged, it is only recently that parenting support and education have come to be viewed as a social investment that contributes towards reducing parental stress and helping parents to manage work and family commitments successfully. Good parenting skills have a highly positive impact on the physical, emotional and intellectual development of children. Parenting support can promote the health and well-being of children by showing parents how to identify mental health problems or giving them advice about nutrition. It can also give guidance to parents on how to improve the behaviour and achievements of their children at school. Corporal punishment can be considered as an extreme form of poor parenting: parenting courses teach parents how to solve conflicts at home in a constructive and affirmative manner. Parenting support and education helps to achieve all these goals by empowering parents and improving their parenting competences through counselling, training courses, awareness campaigns and learning materials.

As part of its ongoing research on families and working life, Eurofound recently carried out work in the areas of parenting support and education. The resulting report provides comparable information about parenting support and education services for families with children, with particular emphasis on services for families with children of pre-school age. The report draws on information gathered in a literature review and on seven country reports that provide information about service provision in Austria, Belgium, Estonia, Hungary, Ireland, Portugal and Sweden. Each country report includes case studies of services that have been used as a guideline to determine what works well.

Policy context

International developments in the field of parenting support have steered policy initiatives at national level. The ratification of the 1990 United Nations Convention on the Rights of the Child in Sweden led to parenting initiatives that have impacted positively on the health and well-being of children. During the International Year of the Family (1994), a working group on parent education was formed at federal level in Austria, leading to the development of a legal basis for the financial support of parent education. Council of Europe Recommendation 19 (2006) to Member States on policies to support positive parenting has influenced the establishment of new laws and programmes in Belgium and Estonia.

The European Union is also paying increasing attention to parenting support, mainly through research projects and mutual learning activities. However, parenting support has so far played little or no part in the debate on early childhood education and care, child poverty or social dialogue on the reconciliation of professional, private and family life.

Key findings

Tackling existing preconceptions about the aims of parenting support and the intended users of the services is a first step towards boosting the take-up of services. It appears that many parents are reluctant to use the services either because they are afraid of being labelled as ‘bad parents’ or because they believe that this type of support is only for families at risk of social exclusion. One way in which the providers of these services try to increase take-up is by adopting a ‘skills improvement’ approach rather than a ‘deficit view’ that tends to invalidate parents’ current skills.

In terms of the roll-out of services, experts and organisations working with families and children advocate ‘progressive universalism’ (i.e. support available for all, with more support for those who need it most) as the most effective and less stigmatising form of delivery. When it comes to reaching specific groups, services that adopt a strategy whereby the service providers go directly to the family home (‘go structure’) have proven particularly useful.

Research has shown that there is still a lot of work to be done to encourage the involvement of fathers in parenting support programmes. If current low participation levels are not improved, parenting support risks reinforcing a family model in which the mother is recognised as the ‘certified’ child-rearing expert in the home.

The personnel delivering these services is very varied, including not only social educators, psychologists, social workers, lawyers and family mediators, but also health professionals such as maternity and public health nurses and doctors. Many courses are delivered by volunteers or staff hired on a project basis. In many cases, this means that there is a high staff turnover which has an adverse impact on the relational skills of staff – a crucial factor in parenting support.

Some countries have successfully developed training in parenting support. The National Occupational Standards for Work with Parents in the UK, for example, are used to identify training gaps, establish performance indicators, and provide the platform for appraisals and job descriptions. In Austria, parent support practitioners are required to undergo a 500-hour training programme that is focused on parenting education.

Evaluation is an issue for many service providers, as they often lack incentives or the staff and financial resources necessary to measure outcomes in a comprehensive manner. Quality control tends to be done through guidelines for funding or peer pressure (e.g. the Open Method of Coordination among Swedish local authorities). Standardised programmes, which are popular in many European countries, have often been subject to formal types of evaluation such as randomised control trials. Some experts have criticised the emphasis on formal evaluation as there is a risk of discarding promising practices.

Policy pointers

- Defining clearly what constitutes parenting support, its boundaries and goals is crucial for the successful delivery of services. As parenting support touches on a number of areas such as health, education and social welfare, it is necessary to establish clear delimitations about the role of services in order to avoid gaps and overlaps in provision.
- In order to improve the take-up of services and meet the needs of service users, it is important to make available a wide range of forms of support.
- Lowering the cost of services and offering childcare facilities at the service location has also encouraged more parents to participate in parenting courses. Peer groups are a form of support that is often demanded by parents: this has proven successful in empowering them while at the same time contributing to social cohesion. In some municipalities in Sweden, the take-up of programmes by men and migrants has increased through the hiring of staff from these groups.
- Improving the qualifications of the workforce involves reducing the staff turnover and securing funding for projects. This includes not only formal qualifications but also learning how to establish a smooth working relationship with parents.
- Parenting support is often provided in the form of standardised international programmes. These programmes are evidence-based and have usually been subject to comprehensive evaluations such as randomised controlled trials. However, in order to be effective these programmes need to be adapted to the specific needs of their target group. In some cases, international programmes have been adapted with the help of research institutes and through carrying out surveys and needs assessment studies.

Introduction

Parenting is a set of skills that every parent can and should improve, and where the public sector can give useful guidance, with services that improve the skills and competences necessary for raising children as well as alleviating parental stress. In Portugal, a national evaluation of parenting support interventions (Abreu-Lima et al, 2010) enumerated the following benefits for parents: higher awareness of current parenting practices; more empathy towards the needs and feelings of children; a decreased use of corporal punishment; more respect for the time and identity of the child; a perceived decrease in their children's behavioural problems and difficulties and an increase in the feeling of competence together with a decrease in the stress and depression associated with parenting. The support can be provided in many different forms, including counselling, parent groups, awareness campaigns, education courses and materials.

According to data from the third European Quality of Life Survey, carried out in 2011/2012, both men and women have problems more frequently in combining work and family commitments when there are children at home. Men with children reported having this problem more (15%) than those without (11%). The corresponding figures for women are 17% and 13% (Eurofound, 2012). Better parenting skills means having a better work–life balance. Consequently, parenting support and education can contribute towards the inclusion of parents in the labour market.

Parenting support is currently on the policy agenda of several Member States. This is the case in the United Kingdom, for instance: a report commissioned by the coalition government and written by Labour MP Frank Field in 2010 puts parenting support at the centre of policies promoting child well-being. The report highlights the role of parenting as a key driver of future outcomes for children and suggests that policies should concentrate on improving this aspect rather than focusing on material transfers. Some of the measures proposed in the report include integrating all services for children under five and the development of Life Chances Indicators measuring the effectiveness of policies. In France, in 2010 the Secretary of State created a National Parenting Support Committee with a view to improve the existing services.

The importance of parenting support has also been acknowledged by European organisations. In 2006, the Council of Europe issued a recommendation encouraging states to recognise the importance of parental responsibilities and the need to provide parents with sufficient support in bringing up their children. In June 2012, the Social Protection Committee¹ adopted an advisory report on tackling and preventing child poverty which underlines the need to strengthen parenting support as part of services for children. At the 7th European Forum on the Rights of the Child, the European Commissioner responsible for Employment, Social Affairs and Inclusion highlighted the role of parenting support services in child protection and coping better with difficult situations.²

Despite this rising prominence on the political agenda, there is still relatively little comparative work in Europe in the fields of parenting education and support, especially when compared to research activities in related areas such as maternity and parental leave, early childhood services and family-friendly workplaces. This constitutes a serious omission, since positive parenting is crucial for the well-being of children and their parents. It is generally recognised that the family environment has a strong impact on present well-being and the future education choices of children. Good parenting also has long-term effects for children through school and well into adolescence and adulthood.

¹ The Social Protection Committee (SPC) serves as a vehicle for cooperative exchange between Member States and the European Commission by preparing reports and formulating opinions. More information about the SPC can be found at: <http://ec.europa.eu/social/main.jsp?langId=en&catId=758>

² http://europa.eu/rapid/press-release_SPEECH-12-804_en.htm

The work of Eurofound on services for children has underlined the need for better quantitative and qualitative research about policies and services in support of parents and parenting. Eurofound organised a workshop³ in late 2009 examining how early childhood services can contribute to more effective parenting. The workshop provided an opportunity to stress the importance of parenting support for the general population and underlined the importance of quality services with well qualified staff.

This report gives an overview of the main elements of parenting support services and the structure of services across Europe. It includes more detailed information about parenting support in seven Member States: Austria, Belgium, Estonia, Hungary, Ireland, Portugal and Sweden. These are countries where there are recent developments or consolidated practice that has not been extensively covered in other European reviews. Lastly, this report includes policy recommendations based on what has been observed to work in different countries.

Aim and objectives of study

The main aim of this report is to present examples of parenting support, policies and programmes, including examples of good practice. The effective delivery of these services requires a workforce with adequate skills. Therefore, the report pays particular attention to issues such as training, qualifications and working time arrangements. As this policy area is still to be developed in many European countries, the report presents examples of programmes that have worked in the context where they take place and considers how they can be transferred to other countries. It can therefore inform policymakers in Member States that are considering implementing parenting support policies as well as stakeholders at the European level that promote these types of programmes. To this end, a series of policy pointers are included in the report.

³ <http://www.eurofound.europa.eu/publications/htmlfiles/ef1034.htm>

The content of parenting support programmes differs according to the age of children they are targeting. In an attempt to ensure that similar types of programmes are compared, this study focuses on programmes for parents with children under school age (i.e. normally under five years of age). There is evidence that interventions taking place at an early age have the biggest impact on the future well-being of children.⁴ Furthermore, most parents seek advice about their children when they are younger. Thus, programmes addressing drug and alcohol abuse, vandalism or teenage pregnancy are excluded from the scope of this report.

The Council of Europe Recommendation on positive parenting lists the following levels for action to promote positive parenting: ‘informal: [...] between parents and their family, neighbours and friends; semi-formal: empowering parents’ and children’s associations and NGOs and activating a range of self-help and other community-based groups and services; formal: facilitating access to public services.’ While we recognise that many parents get most of the information and advice they require from their family, magazines or the TV, in this report the focus is on formal and semi-formal provision.

Although the correct term is ‘parenting support and education’, as it encompasses training and specific interventions, for the sake of brevity in the report we often use the term ‘parenting support’.

Choice of countries

This report draws on detailed information on parenting support services in seven Member States, namely Austria, Belgium, Estonia, Hungary, Ireland, Portugal and Sweden. The chosen countries are those where there have been significant developments and/or consolidated practice in this regard. In order to maximise the added value of the research, countries already extensively covered in recent international reviews were not chosen. Countries for which there is evidence readily available include the Netherlands, the UK, Germany, France, Italy and Denmark (Boddy et al, 2009; EU Peer Review ‘Building a coordinated strategy on parenting support’,⁵ and the PolChi project).⁶ Other sources of information on parenting support are the European Alliance for Families,⁷ the Council of Europe Family Policy Database,⁸ ChildONEurope⁹ and Eurochild’s work on family and parenting support.¹⁰

⁴ See the so-called ‘Heckmann curve’ for rates of return to investment in human capital:
<http://www.heckmanequation.org/heckman-equation>

⁵ Peer reviews on social protection and social inclusion are organised by the European Commission as part of the ‘Open Method of Coordination’, which promotes mutual learning between Member States. The Peer Review ‘Building a coordinated strategy for parenting support’ took place in Paris in October 2011. More information can be found at:
<http://ec.europa.eu/social/main.jsp?catId=1024&langId=en&newsId=1391&furtherNews=yes>

⁶ Research project ‘Governing “new social risks”: The case of recent child policies in European welfare states’ (PolChi):
<http://www.uni-goettingen.de/en/213091.html>

⁷ <http://europa.eu/familyalliance/>

⁸ http://www.coe.int/t/dg3/familypolicy/database/default_en.asp

⁹ http://www.childoneurope.org/issues/support_family/reportSurveyRoleParents.pdf

¹⁰ <http://www.eurochild.org/en/policy-action/family-and-parenting-support/index.html>

In addition to the coverage of existing reviews, these countries were mainly selected on the basis of the literature review carried out by the Istituto per la Ricerca Sociale (see below) and a workshop organised by Eurofound in Brussels on 26 October 2011 to discuss this literature review and learn more from the situation in other countries. An effort was also made to include countries with different types of public administration organisation. Consequently, the countries included here represent a wide range of unitary, decentralised and federal states as well as different welfare regime traditions (Arts and Gelissen, 2002).

Data collection

This report is based on the information gathered in a literature review, seven country reports including examples of good practice and two workshops bringing together experts in the fields of family and parenting support.

Literature review

The literature review was written by the Istituto per la Ricerca Sociale. The aim of this review was to collect information on parenting programmes and initiatives in Europe, identifying the major policy measures that European countries have adopted in order to promote parenting education and support. The review included official texts on parenting support and described the policies, resources and financing that have been put into place specifically to develop parent guidance and support across Europe. It also looked at what constitutes good practice according to academic literature and policy reports.

Country studies

In addition to the literature review, seven country reports were drafted as part of this research project. They cover the following topics:

- A short history of parenting support policies in the country, including definitions and the debate existing about parenting support;
- Description of the current legislative framework, main policies and their objectives;
- Service delivery arrangements:
 - Responsibility by type of service provider, describing their relative importance and in the case of the public sector, the responsibilities by department and level of administration (e.g. local, regional, etc),
 - Description of the main types of services (e.g. awareness campaigns, provision of information materials, training, counselling, etc.) offered in each domain of parenting support (e.g. health promotion, prevention of smacking, etc),
 - Workforce issues: qualifications, training available specific to the delivery of parenting, incentives given to work in this area,
 - Description of the regulation, certification and evaluation tools.

The country studies were conducted between July and November 2011 in Portugal and Belgium, while the rest were conducted between June and August 2012. The country reports have been used as a source of material for this report. These country reports have not been published by Eurofound, but they are available upon request and some of them have been published by their authors.

Case studies of examples of good practice

The authors of the case studies were also asked to identify two examples of effective parenting support programmes or services in their country and explain the criteria used for such a choice. The case studies were used to identify elements that lead to good practice. The following information was also provided:

- The objectives of the programme and how these are measured;
- Accessibility, outreach work and costs for service users;
- Target group and criteria, thresholds used to identify them;
- The staff involved in the delivery of services, their qualifications and their specific role.

Policy context 2

In the context of the current crisis, where social spending is considered by some as a burden to recovery, it is important to highlight the social investment dimension of social policy. In the case of services for children there is plenty of evidence available, particularly in relation to work–life balance. In its report *Doing Better for Families* (OECD, 2011), the OECD explains how work–life balance (an area where parenting support can be helpful) reduces stress for parents and therefore enables them to better fulfil their roles at home and in the workplace. The report states that public funding of private providers should be tied to facilitating the involvement of parents in the supervision of childcare facilities. It also highlights the importance of devoting resources to childcare support over other forms of family support such as parental leave or tax breaks.

The returns on parenting support measures have been analysed by the Dartington Social Research Unit. The research project ‘Investing in Children’ provides advice on the costs and benefits of competing investment options in children’s services (including early years and education). The benefits are grouped according to the different beneficiaries, which include benefits to a) taxpayers (savings to the justice system from reduced crime, increased taxes due to higher earnings, savings in costs to child protection and social care services), b) participants (increased earnings due to educational outcomes) and benefits to others. Similarly, the project ‘Evidence2Success’ provides local authorities in the UK with information about policies and programmes, including costs, benefits and the outcomes.

Despite the fact that there is evidence available regarding the effect of parenting support and the importance of good parenting is widely acknowledged, paradoxically measures to improve the efficiency and effectiveness of parenting have little repercussion on the policy debate. The 2011 EU Agenda on the Rights of the Child does not make reference to parenting support. The same applies to social dialogue. The social partners’ progress report on reconciliation of professional, private and family life (2008) states that: ‘It must also be recognised that the care and upbringing of children is an investment in the future of society. Work–life balance instruments are an important contribution in reaching the goals of the Lisbon Strategy.’ The document acknowledges the importance of childcare services, but does not make reference to parenting support.

While there is already some attention given to this at the EU level, there needs to be further awareness that parenting support and education have to be part of the debate about family-friendly workplaces with other measures such as leave and childcare arrangements. The European Alliance for Families website¹¹ includes examples of good practice in the field of parenting support services, while funding from PROGRESS, Gruntvig and the FP7 programmes has been used to finance research projects and mutual learning activities.¹² However, parenting support is not mentioned in policy documents such as the European Commission 2011 Communication on Early Childhood Education and Care (European Commission, 2011b).

¹¹ The European Alliance for Families was launched by the European Council in 2007 as a platform for information and debate, mainly through its website <http://ec.europa.eu/social/families/index.cfm>.

¹² Two examples of this would be the Family Platform and the project Clés d’Accompagnement des Familles en Europe (CAFé project).

Defining parenting education and support 3

Defining precisely what constitutes parenting education and support is complex, partly because of the multiple actions that parenting itself comprises and the different forms in which support is provided. Definitions differ depending on the perspective taken: the view of staff, parents or the rest of society. According to D'Addato (2011), 'there is clearly an issue of definition of parenting support and approach, and a consensus as to what it includes has not been reached.'

As part of the Hungarian country report an attempt was made to agree on a common definition across sectors, for which two focus-group discussions were organised. The first was mainly formed by experts from formal childcare institutions, while the second hosted representatives of Hungarian parent associations and moderators of parenting web pages. The 18 participants in these debates tried to develop a working definition, based on their experiences in the field. They all agreed to use the technical term 'parenting support' with the following content:

Parenting support is a kind of empowerment of parents, strengthening their parental competencies by providing special support in their individual parental choices, decisions and learning paths, with a focus on the uniqueness of each family. Parenting support contains all activities that seek to offer guidance to parents in solving all kinds of problems regarding social, health or educational issues, in a formal or informal setting.

According to the experts in the focus group, parent education should be distinguished from parenting support, as parent education is a more formal and focused way of providing extra information for parents on some specific topic, e.g. the healthcare of infants, dental hygiene of toddlers, etc. In these situations, parents lack information and are invited to attend activities for instruction. In order to avoid this hierarchical relationship and the trap of top-down communication, some Hungarian parental organisations introduced alternative terms to describe their aims and activities with the aim of reaching more parents (particularly young couples). Some of the expressions used are 'becoming parents', 'being parents' or 'partnership with parents'. This change in terminology has also been used in the Swedish municipality of Växjö, where the concept of parenting support was replaced by 'Det goda föräldraskapet' (good parenthood).

It follows that an important aspect of the definitions used is whether they imply that the content of parenting support services is intended to compensate for the lack of knowledge of parents (the so-called 'deficit view') or to strengthen existing competences. The Belgian report notes that the deficit view can be a form of social control because it implicitly invalidates parents as being capable of raising their children on their own. This approach consists of giving tools to achieve an ideal or prototypical form of parenting that does not necessarily take into account the diversity of families and the cultural and social differences. According to Gardner (2003), two of the main aims of parenting support are the prevention of damage and the promotion of strengths. The author sees a clear shift from a model focused on problems, weaknesses and risk factors in parenting with the aim of making up the 'deficit', towards a model enhancing strengths and protective factors. Moran et al (2004) use an operational definition for the selection of material for their review that follows this trend: 'Parenting support is any intervention for parents aimed at reducing risks and promoting protective factors for their children, in relation to their social, physical and emotional well-being.'

This promotion of strengths and avoidance of damage can be summarised as the promotion of positive parenting, which is defined by the Council of Europe in its 2006 Recommendation as:

parental behaviour based on the best interests of the child that is nurturing, empowering, non-violent and provides recognition and guidance which involves setting of boundaries to enable the full development of the child. The goal of policy and measures should be the harmonious development (in all its dimensions) and proper treatment of children, with due regard for their fundamental rights and dignity. As a priority, measures should be taken to eliminate all child neglect and abuse and physical or psychological violence (including humiliation, degrading treatment and corporal punishment)

(Council of Europe, 2006, p. 19).

Another interesting element of parenting support is the role that it gives to families in relation to their context. Moran et al (2004) points out that while in most cases theories about human development highlight the influence of factors at many levels, parenting support focuses only on issues around the individual and the family, thus leaving outside of its scope factors at the social and community levels (e.g. housing, neighbourhood safety, etc.). This can be seen, for instance, in ChildONEurope's definition of parenting support, which includes actions 'aimed at improving parents' knowledge of children's developmental needs and parents' educational strategies, as well as actions aimed at helping parents to deal with ordinary as well as difficult situations in family life' (European Network of National Observatories on Childhood, 2007). Similarly, Abreu-Lima et al (2010) enumerate the following objectives: a) to inform and guide parents in the development and socialisation of their children; b) to prevent child development problems and promote the family relationship; c) to empower parents with strategies related to control of their children's behaviour; d) to encourage parental involvement in children's learning and in their school experience; e) to provide specific support to families of children with development problems; f) to provide social support from the community.

In order to clarify the boundaries of intervention in relation to other policies, Daly (2012) proposes the following 'lowest common denominator' to define what constitutes parenting support: a) parents are the first-line target and the focus is on their parenting role; b) the support provided is a service in kind, and therefore parental leave and services in cash are excluded; and c) the focus is on parents' resources and competencies.

In general, the definitions used describe the main goals/aims and expected outcomes, the target of the provision, the approach and policies involved, and the type of services/activities involved. According to Mary Daly (2011), for example:

Parenting support refers to a range of information, support, education, training, counselling and other measures or services that focus on influencing how parents understand and carry out their parenting role. A common goal is to achieve better outcomes for children and young people (and in some instances families as a whole) by providing services that offer information, support and even retraining for parents.

Government and service providers 4 involved in parenting support

Daly (2012) argues that although parenting support is not an entirely new type of social policy, it includes two new dimensions, namely the focus on parenting competences as something that can be developed and the fact that the public sector is intervening in this area, which was previously considered to belong solely to the private sphere. This section considers the role of different levels of public administration in the provision of parenting support and how it is organised across different areas of social policy.

The development of parental support policy is generally the responsibility of the national/federal government, while the implementation of the programmes through the provision of parenting support activities is, in most cases, a responsibility of the local/municipal agencies. At national level, the central authorities, such as ministries dealing with child protection, families or social inclusion issues, are responsible for the legislative framework and regulations, the drafting of national action plans and for financial support. In Austria, for example, legislation at the federal level sets out the services that need to be delivered by the different regions (Länder), including the guidelines that organisations need to fulfil in order to receive federal funding. The main responsibility for implementing these regulations lies at the regional level, with different degrees of coordination and funding. The federal level also provides nationwide support for parents (for example, family counselling).

Role of the national/federal level

The formulation and development of national policies is mostly the responsibility of one leading governmental agency, but it often involves different ministries (such as education, health, welfare, etc.) and departments. According to the OECD (2009), 'public policy advice and delivery for children can be organised along outcome dimensions (e.g. Ministries of Health, Education, and Welfare) or along population lines (Ministries of Child and Young People). Some countries have combinations of both.' In **Ireland**, parenting support policies were managed from 1994 until 2011 by a Minister of State for Children, a junior minister who did not hold cabinet rank and who worked together with ministers in the departments of health, justice and education. A full cabinet Minister for Children and Youth Affairs role was created in March 2011.

In **Sweden**, parenting support was developed in the late 1960s as part of health policy. The Day Nursery Commission of 1968 set out parenting education schemes targeting future parents, parents at child health clinics and parents with children at school. Two factors were decisive in creating momentum for further development of parenting support policies: the growing scientific evidence regarding the health benefits of parenting support and the signature of the United Nations Convention on the Rights of the Child, which highlighted the need to support parents in order to maximise the health status of children.

In **Austria**, parenting support is a central element of family policy: strengthening the competence of parents in the upbringing of their children is an explicit aim of family policy in Austria. Family counselling has been supported financially by the Federal Ministry since the mid-1970s and parental education programmes since the mid-1990s. The Ministry of Education started disseminating education material in the 1970s. The government also started funding Family Counselling Offices in the 1970s after the legalisation of abortion and divorce. The Ministry for Economy, Family and Youth hosts a website¹³ with information about parenting support and since the 1980s has published a magazine called Parent Letters (Elternbriefe) that focuses on special topics (e.g. single parents, parents of children with disabilities) or development stages.

¹³ <http://www.eltern-bildung.at/>

Parenting support is a much more recent policy area in **Estonia**, where there are substantial changes underway: in 2008, the Ministry of Social Affairs started a series of parenting education roundtables that ultimately led to incorporating parenting support in the Strategy of Children and Families 2012–2020. The strategy acknowledges that parenting has not been addressed adequately in the past and that this has implications for child protection. In practical terms, this means that the state will provide a parenting programme (either ‘Triple P’ or ‘the Incredible Years’). An informal network of parental education services was established as part of the roundtables mentioned above. In addition, the Ministry of Justice plans to implement multi-system therapy for parents of children with behavioural problems. The impetus to parenting support on the policy agenda in Estonia is due to demands by non-governmental organisations (NGOs) and the recommendation on positive parenting from the Council of Europe. The main objectives of the strategy in relation to parenting support are detailed in Table 1.

Table 1: *Indicators for developing positive parenting in Estonia (Children and Families Action Plan)*

Indicator	Baseline	Target for 2015	Target for 2020
The share of parents not aware of where to seek help and advice regarding child raising (European Social Survey)	44% (2010)	Decreasing	Decreasing
The share of parents accepting physical punishment of children (European Social Survey)	40% (2010)	Decreasing	Decreasing
The number of state-coordinated parental support programmes in different regions	0	2 in different regions	Increasing

Lastly, there are also plans to create children and families support centres and family nurse support services. On the whole, these changes show a transition from mainly financial measures to the setting up of services in kind.

State agencies

Some governments have established specialised research institutes or advisory groups in order to support governmental decisions. In 1999, **France** set up the ‘Network for listening, support and counselling of Parents’ (REAAP). Another key national body in parenting and family support is the Interministerial Office for the Family (Délégation interministérielle à la famille), established with the core objectives of ‘supporting families in the effective exercise of their parental authority and responsibility; guaranteeing the freedom of choice of form of help; assisting fathers as well as mothers in reconciling work, social and family life’. In addition, the State and Family Branch of the Social Security (Caisse nationale des allocations familiales) aims to improve the coordination of actions providing assistance to families at different levels of government.

Many of these institutions have the role of developing national frameworks, providing training and monitoring and coordinating efforts. The **United Kingdom** has a National Advisory Group to strengthen parenting education in schools, the National Family and Parenting Institute and the National Academy for Parenting Practitioners which provided training to professionals until its closure in 2010. In **Italy**, the Ministry of Labour and Social Policy established a National Observatory on Families responsible for monitoring policies. In **Portugal**, the Federation of Associations of Parenting Programmes has been created with the aim of improving the quality, coordination and complementarity of all the programmes implemented around the country. In **Germany**, the Stocktaking and Evaluation of Services in the area of parental support is funded by the federal government and is in charge of keeping track of family-related support services and collecting existing studies on the economic sustainability of the services, together with their evaluation. In 2004, **Sweden**’s National Institute of Public Health reviewed the needs and views of parents and the effectiveness of different measures. The recommendations made in a subsequent report were taken on board in 2006 by the Alliance government, which sought to promote the importance of the family.

Legislation

Specific legislation on parenting exists in only a few countries. Some countries such as **Austria** have implemented more general legislation regarding family welfare (Family Burden Equalisation Act, 2000). Parental support provided by social services (e.g. therapy, counselling, early detection services) started in the late 1980s with the reform of the Youth Welfare Act, including counselling services, early detection and therapeutic aid. The current debate in Austria focuses on the revision of this Youth Welfare Act. The focus is twofold: looking at how early prevention can be improved (with the proposal that assessments be done by two people), as well as the planning of the intervention.

Parenting support can also be linked to legislation about children's rights and protection. This is the case in **Portugal** with the Law 147/99 on the Protection of Children and Young People at Risk, referring to parental educational programmes. This law includes measures on parental education. According to the law, participation in parental education courses is compulsory if families receive the minimum income scheme or if the Child Protection Court deems it necessary. The national health system also provides information to mothers about nutrition and healthy lifestyle education.

In **Italy**, Law 405/1975 set up family guidance centres provided by the national health service with the task of giving support to families and individuals asking for help. Law 285/1997 refers to parenting support as a main instrument for implementing the rights of children and adolescents: this is the case for example in projects which pursue the objective of providing education and support services to enhance parent-child relations, or of projects providing alternative measures to taking children into care in educational and help-oriented institutions.

In other countries there is no regulation at the state level but there are incentives and guidelines for its implementation at the regional and local level. **Sweden**'s 2009 National Strategy for Parental Support has as its main objective the reduction of mental health problems among children, and it includes measures for improving cooperation between parents and institutions, increasing health promotion activities, providing more meeting places and training of staff dealing with parents. This strategy does not constitute legislation or regulation, but rather a series of recommendations to be implemented by counties and municipalities. The government also uses performance monitoring and the provision of knowledge to influence municipalities. More concretely, it gathers statistics about the situation in each municipality in order to enable comparisons.

Funding issues

Even when there is comprehensive legislation in place, it will not have any effect unless it comes with adequate funding. Both the Hungarian and Belgian reports mention that the continuity of funding is an issue even for successful projects. Moreover, in **Hungary**, the Child Protection Act states that Child Welfare and Family Support Services (FSS) may provide specific counselling for needy families. In reality, this cannot be provided often due to the lack of services.

In addition to the funding that the state provides, ministries are also responsible for managing and approving applications for EU funding. Structural Funds have been used to fund services related to parenting support. In **Hungary**, the TÁMOP 5.5.1/b programme is financed by the Structural Funds. This programme aims to create family resource centres with services such as counselling, training and education. Civic organisations and churches were allowed to apply for funding.

However, it must be noted that the current guidelines on spending of EU funds were considered a constraint for the development of parenting support services:

The main problem has been and is that we do not invest in this field, but only redistribute the same amount of money. It is time we took a deep breath and put a lot of money into family policy. Then many programmes could be launched that would tackle our problems. It is like prevention: it is much cheaper to prevent problems than to try to resolve them later. But there is intense pressure from the European Union for us to spend even less on social affairs, and family issues fall under that heading. But a parenting programme is not a programme that will be financed by the market. So who will support it?

(Source: interview with staff from the Hungarian Ministry of Human Resources)

The current cycle of ESF funding (2007–2014) allocates 14% of its funding to the priority area ‘Improving the social inclusion of less-favoured persons’. Parenting support is mentioned as part of the Elements for a Common Strategic Framework 2014 to 2020 (European Commission, 2012) and is one of the key actions for the European Social Fund in order to promote social inclusion and combating poverty.

Role of the regional and local level

Needless to say, in those countries with a more devolved structure of public administration, regions play a more prominent role than the central state in the field of parenting support, including regulation and funding. The year 2006 saw the approval of different measures concerning parenting support in **Belgium**. The government of the French community approved a note on parenting support. In this note the main principles underlying parenting support are mentioned, as well as plans to increase the number of meeting forums for parents, and the creation of a website for professionals, a helpline and awareness campaigns. It is also planned to have regulations for parenting support facilities based on pilot projects. Also in 2006 in the German community, a survey gathered information about the situation of families, with the results being used in the design of family services. Lastly, the 2007 Flemish decree on parenting support established a centre of expertise on parenting support (EXPOO) as well as the criteria for funding local ‘education shops’ where parents can get advice. Services are coordinated locally, where a coordinator has to establish a section on parenting support in the local social policy plan.

In some countries, such as the Netherlands and Spain, parenting support is mainly the responsibility of the local and regional authorities. In Sweden, 35% of the municipalities have strategies or policies for parenting support and 44% have budgets allocated to parenting support. In Italy, parenting support services are not regulated homogeneously across the national territory and there is no uniform definition of the entities in charge of providing this type of service. At local or municipal level, local governments are in charge of implementing these measures through their social services and educational institutions, as well as in the healthcare sector. They are also responsible for implementing the state- or regional-financed parenting programmes.

It can be the case that the lower levels of public administration provide parenting support services even if the state does not act in this area. This happens for instance in Estonia, where large local authorities provide specific training programmes, counselling and other services. The state has only become interested in parenting support in the past few years. Similarly, in Austria programmes at the regional level started before action at the federal level. Parental education has been carried out first at the Länder level since the 1950s, with the federal level only taking part in this field since 1995 (by financing parental education) and especially since the Youth Welfare Act of 1998, where parental support was explicitly named. Parental education is implemented differently across the nine Länder.

Types of providers at the local level

Local social, health and education services are the main providers of parenting support services. Other local providers include private organisations, such as NGOs, associations, foundations and the church. They sometimes work in cooperation with the local governments and private agencies and may also be involved in the planning phase of governmental programmes at national level. In **Finland**, the Family project encourages different local-level actors to provide mutually coordinated services, thus avoiding overlaps in services and maximising their impact.

In **Austria**, third-sector organisations providing parenting support often have a religious or political background. The main provider of parental education is the Catholic Church: about two-thirds of parents who use these services receive them from Catholic institutions, which are partly organised in the Catholic parenting network (Marke Katholische Elternbildung). The church is also an important provider of parenting support services in **Sweden**, where there are almost no providers from the for-profit private sector. In **Estonia**, many services are delivered by NGOs but there have been concerns about the quality of the services. In **Portugal**, the Associação Nacional para a Acção Familiar, a non-profit association, has been running a parental training project since 2007. The main aim is to increase the knowledge and skills of parents (or anyone with a parental role) and to raise awareness of the importance of parental figures in the development of children and young people. All the parental training sessions are free of charge for fathers, mothers or staff who provide support to families. The project is financed by the Portuguese Social Security Institute, which is under the authority of the Ministry of Labour and Social Solidarity.

Lack of adequate funding can hamper the delivery of services. In **Estonia**, NGOs deliver a large share of services and, since they work on a project basis, service provision is rather unstable. For example, the NGO MTÜ Hea Algus runs a family support programme that is funded through two-year contracts with local authorities or on a project basis. As a result of this, it is not possible to develop the services provided, or to employ staff permanently. Staff delivering these services do so in addition to other duties, which increases the risk of burnout.

Main approaches to parenting support 5

For the description of the main principles underpinning programmes and activities of parenting support, this report uses what Mary Daly (2011) defines as ‘the underlying philosophy’ of the intervention, as it allows us to focus both on values underpinning the provision and on specific areas of policy involved. This section looks at the different objectives that parenting support programmes have.

Empowerment and the development of children’s and parents’ potential are the main principles of all forms of parenting support. According to Eurochild, this means that policies are designed ‘to support parents in their parenting task ... in partnership with them to build on existing strengths in a manner that empowers them, allowing them to make informed choices based on the best interests of the child’ (Eurochild, 2010). The underlying philosophy is to create the right conditions for positive parenting to take place: this includes supporting parents by providing resources in terms of skills, information, material, psychological and social support. The box below lists some of the most popular standardised parenting support programmes.

The *Marte Meo* method was founded in 1987 in the Netherlands and is now widespread in 30 countries. Marte Meo is a strengths-based programme for children, parents, professional caregivers and their supervisors. It is an individualised intervention, intended to help support the child’s development, in terms of prevention, early intervention and treatment. A wide range of specially developed programmes have been devised for specific settings and for specific conditions. Marte Meo is also used as an early, preventive intervention to improve communication between parent and child, and as a ‘treatment’ for parenting difficulties (Boddy et al, 2009).

Incredible Years comprises a set of three comprehensive, multifaceted and developmentally based curricula for parents, teachers and children, designed to promote emotional and social competences and to prevent, reduce and treat emotional and behavioural problems in young children. It targets parents of children aged one to 10 who have early indications of conduct disorder, or are at high risk of developing conduct disorder (defined as high rates of aggression, defiance, oppositional and impulsive behaviours). It is a behavioural humanistic programme addressing child behaviour and the parent–child relationship (Hosking et al, 2010). The programme includes interventions across four levels of need from universal support to intensive intervention.

Triple P (Positive Parenting Programme) was created in Australia and it comprises five different stages according to the age of the child, combining material for children at risk and for other children at each level. The overall aim is to increase the autonomy and competence of parents when addressing the behavioural problems of their children.¹⁴

PEKiP (Prager Eltern Kind Programm or the Prague Parent-Infant Programme) is a programme for the development of children up to one year of age. It is particularly popular in Germany and it consists of group work including interactive play, exercises and massages that improve the development of psychomotor skills and the bond between parent and child.¹⁵

HIPPY (Home Instruction for Parents of Preschool Youngsters) was developed in Israel and is aimed at parents with children aged from three to five who want to help their children learn at home. It includes a series of activity packages, home visits and group meetings.¹⁶

¹⁴ <http://www.triplep.net/>

¹⁵ <http://www.pekip.de/>

¹⁶ <http://www.hippy-international.org/>

Some mainstream programmes and activities answer to more specific needs of the families and their children; in some cases, programmes address a multiplicity of issues and impact on several policy areas as the underlying problems they intend to tackle are in general multidimensional: parenting support programmes focused on health promotion may be addressed to families more at risk of social exclusion living in deprived areas, for example. The main approaches considered here can be summarised as follows:

- Health promotion;
- Early intervention through education;
- Improvement of the communication between parents and children;
- Protection of children against smacking and other forms of corporal punishment.

For each of these approaches, some examples of concrete actions across Europe have been provided.

Health promotion

Families play a crucial role in enhancing healthy lifestyles and behaviours, such as nutrition habits. Moreover, according to Coface (2011), child safety represents another essential component of health policies where the family plays a key role. The European Network of National Observatories on Childhood (2007) observes that ‘a common element that can be identified in the variety of programmes and services provided across the EU is the introduction of a family support dimension in the provision of health services.’ In the case of children below school age the detection of mental health problems and the prevention of obesity are particularly important. Very common also are programmes related to safeguarding health, focusing on support for parents in the pre- and postnatal phase and in early childhood. Health-related programmes and interventions aim to enhance the approach to child rearing responsibilities, in some cases with specific clinical aspects of parenting, such as breast feeding or immediate support for mothers after childbearing (such as hygienic aspects). Some programmes address parents’ health or are related to the treatment of postnatal depressed mothers. Specific policies implemented in this regard are all those programmes organised within hospitals, or at home or in specific centres for families, where nurses provide support to parents during the first months of life of their children, with the aim not only of helping parents but also identifying early any possible neglect or maltreatment, or other parenting difficulties (Boddy et al, 2009).

As stated in section 4 of this report, healthcare services are in many cases the main provider of parenting support services because they often constitute the main point of contact with families.

Denmark – Preventive health services play a key role in parenting support in Denmark, ranging from early identification and intervention to work with children and families that have complex and additional needs (including children at risk and their families). They work as part of interprofessional teams. Notably, the community nurse provides support to parents until children are 18 months old, by which age most Danish children attend early years’ education and care provision. Exceptionally, the community nurse can continue to work with the family until children start school. (S)he has particular responsibilities for the early identification of possible neglect or maltreatment, or of other parenting difficulties, and provides support, counselling and intervention to support parenting. Individual work with families can be combined with group work with parents, usually when families have been identified by the nurse as isolated or in need of additional support. Group work can be conducted by the nurse in conjunction with other professionals, such as staff from the municipality’s children’s department, or pedagogues in local daycare settings (Boddy et al, 2009).

Italy – *Consultori familiari* were established by law in 1975 to provide psychological and social assistance in preparing parents for responsible motherhood and fatherhood, and for problems of couples and families. Most consultori familiari are under the aegis of the regional health department. The consultori familiari deliver both universally accessible and targeted services for families, across a spectrum of levels of need, ranging from primary healthcare to legally mandated intervention with families that have significant social care needs (Boddy et al, 2009).

Netherlands – *Kraamzorg*¹⁷ is a universal postnatal service provided in the Netherlands (via a compulsory health insurance system) in the first eight to ten days after the birth of a baby. The purpose of Kraamzorg is to aid the recovery of the mother and provide her with advice and assistance to care for her newborn. The goal is to get the mother swiftly back on her feet to care for her baby independently and return to daily life. The nurse shows parents how to care for their newborn baby, e.g. how to breastfeed properly, and how to bathe the baby. For more needy families, such as those with large numbers of children, mental illness or communication barriers, an unstable family situation, birth of twins or problems with (breast) feeding, a more comprehensive level of support is provided. In this case, care may extend to looking after other members of the household (e.g. other children) and additional household tasks not directly associated with the mother and newborn (Hosking et al, 2010).

Sweden – Health promotion dates back to 1968, when the Day Nursery Commission developed a parent education scheme with information about the development, emotional and cognitive needs of the child. Reducing mental health problems was the main objective of the latest national strategy for parenting support. Some programmes place a strong emphasis on prevention and ensuring the best possible support for parents at the beginning of a child's life. In the 'open nursery school' parents can get support whenever they want. Family Centres working with a bottom-up approach provide help to mothers in the first year of the child's life.

Slovenia – In Slovenia, health visitors have traditionally played a key role in parental education and support. All families receive at least one visit from a health visitor within 10–14 days of the birth of the child. The role of the health visitors is health promotion and screening. They advise parents on matters such as breastfeeding, immunisation, child development, diet and general childcare.

United Kingdom – One of the largest and longest-running programmes offering social support to families of young children is *Home Start*. The service involves home visitation provided by trained volunteers, aimed at offering support, friendship and practical help to young families under stress (Moran et al, 2004). The *Family Nurse Partnership Programme* is a home-based programme, a health-led home-visiting programme designed to improve the health, well-being and self-sufficiency of young, vulnerable first-time parents and their children where special trained health professionals and midwives support mothers (and fathers) from early pregnancy until the child is two years old (Boddy et al, 2009).

Early intervention through education

Early intervention programmes through education assume that the problems of children and families must be detected and addressed as early as possible, to prevent them from becoming more serious over time, and call for a focus on prevention. In some countries, these 'general preventive services' include the provision of parenting support within a universal framework implemented in schools and pre-schools: programmes addressing specific aspects on education held in pre-schools and schools but also in out-of-school settings target parents with children with or without learning

¹⁷ <http://www.kraamzorg.nl/>

difficulties or unsocial behaviour. Some programmes provide educational materials, guidebooks and booklets or use multimedia materials. Other programmes focus on the specific disadvantages that parents may experience when supporting the performance of their children at school: the school system is not able to compensate for the disadvantages associated with the parents' deprived socioeconomic background. Moreover, children in poor families have limited or irregular access to pre-schools and in the high-risk areas schools and pre-schools are often overcrowded (Eurofound, 2009b).

Czech Republic – There are a wide range of NGOs providing lectures, meetings, trainings or aid supporting parenting as well as families at risk or foster family care. Some of them are subsidised by the Ministry of Labour and Social Affairs. A programme called 'Contracts with parents' is now being implemented in schools. The goal is to intensify parental participation in the education of their children, to improve cooperation between parents and schools.

Italy – Starting from school year 1992/1993, with the 'Parents Project', until the very recent 'Educational Pact for the sharing of educational responsibilities between schools and families', the involvement of parents in schools has been seen as an important educational instrument, in order to allow parents and teachers to share educational responsibilities, models and actions towards children.

Latvia – The major causes for not completing primary school education, which is compulsory in Latvia, include family troubles and insufficient family support networks. A pilot project in the Latvian city of Cesis aimed to reduce dropout rates and improve the social support system for families and children. Through this project, 'Hand-in-hand for child support', 28 people were trained to work directly with parents in primary schools and preschools. The overall objective of 'Hand-in-hand', which began in 2008 and ended in 2010, was to develop mechanisms that detect when support for students and their families is needed – and to ensure that these students and families receive timely, relevant assistance. The project worked to improve cooperation between students, parents, schools and other local government institutions in order to solve various everyday issues regarding children and their families. It also helped educators cultivate a positive environment for cooperation within the family context.¹⁸

Netherlands – *Brede Scholen*¹⁹ are 'community schools', based on an integrated approach to providing services with the school as the lead provider. Support for parents, and for parenting, forms a core part of the Brede school approach. This can include direct parenting support interventions as well as activities to support parental engagement in schools, and services such as Dutch language classes (for immigrant parents) and computer classes for parents. The latter are strictly speaking not parenting support but they help children's upbringing (in the broadest sense) by encouraging the parents' 'engagement in education' (Boddy et al, 2009).

Improving communication between parents and children

Parenting styles have an impact on the development of children, especially their cognitive development. Children from 'dysfunctional families' that lack a healthy communication style are more likely to experience mental health problems as well as difficulties in relating to others. Support that counters these developments can also be useful when parents are in a divorce or separation process.

¹⁸ http://ec.europa.eu/social/families/index.cfm?langId=en&id=5&pr_i_id=157

¹⁹ <http://www.bredeschool.nl/>

Since grandparents tend to be more and more involved in the rearing of their grandchildren, there is also training available to ‘refresh’ and ‘update’ their childrearing skills. In Austria, the eight-hour-long ‘Adventure of being grandparents’ training course formalises and professionalises the care provided by grandparents. The modules include information on how to express disagreement and discontent in a respectful way, and on how to pass on personal beliefs and traditions. Herlofson and Hagestad (2012) stress the importance of grandparenting, pointing out that in countries with little public support for families with young children grandparents often provide critical help to parents by caring for their children while they pursue paid work.

Several standardised parenting programmes include content on social skills for effective problem solving and how to reward positive behaviour. In addition, counselling can be effective in dealing with specific situations faced by a family.

Cyprus – Family Guidance Centres have since 2001 offered guidance and support for the management of family problems. Services are provided by a group of experts including a social worker, a psychologist and a family therapist. From 2006, the Educational Psychology Service of the Ministry of Education and Culture developed a programme for in-depth training for parents on communication within the family. The programme consists of a series of 13 workshop sessions based on experiences where specially trained people from the Ministry of Education coordinate a group of about 20 parents in two-hour weekly meetings. The training of parents aims to promote psychological health by improving the quality of communication within the family and between the family and others, and also aims to curb domestic violence.

France – For parents who experience difficulties with their parental responsibilities, there is a support mechanism which enables them to pool experiences and information with their peers and encourage mutual assistance: the *Réseau d’Ecoute, d’Appui et d’Accompagnement des Parents (REAAP)*. The principle underpinning this approach is that all parents may find themselves confronted with difficulties to which they cannot, by themselves, provide the answers. Parents meet to discuss questions they encounter in their children’s upbringing, often focusing discussion on specific themes or concerns. Discussion groups may be facilitated by a professional such as a psychologist or social worker, or by non-professionals who are trained for the role (Boddy et al, 2009).

Germany – *Education and family counselling centres* provide free-of-charge family education and counselling, offered by regional and municipal bodies, and also by non-state organisations (churches, charities, private service-providers) to help solve conflicts and crises in the family. Specialists in various fields, familiar with different methods and approaches, work together to improve parents’ knowledge of children’s developmental needs and parents’ educational strategies (family education), but also to help parents deal with ordinary and difficult situations in family life (family counselling).

Austria – Family counselling constitutes an important part of family support. After abortion became legal in Austria in the 1970s, the government created Family Counselling Offices, which provide advice on issues such as pregnancy, violence in the family, reconciliation of work and family or counselling of parents with a disabled child. There are currently 390 counselling offices in Austria. Some of the topics dealt with more often in family counselling are divorce, family conflicts and childrearing.

Protecting children against smacking and other forms of corporal punishment

Although the avoidance of harmful parenting practices could be considered part of the improvement of communication skills in the family, it is worth mentioning in a separate section as it is more directly related to the rights of children and it has been the specific focus of many campaigns. Smacking as a form of parenting is still seen as an acceptable practice in many families: in Estonia, the 2010 European Social Survey showed that 40% of parents accept physical punishment.

The Munro Review of Child Protection in the UK considered child abuse as an extreme form of poor parenting which could be partially tackled with parenting programmes.²⁰ Corporal punishment is defined by the United Nations Committee on the Rights of the Child as:

*Any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. [...] In addition, there are other non-physical forms of punishment which are also cruel and degrading and thus incompatible with the Convention. These include, for example, punishment which belittles, humiliates, denigrates, scapegoats, threatens, scares or ridicules the child.*²¹

The Committee's views have subsequently been incorporated in national legislation in many countries: in Hungary, corporal punishment of children has been banned in child protection law since 2005.

Council of Europe – The campaign ‘Raise your hands against smacking’, launched in 2008, targets governments, professionals and the general public. The objective of this campaign is to achieve a total ban of corporal punishment and the development of positive non-violent parenting techniques.²²

Germany – In 2000, new legislation on child protection stated that children have a right to grow up in an environment without violence or corporal punishment. In order to promote this, from 1999 until 2002 the Ministry of Family ran the *Starke Eltern, Starke Kinder* (Strong Parents, Strong Children) parenting programme. This programme had 8 to 12 modules and it aimed to show different ways to solve conflicts and to inform parents about the rights of their children.

Estonia – In 2004, the Ministry of Social Affairs launched a campaign titled ‘A child is not a doll’, which encouraged parents to find more time for their children. The campaign asked parents to take into account the beliefs and desires of children and to involve them in decision-making. In 2008, the Ministry of Social Affairs initiated a campaign to prevent smacking named ‘Hands are for care, not for punishment’. The campaign aimed to raise awareness in society that violence against children, including corporal punishment of children, is a serious violation of human rights.

²⁰ <https://www.education.gov.uk/publications/eOrderingDownload/Munro-Review.pdf>

²¹ General Comment No.8 (2006)

²² More information about the campaign can be found at:
http://www.coe.int/t/dg3/children/corporalpunishment/Campaignpack/Default_en.asp

Scope, types of services and conditions of access 6

Mainstreaming versus targeting

Targeting may be based on individual or family characteristics of the child (child-based targeting) or on the average characteristics of the area where the child lives (place-based targeting). In several cases, it is difficult to differentiate mainstream from targeted services. Mary Daly (2011) describes the type of services, ranging them on a continuum between mainstream and targeted programmes:

1. Provision of information and awareness raising – through advice and information services, information campaigns, helplines, parenting courses, etc.;
2. Provision of material and social support – through networks, role models, support services, social work aid, etc.;
3. Retraining and bringing about cognitive and attitudinal change – through targeted parenting and other programmes that aim to change beliefs, attitudes and self-perceptions;
4. Bringing about behavioural change – through parenting programmes and other usually intensive interventions that aim to change how parents perform their parenting roles.

It can also be the case that services are offered universally because the target group is too large for a targeted approach. This would be, for example, the reason behind having universal parental support services in **Sweden**. The main aim of parenting support in Sweden is tackling mental health problems among children, the rationale being that parent–child relationships are a key determinant of mental well-being. In order to reach the 5%–10% of children who are estimated to have mental health problems, it would be necessary to have measures dealing with at least 30% of young children, which is a very large group to target. This approach has been supported by research indicating that in Sweden parents who perceive problems with their children are overrepresented in parenting support courses. Behavioural problems were formerly treated by child and adolescent psychiatry services, but nowadays parents are referred by family centres to services open for all. Parenting support is consequently often delivered by health services rather than social services, which are only in contact with vulnerable families. Education services can also be involved in the delivery of services. In the Swedish municipality of Växjö, for example, the main trigger for implementing support activities was the behaviour of children at school, and therefore local education authorities took the lead in developing measures. As health services are also active in this area, a joint platform for cooperation between education (managed at the local level) and health (managed by counties) has been established.

Health services also play a central role in parenting support in **Belgium** through the Consultation Bureaus, which have existed since the 1920s. There are almost 1,000 consultation bureaus throughout the whole country, offering basic preventive medical services and a follow-up of the child's general development. They offer parents information about nutrition (including breastfeeding), play, health, development, etc. The reason for attending the consultation bureau is the birth of a child, not a specific problem. Over the years about 90% of parents have used this service, which is free of charge.

Lithuania – Since 2002 Lithuania has been implementing a national programme on *Child day care*: one of the aims of this programme is to provide parental education for socially disadvantaged parents.

Ireland – Ireland’s Health Services Executive has been running the *Community mothers programme* since the 1980s in order to aid the development of parenting skills among first- and second-time parents in deprived areas. In the greater Dublin area around 150 volunteer ‘community mothers’ provide support to around 2,000 parents. This support is highly structured and provided through monthly meetings of the volunteers with the parents, sometimes complemented by group sessions. The visits focus on healthcare, nutrition and overall child development while recognising that parents know their children best and want to do their best for them. The aim of the programme is to enhance the development of parenting skills and increase confidence and self-esteem among the parents supported.²³

United Kingdom – Support for parents of pre-school children was first highlighted as a government priority with the launch of the original *Sure Start* programme in 1998 – described as the ‘cornerstone’ of the government’s drive to tackle child poverty and social exclusion. At that time, Sure Start focused on early childhood, and targeted families living in disadvantaged areas. Sure Start Local Programmes aimed to promote social inclusion by bringing together early education, childcare, health and family support in innovative and participatory ways (Boddy et al, 2009). From a different perspective, the government introduced an inter-departmental *Respect Task Force* to tackle antisocial behaviour. Activities include the improvement of services of the local authorities addressing parents and their children in high-risk families. The *Dundee Families Project* in Scotland is run by NCH Action for Children: it provides services for families who are, or who are at risk of becoming, homeless due to antisocial behaviour. The range of services offered includes individual and couple counselling, family support and group work (Hosking et al, 2010).

Accessibility and type of access

The concept of accessibility involves the idea of how the access is organised (‘go-structure’ or ‘come-structure’), the related costs for families and the type of access (whether it is voluntary or compulsory). Most of the literature highlights that some parent groups are more difficult to reach (such as fathers, disabled parents or rural families); especially the socioeconomically disadvantaged (such as poor families, homeless or traveller families) or ethnic minority groups (such as migrants with poor language skills, asylum seekers or the Roma). According to Daly (2007), the reasons for difficult access vary, and include a lack of knowledge of available services, costs of the services, physical (such as distance or opening hours) or psychological barriers (suspicion, shame, stigma). Reluctance to access services may also be related to cultural reasons, quality or type of the service available, or a general reluctance to seek help arising from particular needs such as mental illness, substance misuse, criminal records (ibid). An additional barrier to reaching the ‘mainstream’ population is the assumption that these programmes are only necessary for parents from specific target groups. Therefore, programme design must take these aspects into consideration.

The distinction between services with a ‘go-structure’ and a ‘come-structure’ is particularly relevant in analysing the accessibility of services: while in the first case the worker goes to the family in its environment, in the second parents come to the service. ‘Go-structure’ approaches may help reach vulnerable social groups that have difficulties in referring to services or participating in activities and programmes in formal settings: this is for example the case of programmes addressing Roma families, where many projects are developed in their settlements (Corsi et al, 2009). ‘Go-structure’

²³ http://ec.europa.eu/employment_social/emplweb/families/index.cfm?langId=en&id=5&pr_i_id=184

programmes are also especially relevant when access is voluntary, as participation is influenced by the parents' motivation. Programmes that include home visits seem promising in specific cases: when the core of the intervention is aimed at reducing risks to child health and in case of risk of abuse and neglect, but also to reduce parents' isolation. Compulsory programmes are established for instance when parents show antisocial behaviour and/or are found to be unwilling to accept help in fulfilling their parental responsibilities where a clear need for support has been identified.

An example of a widespread 'go programme' is the health visitation service in **Hungary**, which is the main provider of health and social care services for families with children. The job description of health visitors includes helping in the education and socialisation of children as well as contributing towards a harmonious relationship between father and children. They contact families early on during the pregnancy and give nutrition tips. Another specific example of a parenting support programme with a 'go-structure' would be the family support provided by MTÜ Hea Algus in **Estonia**. This programme was launched in 1997 in Tartu. Families that may benefit from counselling are identified with the help of social workers, child protection officers, family doctors and other people in contact with families and children.

Boddy et al (2009) describes service provision considering a range of four levels of accessibility:

1. Support embedded within universal services, delivered by workers in the universal setting;
2. Support activated as part of a universal service (e.g. health or childcare) delivered through multidisciplinary or cross-agency teams;
3. Universally accessible support delivered through open-access services but with a 'come-structure' that requires the parent or family to access the service;
4. Targeted specialist support whereby parents and families must be identified as meeting certain criteria and referred to access the service.

In the **UK**, there are experiences of improvement of service referral within the initiatives of *One stop shops*²⁴ where parents can get information and advice on opportunities on training and education, or legal advice on family matters.

Accessibility is also conditioned by territorial coverage. In remote and rural areas, these services are generally less widespread. In the case of the health visitation system in **Hungary** mentioned above, a health visitor should attend a maximum of 250 families, but in the most disadvantaged areas they have to visit far more families in scattered settlements.

Accessibility is linked to the cost of services: more time-intensive programmes, such as prevention programmes, educational support or psychological treatment, which require a more formalised service structure, are accessible, free of cost when offered by public institutions, or require in some cases a financial contribution by the parents if offered by private organisations and NGOs (European Network of National Observatories on Childhood, 2007). Some NGOs also receive a state subsidy so that they can offer these services without an additional payment by the parents and poor families are, at least in some countries, exempt from payments. For example, in **Estonia** the Thomas Gordon Parent Effectiveness Training has a high cost and has limited places available. As a consequence of this, most parents in the

²⁴ An example in Scotland:

<http://www.netmums.com/glasgow/local/view/support-groups/single-parents/one-stop-advice-shop-for-lone-parents>

programme have university education and a high socioeconomic status. The Family Centre delivering the service is trying to lower the price for disadvantaged families by seeking cooperation with other organisations. Many of these training courses have been funded through the gambling tax and EU initiatives.

Awareness of support available is sometimes low among the target groups. The 2010 European Social Survey showed that in **Estonia** 44% of parents were not aware of where to seek help and advice regarding child-raising. Some 70% of parents of children under 18 years old had never attended any parental education courses or lectures. The Children and Families Action Plan lists among its targets reducing this lack of awareness.

Another issue is the involvement of fathers, who have a very low take-up of parenting support courses. In **Austria**, fathers very rarely attend regular courses (less than 5% male participants), with 59% of the courses, groups and lectures being attended exclusively by women. The only training where men are more involved is prenatal classes. This lack of participation could also be due to the design of programmes. Programmes before the recent reforms in **Estonia** were considered to be mother-centred and often excluding fathers. The new Strategy for Children and Families aims to broaden the scope of family policy. There are also services dedicated exclusively to fathers, such as the Community for Fathers. In **Sweden**, the participation of fathers is higher, with one-third of participants in Linköping being men. One of the methods used to increase the take-up is training men as programme instructors.

Types of service

Each country offers a mixture of services and interventions. In **Belgium**, for example, the following types of support are available:

- Information (e.g. leaflets on cot death);
- Instrumental support (e.g. day care);
- Emotional support (e.g. telephone helpline);
- Advice (e.g. consultation bureau, parenting support ‘shop’);
- Competence training (e.g. parenting courses, Triple P);
- Enhancing social contacts and stimulating self-reliance (e.g. informal parent networks);
- Early detection and referral of certain problems (e.g. early hearing test).

According to the analysis provided by the European Network of National Observatories on Childhood (2007), programmes with an individual approach focus on individual needs of one or both parents: the main tools are psychological support, counselling, etc. A different approach includes the involvement of parents (with or without children) in counselling activities carried out in small groups (such as self-help groups). Parental education and counselling may also be provided through general courses, workshops or conferences addressed to all parents and focusing on increasing knowledge of general educational issues and handling everyday problems. Many countries have also implemented awareness-raising campaigns through TV and radio programmes as well as brochures, booklets, publications and websites on parenting education. In **Austria**, the first large parenting support project in the 1970s (Elternhilfe) was broadcast on radio and television, with half a million Austrians watching at least one episode of the TV series. There is now an Elternhilfe website hosted by the Ministry for Children and Families. In **Hungary**, the public TV and radio channels have also hosted a programme since the 1970s.

Telephone helplines are also available in most European countries. The helplines tackle a number of issues ranging from immediate emotional support for psychological problems or victims of domestic violence, whether parents or children, to specialised services, such as support for parents with children affected by cancer or epilepsy or for children with drug-addicted parents. The services are provided by professionals and trained counsellors or by volunteers. For instance, in Estonia, the *Family practitioner's helpline* and the *Eluliin Helpline* provide emotional support and psychological help. Similar services are present in the Czech Republic and Slovenia. In the United Kingdom, telephone helplines have been implemented as part of primary healthcare (e.g. breast feeding promotion programmes). In Sweden, the '1177' phone counselling system deals with queries about medical issues. Phone counselling is also provided by NGOs (mostly dealing with issues around parenting and divorce) and social and health services in some part of Sweden. In the last few years, *online counselling* via the Internet has been introduced in some countries (Estonia, Germany, Sweden).

The creation of more *meeting points for parents* is one of the objectives of the 2009 National Strategy on Parenting Support in Sweden. Parents also use online forums to exchange experiences in Sweden and Hungary. In a population survey in **Sweden** in 2008, about 13% of the parents reported use of Internet discussion groups on parenting. More parents (21%) with small children (0–5 years of age) reported their use than parents with older children.

Qualification of the workforce 7

Effective services require a dedicated and qualified workforce. Because of the many sectors and services that parenting support deals with, the workforce and its qualifications are very varied. In the **UK**, there is a common framework for staff working with parents called the National Occupational Standards for Work with Parents (NOSWWP).²⁵ These standards were developed by the regulatory bodies in the UK²⁶ on the basis of best practices and include principles, values, areas of work and key skills. Their purpose is to give an overview of the competences necessary for the work with parents. Competence is defined by the English Qualifications and Curriculum Development Agency as ‘the ability to perform to the standard required in employment across a range of circumstances and to meet changing needs’. Each standard comes with performance criteria. These criteria have been developed in such a way that they can be adapted to the situation in each part of the UK and adapted to legislative changes over time. They can be used to identify training gaps, establish performance indicators, and to underpin appraisals and job descriptions.

When it comes to specific occupations, Boddy et al (2009) consider that the children’s workforce in England is less professionalised than in the rest of Europe and that family support workers often have no relevant qualifications for their work. One of the roles of the National Academy of Parenting Practitioners (which existed from 2007 to 2010) was to address this lack of proper qualifications by familiarising 4,000 practitioners with one of ten evidence-based models.²⁷

Across Europe, according to Boddy et al (2009), ‘Bachelors degree-level or three-year vocational qualifications in (social) pedagogy are the predominant qualifications for direct work with children and families (...). Pedagogues, called *éducateurs* in **France** and *educatori* in **Italy**, play a key role in parenting support provision.’ Other professionals engaged in parenting support may include psychologists, social workers, lawyers and family mediators, but also health professionals such as maternity and public health nurses and doctors. In **Sweden**, midwives and nurses in the child health service run courses for parents as part of their job. Staff working as organisers of parent groups do this on a part-time basis and are normally teachers or social workers. Their training as group leaders is provided by the specific programme they are participating in. This normally entails a two-day training course followed by supervision for one year. The fact that most staff do this part-time as an element of their main job increases the costs of programmes because there is a high turnover and new group leaders need to be trained. Phone counselling is usually done by volunteers with a background in psychology or social work. In **Austria**, staff in Youth Welfare Offices are usually social workers, as well as psychologists for some tasks. Similarly, social workers and counsellors undertake family counselling in most cases. A working group in the Federal Ministry for Family Affairs has elaborated a training scheme which intends to enhance professionalism and provide quality assurance in the field of parents’ education. The aim of this scheme is to create comparable standards for expert staff in the whole of **Austria**, in order to improve the quality of parents’ education programmes. Since 2004 there has also been a 500-hour training programme focused on parenting education, developed by the former Ministry for Social Security and Generations. This training is compulsory for those willing to work in this field who do not have relevant working experience (about half of those working in this area). Moreover, grandparents can be certified as being pedagogically trained after following eight hours of training. They can subsequently be paid for the care they provide. Lastly, specialists can also receive training at conferences; there is a conference for specialists in this area that focuses on a specific topic each year.

²⁵ <http://www.familymatters.org.uk/downloads/work-with-parents-nos-jan-2011.pdf>

²⁶ These are Scottish Qualifications Authority; the Qualifications, Curriculum and Assessment Authority for Wales; and the Qualifications and Curriculum Development Agencies in England and Northern Ireland.

²⁷ The evaluation of the work of the Academy can be consulted at:
<https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR186.pdf>

In **Belgium**, there is no set of overall criteria for everyone working in the sector of parental support; this depends on the project and the criteria set by the subsidising authority. Most coordinating functions require a bachelors or masters degree in human sciences (pedagogy, psychology, social welfare sciences, social work, youth work, etc).

In **Bulgaria**,²⁸ counselling services for families providing information on good practices in raising children, counselling and prevention services concerning early child development and raising children, prevention for families and children involve mainly social workers of Child Protection Units.

In **Portugal**, parental support for children below six years old is generally implemented on a voluntary basis and thanks to the goodwill of the professionals specialised in education, psychology and sociology.

In **Cyprus**,²⁹ counselling services helping family members deal with problems are mainly provided by the Social Welfare Service through its programme for families and children. Services are provided by a group of experts including a social worker, a psychologist and a family therapist.

²⁸ CoE Family Policy Database, 2009

²⁹ CoE Family Policy Database, 2009

Evaluation of programmes 8

A review of parenting support programmes conducted by the United Nations Office on Drugs and Crime in 2010 ranked programmes according to the level of scientific evidence available regarding their results:

- | | | |
|--|--|--|
| 1. Triple P-Positive Parenting Programme | 9. Guiding Good Choices | 17. Multidimensional Family Therapy |
| 2. The Incredible Years | 10. Parenting Wisely | 18. Nurse-Family Partnership |
| 3. Strengthening Families Programme | 11. Families and Schools Together | 19. Families Facing the Future |
| 4. Parents as Teachers | 12. Staying Connected with Your Teen | 20. Parents Under Pressure |
| 5. Stop Now and Plan | 13. Helping the Noncompliant Child | 21. AI's Pals: Kids Making Healthy Choices |
| 6. Multisystemic therapy | 14. Positive Action | 22. Resilient Families |
| 7. Parent-child interaction therapy | 15. Family Matters | 23. DARE to be You |
| 8. First Step to Success | 16. Strengthening Families Programme for Parents and Youth 10-14 | |

Source: *UNODC, 2010*

Most of these programmes are standardised programmes that can afford to undertake several randomised controlled trials (RCTs). Boddy et al (2011) point out that in England the emphasis on formal outcome evaluations has led to the use of standardised parenting programmes, which are more suited to be evaluated using RCTs. This approach has been criticised by Moran et al (2004) for being too strict and entailing the risk of discarding promising practices, with RCTs being ill suited for parenting support programmes because of the cost and time required and ethical issues regarding the denial of service to the control group. Boddy et al (2011) explain the practical implications of this: the English National Academy of Parenting gave more quality points to programmes backed by RCTs, which has an influence on the choice of programmes that local authorities may implement.

In addition, Stewart-Brown and McMillan (2011) point out a number of issues in relation to the use of RCTs in the evaluation of parenting programmes. Unlike in the case of RCTs with pills, it is not possible to assess interventions in a double blind study scenario where neither participants nor observers are aware of which intervention is being used. Moreover, the outcomes of an intervention which are the object of measurement (usually the reduction in problem behaviours of children) may not include all the benefits of a programme. Lastly, Stewart-Brown and McMillan (2011) explain that participants in RCTs may be less likely to benefit from preventive interventions than the general population. This less-observed circumstance is due to the fact that trials of preventive strategies tend to attract better-educated participants with less margin for improvement. Families who are most at need of an intervention may be less likely to take part in an RCT since they may be randomised not to get the help they seek. Therefore, this 'recruitment bias' may lead to RCTs to show smaller gains than what could potentially be achieved.

It follows that RCTs need to be complemented with other evaluation tools, and that practices that have not undergone RCTs should not be discarded. The Netherlands Youth Institute manages a database of effective youth interventions³⁰ which follows a multilevel system of effectiveness, whereby interventions do not have to meet the highest requirements

³⁰ <http://www.nji.nl/jeugdinterventies>

of established effectiveness in order to be accredited.³¹ The different levels of evidence in the database follow the ‘ladder of effectiveness’ developed by Veerman and Yperen (2007):

1. A description of the basic elements of an intervention (e.g. target group, goals, activities) in order to be transferable;
2. A sound conceptual framework, with a theory of why it works and for whom;
3. Empirical evidence that the targets of the interventions are achieved (systematic monitoring of outcomes like goal attainment, client satisfaction, etc.);
4. Empirically established effectiveness with substantial evidence.

The existing reviews of parenting support show that formal evaluations are not commonly used across Europe. According to Boddy et al (2009), in **France** and **Italy** most evaluation focuses on implementation, using indicators such as the number and the characteristics of service users. Their research suggests that ‘the countries that placed least emphasis on formal evaluation of effectiveness also placed greater emphasis on supporting parents through individual-family oriented counselling approaches’ (ibid). In another article, Boddy et al (2011) state that this lack of formal evaluation could be due to the fact that in continental Europe parenting support does not tend to take the form of discrete, time-limited interventions. In some cases, the support is delivered embedded in universal provision (e.g. in schools in Denmark), thus making it difficult to have evaluations where there is a comparison with a control group. Therefore, in many cases evaluation takes the form of assessment of individual progress.

One could argue that in many countries this preference for individual counselling is due to the lack of parental support resources. For example, in **Estonia** small local authorities do not have services specifically providing parenting support and as a replacement they offer individual advice. Evaluation in this country focuses on the process of service provision and the providers themselves. Other elements addressed in evaluations are the parents’ perception of the programme’s contents, its impact on their parenting skills and on their child’s behaviour. In **Hungary**, the lack of human and financial resources means that formal evaluations are not common. Moreover, many programmes change or are discontinued before they can be assessed.

Large local authorities in **Estonia** offer the Thomas Gordon Parent Effectiveness Training (PET). PET is the only parenting programme that has been thoroughly evaluated in the country. The evaluation measured the views and attitudes of 73 parents with children aged nine to 16 before and after the training courses. The results outlined the following issues:

- parents experienced increased satisfaction and competence in their role as a parent;
- according to parents, the problems they had with children (conduct, hyperactivity, problems with peers) were solved or relieved;
- parents observed an increase in children’s pro-social behaviour.

³¹ More information can be found at:
<http://www.youthpolicy.nl/yp/Youth-Policy/Youth-Policy-subjects/Netherlands-Youth-Institute-Effective-youth-interventions/Database-of-Effective-Youth-Interventions>

There is also a problem of lack of incentives to put in place comprehensive monitoring systems. The pilot implementation of the National Occupation Standards for Work with Parents in **Northern Ireland** showed that there are few incentives for providers to be involved in a review of their quality assurance standards. The evaluation of the pilot implementation concluded that the award of a service quality certification mark³² could be linked to funding.

Other quality assurance mechanisms used are the conditions required in order to grant funding. In **Estonia**, quality control is exercised when deciding on the allocation of funds. In **Sweden**, in addition to RCTs the quality of services comes partly from comparison among counties and local authorities. Data about participating rates are collected and published for comparison. In addition, the organisers of manualised programmes certify trainers and gather the feedback of service users. The Swedish National Institute of Public Health disseminates scientific knowledge about methods in the field of parenting support. In **Austria**, the federal government can fund institutions that deliver parenting education in accordance with scientific findings. In addition, as noted in the Austrian case study, since 2000 there have been guidelines stipulating that the following types of course may receive funding:

- Courses which are organised as a series of events for a consistent group of parents (e.g. each Tuesday evening), containing elements of information, self-reflection and exchange of experiences. A further prerequisite is that these courses deal with at least one of five life stages (pregnancy/birth, children aged zero to three, three to six, six to 10, 10+) and that they contain a number of basic themes like child development, ways and goals of education, health, conflict management within the family, etc.;
- Activities to motivate and inform parents about parental education;
- Continuing courses and lectures which expand on the material of the basic courses;
- Education within the framework of parent–child groups;
- Networking;
- Training, supervision etc. ... of staff (e.g. course instructors).

³² <http://www.bsigroup.com/en/ProductServices/About-Kitemark/>

Common challenges and good practice elements 9

A number of challenges are common to all service providers of parenting support in Europe. This section highlights those challenges and the elements that have allowed them to be overcome successfully, together with specific examples.

The time factor

The time factor relates to questions over early or late intervention, and the duration of interventions. According to Moran et al (2004):

Early interventions in general report better and more durable outcomes for children; late intervention seems to be better than none, although it may be more beneficial for parents than for young people themselves (e.g. in dealing with parenting stress, rather than modifying outcomes for young people).

Literature in any case shows that families under multiple stresses benefit more fully from parenting support interventions when their other needs are met as well.

Parents with complex problems and multiple needs do better in programmes of longer duration and greater intensity; brief interventions nevertheless work well in achieving simpler objectives like giving information or modifying straightforward behaviours. The use of intensive interventions seems to be recommended where problems are severe and where intervention is late. The importance for prevention and the difficulties associated with it were highlighted by an interviewee in Hungary:

Let us imagine that families are in a pyramid: the largest part is the 'green' base, where families do not have problems; the middle stratum is 'amber' – there are problems to be solved, but the families are not yet in crisis. This is where the social signalling system should operate – to keep families from crossing the border between amber and red. Instead, signalling kicks in only when families are in the 'red' zone, at the top of the pyramid.

(Expert, National Institute of Family and Social Policy (NCSSZI))

How may be more important than what

To work effectively with parents, programme staff have to be prepared, skilled and have a clear idea of the boundaries of their role. This is especially needed when they are involved in building a sense of 'partnership' with service users. Moran et al's review (2004) in particular stresses that how parenting support is delivered may matter more than what is delivered. How the relationship is built up and managed plays a crucial role. 'If parents do not feel respected, they are unlikely to engage well with a programme' (Moran et al, 2004). Among the wide variety of skills to be considered, a relevant role should be attributed to relational skills, as facilitating peer support implies some degree of empathy with parents.

In order to be able to provide this tailored support, there needs to be a certain continuity of programmes so that staff have time to learn how to create rapport with service users. This was brought up in one of the interviews in Hungary:

The staff are not very well prepared. The social work students are unprepared to do any practical job. It would be good to insist on an aptitude test for this profession: people who care for others should possess the appropriate personality traits and should be more practical to understand the problems of the clients. There are many training tools for this, but good training is expensive and we cannot afford it.

(Head of the Family Assistance and Child Protection Centre in the second district of Budapest)

In 2011, an intercultural parents' café (Interkulturelles Elterncafé) was established in Vienna, **Austria**, that brings together 15 to 20 parents with a migrant background. A number of interesting elements can be highlighted in this practice:

- The café includes presentations from invited experts as well as discussions among participants. The school provides information about projects and events. Children can use a supervised play area while the meetings take place.
- The two members of staff speak the mother tongue of minorities that are not fluent in the host country language.
- The parents' café is organised in the school building, thus facilitating communication between parents and teachers.

This project is carried out by one of the main NGOs providing parenting programmes (Kinderfreunde), the school and the Austrian Integration Fund. The main aim is to familiarise migrant parents with the school system so that they can be more involved in the education of their children. Attendance is for free and parents are given vouchers for school material or language courses as a reward for attendance.

Self-help groups

Self-help, peer or parent-to-parent support has seen a growth in recent years and is used in various different fields of parenting support (Kurtz, 1997; Del Rio and Luppi, 2010; Ainbinder et al, 1998). Self-help groups cover different types of needs with one common idea: in the peer group experience, people are invited to open up, to rely on the resources of the group, and to have confidence in each other. In addition, by enabling group members to discuss their problems collectively, with the guide of a professional, the self-help group re-educates parents in listening. But according to Moran et al (2004), 'some parents are however unsuited to group work, or may have pressing personal needs that require one-to-one attention from a practitioner. Thus, the facility for one-to-one work, sometimes as preparation for later group work, needs to be available alongside group programmes.'

Self-help may contribute to generate self-esteem in parents – a key resource for a good educational relationship with their children. In Sweden, there are seven different programmes based on behaviour theory following this format. Parents are shown different situations regarding parent-child relationships and they are encouraged to propose solutions and rehearse them with the group and at home. These meetings can also have an indirect positive impact on social cohesion: the experience both in Baboes in Brussels (see box below) and in the House of Parents programme³³ in Budapest show that meeting groups attract parents from very different backgrounds and that parents welcome this diversity.

Baboes was started by the Flemish-speaking community in Brussels, **Belgium**, in 2009 on the basis of a research project. This project showed that 50–70% of parents are interested in having the opportunity to discuss parenting matters informally with other families rather than getting professional advice. Baboes is a free meeting space where parents of children under five can meet each other while their children play. Parents can also get advice from the staff in the meeting space, who act as facilitators. There is no set programme or list of issues that needs to be discussed; parents come to talk about their children and their daily lives. The fact that parents are 'in charge' is quite innovative. The evaluation of Baboes gathered the views of parents, showing that the programme filled an existing need for informal network support in a safe and free environment to exchange views, thoughts and doubts about family life in general. The Flemish regional government in Brussels will fund it until 2013.

³³ The House of Parents Programme provides support in the early stages of having a family and helps overcome any obstacles to becoming good parents. More concretely, it provides day care, counselling and individual and group activities including music and drama.

Manualisation versus flexibility

Standardised programmes are popular in many European countries. From the countries included in this review, Sweden and Ireland (and Estonia to a certain extent) made widespread use of these programmes. In Sweden, standardised programmes are derived from behaviour (Incredible Years, Komet, Triple P, ABC) and attachment theories (International Child Development Programme, Connect). Other countries such as Austria or Germany do not have a tradition of making extensive use of these programmes.

In terms of the transferability of programmes, there seems to be a trade-off between keeping the programme structure as it was originally designed and adapting to the specific needs of the service users. There is evidence that programmes with a clear set of goals have better outcomes than those that adopt a more loose approach. Nevertheless, rigidity and a lack of focus on the specific needs and context within which activities are carried out may smother effectiveness of results – on both children and on parents. It is equally true that parenting support cannot and should not be designed without parents taking an active part in the process. It is advisable to recognise parents' knowledge and encourage them to look for suitable solutions in their individual situation.

More successful programmes pay very close attention 'to implementation factors such as how to "get", "keep" and "engage with" parents and promote good attendance' (Moran et al, 2004).

The programme *Construir Famílias* (Building families) is promoted in **Portugal** by the Associação para a Educação e Solidariedade Mundos de Vida, and targets families that are considered to be at risk both socially and psychologically. The programme follows an experimental model created by a Spanish university (Universidad de la Laguna). Given its success in Spain, it has been implemented in Portugal with the supervision of the University of Minho. This programme encourages the active participation of users and it is characterised by its flexibility. Parents are made aware of their parenting habits and they can learn alternative ways to educate their children or react to situation in daily life, combining the information with the effective support of professionals. The course runs for eight months, with weekly meetings of two hours. This long period of time allows for monitoring of the implementation of new practices in families. The programme is free of charge, its timetable is agreed with participants and they can also make use of transport and babysitting services.

Adapting to the needs of migrants and ethnic minorities

Optimising the use of existing services entails ensuring that those families that need services most get more attention, rather than those who request services most. Families with a migrant or ethnic minority background tend to use services less than the average. Some of the reasons for this are their lack of awareness of their entitlements, language barriers or because they anticipate that they will be discriminated against. Public local services are reacting to this by recruiting staff from migrant backgrounds.

Migrant families from Somalia and Arabic-speaking countries have increasingly settled in the Swedish municipality of Linköping. Since these families may struggle with the Swedish language and/or have different parenting traditions, the municipality has trained individuals from these minorities to serve as 'bridge builders' between the Swedish majority and these minorities. These 'bridge builders' work part time at family welfare centres and in schools. One of their tasks is to recruit families to parental courses. Leaders run courses for minority groups in the minority language. Roma families have lived in Linköping for quite a long time and are approached in a similar way.

However, research from the European network of cities for local integration policies for migrants (CLIP) has shown that migrants are still underrepresented in the public sector. Some of the reasons mentioned are preferential treatment in recruitment, lack of language competence or relevant/recognised qualifications, or the complications associated with recruiting asylum seekers or third-country nationals (Eurofound, 2008).

Improving the take-up of parenting support services

In relation to the removal of barriers to access described in previous sections, there are other strategies that improve the take-up of services. The Social Care Institute for Excellence (2009a and b) identified the following possible improvements in service delivery:

- Marketing programmes: talking to parents in the community, holding taster sessions, ‘word of mouth’;
- Meeting parents before the first session in order to recruit the right people to the right courses, reassure parents that they will not be stigmatised or labelled ‘a bad parent’, assess parents’ readiness to engage with a programme, starting a relationship of trust;
- Creating a safe space: choosing the right venue, welcoming parents;
- Overcoming practical barriers: running ‘satellite’ programmes in rural areas or offering telephone-based courses, offering free transport, providing free high-quality childcare;
- Adopting a collaborative approach: enabling them to set their own goals, ‘where parents are at’ and at their pace;
- Helping parents to embed the learning into their daily lives: enabling parents to repeat a course if necessary, providing follow up and refresher courses.

Defining the boundaries of the intervention

As highlighted in the section on definitions, the concept of parenting support is open to many interpretations and views and there is no real consensus on what falls within or outside its scope. It is important to clarify what the boundaries of this intervention are in relation to other policy areas. This is important not only from a theoretical perspective, but also in order to avoid overlaps between services, particularly because of the wide range of areas of health and social care that parenting support touches upon. In addition, Daly (2011) points out the need to improve the definition and promotion of parenting support actions while also maintaining their broad applicability in order to facilitate cross-national mutual learning.

A relevant issue that needs to be considered more fully is the role that institutions should play in the promotion of a child’s well-being, considering that it is widely recognised that it is and should remain the primary responsibility of families themselves, who should be free to choose their parenting approach and their cultural and value model within the specific context where they live and which is rapidly evolving. In this perspective, the context in which families live deserves more consideration in the definition of the boundaries of the intervention.

Parenting support programmes need to be clearly articulated and to document how precisely they expect to benefit participants, setting objectives in specific terms that can be measured over time. ‘This will make it possible both to evaluate programmes in terms of anticipated, hoped-for outcomes as well as unanticipated ones that may emerge over time, and which may be just as illuminating in terms of practice development’ (Moran et al, 2004).

An integrated approach to services

As described in previous sections of this report, there are different institutions and levels of government involved in the provision of parenting support services, which can lead to gaps, overlaps and coordination issues. When classifying European countries according to their parenting support policies, Clavero (2001) distinguishes two types of models. On the one hand, **France** and **Sweden** are countries with an ‘explicit’ family policy and specific programmes to attain the planned objectives. Parenting support here constitutes a specialised, ‘parent-oriented’ service integrated with others. On the other hand, **Britain** and **Ireland** have no explicit family policy, but rather an uncoordinated set of family-related policies that target mostly those at risk of poverty. The public sector here is also less prone to intervene in the private sphere and therefore many services are provided by the voluntary sector.

Despite this lack of coordination, Clavero (2001) points out that both countries have introduced prevention and early integration strategies that bring together health education and family support into one programme. In Britain, coordination bodies have been set up in order to expand services, build networks and develop national standards (Clavero, 2001). In Ireland, services have been expanded since the 1990s and are better coordinated, with the creation in 2003 of the Family Support Agency. Services now follow the logic of ‘tailored universalism’, which means that there is support available for all citizens but services are also tailored to meet specific needs. Parenting support for all families includes standardised programmes (e.g. Parentline, Rollercoaster.ie) and short parenting courses for which it is often necessary to pay a fee. Parents considered to be at risk of social exclusion also receive a number of standardised programmes as well as services from Family Resource Centres across the country (Greene, 2011). It is foreseen that in the near future child and family support services will be reformed. Child welfare and protection will no longer be managed by the Health Service Executive and will be run by a Child Welfare and Protection Agency.

In addition to having national strategies and coordinating agencies, it is important that services are integrated at the local level and that this does not create further layers of bureaucracy. One way in which this has been accomplished is by promoting the creation of partnerships between services. Frost (2005) lists the following levels of partnerships:

- Cooperation: Services work together towards consistent goals and complementary services, while maintaining their independence;
- Collaboration: Services plan together and address issues of overlap, duplication and gaps in service provision towards common outcomes;
- Coordination: Services work together in a planned and systematic manner towards shared and agreed goals;
- Integration: Different services become one organisation in order to enhance service delivery.

Regarding interagency working, Statham (2011) makes the following distinction:

- Interagency working at different service levels – strategic, operational, front-line or with an individual child (case level);
- Interagency working for different client groups – for example, disabled children or young people at risk of offending;
- Interagency working at different levels of need – for example, all children or targeted at those with additional needs;
- Interagency working with different age groups – such as early years or youth provision.

It is important to ensure that partnerships and cooperation between different agencies takes into account the views and needs of service users, which is not always the case. A review carried out by Duggan and Corrigan (2009) on research

literature focusing mostly on the Irish experience on interagency cooperation in children's services pointed out that most of the evaluations do not include the point of view of children receiving services. Most evaluations focus on the benefits for the institutions and professionals involved in interagency cooperation. The review also showed that most of the literature focuses on enabling factors for interagency cooperation rather than effects that it has on the quality of the services delivered.

Parenting support services can also optimise the use of other services by providing information and making appropriate referrals. This is for instance the aim of the Family Support Hubs³⁴ in **Northern Ireland**. These Hubs consist of networks of statutory, voluntary and community organisations and they support families that do meet the criteria necessary for receiving statutory services. Families are referred to the services that best match their needs, rather than following a 'scatter gun' referral approach whereby users are referred to many services simultaneously in the hope that some may be able to provide some kind of support.

The HADD Family Support Group, Ireland³⁵ for families with children with Attention Deficit Hyperactivity Disorder (ADHD) provides information about referral services, medications and available entitlements and allowances (e.g. domiciliary care allowance, respite care grant). More concretely, it provides information about hospitals and clinic services for children and adolescents where children can be diagnosed and guidance for parents about how to look for and deal with ADHD-related traits and behaviour. It also informs parents about how to create suitable accommodations and an Individual Education Plan (IEP) at school with a teacher and/or local Special Education Needs Organiser.

In addition to this work, HADD carries out advocacy work and submissions to state agencies dealing with matters that are linked to ADHD (e.g. collaborating on the drafting of the Education for Persons with Special Educational Needs Act). Lastly, it also provides parenting advice on anger management, information events and leaflets, a telephone and email support line for parents and staff working with children. The group is funded by its members and is run by a voluntary committee of parents.

Taking up the suggestions in Eurochild (2010), parenting support would benefit from being integrated in the development of family policies within a comprehensive and integral plan for the realisation of children's rights: inclusive and child-centred structures and services could be promoted, where parents could find various initiatives and activities enabling them to learn and practise good parenting skills ranging from mainstream programmes to targeted initiatives. If parenting support was integrated in a clear policy framework, where the different levels of governance play a specific role, differentiated according to the institutional setting of each country, this would ensure congruence in interventions as well as ensuring the continuity of funding for parenting support.

In the definition of the overall framework of parenting support it seems advisable, given the multi-dimensional nature of child and parents' well-being, to take 'an integrated approach combining multiple policies, at the same time coordinated, cross-cutting (e.g. between different governmental departments or different social services) and vertical (local, regional, national and European levels)' (Coface, 2011).

³⁴ http://www.eurochild.org/fileadmin/Events/2012/05_CiNI/Presentations/4_Host_country_practice_Northern_Ireland.pdf

³⁵ <http://www.hadd.ie/>

Paying attention to gender equality

As highlighted in the section above regarding the accessibility of services, fathers are involved to a very limited extent in parenting support courses. According to Bartlett (2012), the involvement of fathers has benefits for them and also for the mother and the child. Postnatal depression in mothers is related to the relationship with the father and his involvement in infant care. Children tend to be affected by their mother's poor mental health (including postnatal depression), but a good and close relationship with their father tends to protect them from the worst effects (Hall, 2004). Fathers involved in the care of their children adjust to their new role quicker and suffer from less parental stress. The involvement of fathers is also crucial for the effectiveness of programmes, as fathers who do not participate in parenting support may not understand or support changes introduced by mothers (Bartlett, 2012).

In order to increase the participation of fathers, Bartlett (2012) suggests making reference to team parenting (e.g. communicating as a team, division of tasks) and not using gender neutral language (e.g. trainers should always speak about mothers and fathers). Some of the strategies used within the context of the Strengthening Families, Strengthening Communities programme in the UK have been the following: associating parenting support with academic achievement rather than caring and having new places of delivery (pubs) and outreach (betting venues). The programme increased the participation of men from 10% in 2005–2006 to 15% in 2007–2010 (Box, 2012).

Promoting empowerment by enhancing the direct involvement of parents

Parenting support cannot and should not be designed or delivered without parents taking an active part in the process. It is advisable to recognise parents' knowledge and encourage them to look for suitable solutions for their situation. Evidence-based programmes and protocols, though effective and useful, should not be the only provision available for parents as they also include a risk of democratic deficit, since it is only professionals who decide what is good and what is not.

An essential dimension of services and activities providing parenting support is the involvement and enhancement of the responsibilities and competences of parents themselves:

It is imperative that we avoid creation of a dependency culture or the stigmatisation of those in need. The prevailing philosophy is 'help for self-help', which means that the parents shouldn't be passive beneficiaries, but they should be encouraged to be proactive and responsible for taking decisions.

(Pourcheva-Bisset and Sotirova, 2011)

This culture of dependency was also mentioned in one of the interviews with a family therapist in the Hungarian country report:

As a family therapist, I see that many families invest money in solving their problems; but there are many who cannot afford to, or are averse to doing so or do not have information about the possibilities. Sometimes these people have bad experiences when they turn to the official family helpers. The main problem is that family helpers often do everything on behalf of these parents – filling in the applications for benefits, etc. These social workers want very much to help, but instead of encouraging families to improve their competencies or training them to resolve their conflicts on their own, they train them to be dependent. Our programme was developed so that families who fear that they may lose their children or their benefits can come to trust us. That is essential before the start of any regular parents' club for really needy people.

Enhancing the focus on the most vulnerable

This is another important topic well discussed in the Dataprev project:

*Some practices show the greatest effect when they are directed at parents with the highest level of need and with the greatest capacity to benefit. However, there are several arguments in favour of universally provided practices. First, they can improve mental well-being at population level. Second, they are less stigmatising. Third, universal practices can address problems before they reach clinical levels.*³⁶

The Dataprev project comes to the conclusion that effectiveness of programmes derives heavily from their capability to ‘offer elements of both approaches’. Families without sufficient social, material and cultural capital risk become even more excluded. Vulnerable families often welcome parenting support but may lack the resources to go to a centre on a regular basis. ‘Outreaching may also prevent [...] middle-class families using more services than those who need them most’ (Van Geertson, 2011). According to Utting (2007), evidence suggests that engagement can be improved by: ‘accessible venues and times for service delivery; trusting relationships between staff and users; a “visible mix” of staff by age, gender and ethnicity; involving parents in decision-making; and overcoming prejudices concerning disabled parents, parents with learning difficulties and parents with poor mental health’. Mary Daly (2011) suggests paying special attention to vulnerable groups underlying the importance of early intervention in this context and the role of tailor-made programmes for groups with different needs. Coface (2011) recommends ensuring additional targeted support and outreaching programmes for children and families particularly at risk of social exclusion – for example those living in deprived areas (e.g. depopulated rural areas or poor urban neighbourhoods) and children and families of ethnic minority or migrant background.

There is a need to study appropriate solutions to enhance the involvement of vulnerable groups while at the same time avoiding risks of stigmatisation. According to several authors, targeting can stigmatise parents or children, while universal delivery can avoid this. According to the OECD, support should be universally available, provided in a non-stigmatising way and be supplemented with additional help for the most vulnerable. ‘Targeting allows scarce resources to be used more intensively to remedy a problem. This can be more equitable than universalism ... At the same time, targeting inevitably misses children who might have benefited, but do not meet the imperfect targeting criteria’ (OECD, 2009). However, universality is costly; Boddy et al (2009) point out ‘the need for a more nuanced distinction between “universal” and “targeted” provision (or between “mainstream” and “specialist” parenting support)’. Mainstream services accessible to every family, while putting within these general services a special emphasis on less privileged ones, may help to overcome stigmatisation. ‘The so called “progressive universalism” – support for all, with more support for those who need it most – seems to be the most suitable way of intervening’ (D’Addato, 2011). Governments could support and stimulate low-threshold facilities in which integrated forms of parenting support are being offered, without the risk of stigmatisation.

Improving the qualifications and training available

Member States should ensure that practitioners – whether paid or unpaid – receive appropriate training and support to ensure quality standards. Joint working represents a high value in the delivery of parenting support provisions and it should be enhanced and supported within a common framework, both in the form of cross-agency collaboration and in the form of integrated (interprofessional) working groups in parenting support and related services. According to Boddy et al (2009), ‘it appeared that, although multi-disciplinary working could take time to develop, and necessitate challenging culture shifts, there were evident benefits from a joined-up approach.’

³⁶ Source: http://www.dataprevproject.net/Parenting_and_Early_Years

Improving the evaluation of programmes

Moran and colleagues (2004) comment that ‘we tend to measure what is easily measurable, rather than what we really want or need to know’. Boddy et al (2009) suggest that ‘the countries that placed least emphasis on formal evaluation of effectiveness also placed greater emphasis on supporting parents through individual-family oriented counselling approaches.’ This suggests that qualitative monitoring activities could also be implemented, in particular in small-scale projects, to derive lessons on how and why results are (not) reached by these more informal and individualised programmes.

For large-scale projects ex-post evaluations and participative evaluations, involving a broad range of key stakeholders, including parents, could offer support in drawing conclusions on how to overcome problems in the implementation of planned interventions.

A comprehensive categorisation of the outcomes from parenting support programmes is made by Moran et al (2004) as follows:

Child-focused outcomes

- Emotional and behavioural development – including externalising disorders (e.g. conduct problems, antisocial behaviour, offending, attention deficit and hyperactivity disorder, oppositional disorders), internalising disorders (e.g. depression, anxiety) and sleep difficulties.
- Educational development – including school readiness, early literacy and numeracy skills (such as vocabulary use), and educational competence in school years (such as reading and numeracy).

Parent-focused outcomes

- Skills (behavioural aspects of parenting) – including supervision, monitoring, negotiation, boundary setting, communication and negotiation.
- Attitudes and feelings/coping/confidence (attitudes to parenting) – including personal views about coping as a parent rather than observable skills; and parenting stress.
- Knowledge/understanding of child development (cognitive aspects of parenting) – including knowledge of factual aspects of childcare.
- Emotional/mental health – including prevention of depression, enhancing well-being and self-esteem, and reducing psychological distress.
- Social networks – parents’ social isolation or connectedness; access to networks and services.

Parent–child focused outcomes

- Parent–child relationships – including qualities of relationships such as warmth, attachment; general parent–child interaction and communication; communication with non-target child or other family members; and primary prevention of child abuse and neglect.

Conclusions 10

According to the OECD (2011), ‘with the current economic crisis, and the shift in poverty risks towards households with children, it is important for countries to provide support for families, especially for those with elevated poverty risks such as sole-parent and jobless households.’

With cuts and austerity measures affecting services such as childcare, families have to rely more on informal care in order to secure the well-being of their children. Without childcare services to support working parents, families (and particularly women) face what according to Esping-Andersen (2009) ‘has led to two ‘sub-optimal scenarios’: a ‘childless low fertility equilibrium’ or a ‘low income–low employment equilibrium’. While the former is one of the main causes of the fertility decline in Europe, the latter creates a loss of revenue for the state in terms of lost taxes from earnings and it also increases the risk of child poverty.

Poverty is proven to have a particular negative effect in child development, with children in poor families at a higher risk of neglect. The high stress and consequent high cortisol levels make it difficult for children to learn mathematics, reading or writing. Having a positive relation with parents can buffer the cortisol damage of high sustained stress on a child’s development in health, education and social care (McDonald, 2012).

Therefore, it is important to ensure that services facilitating harmonious relationships in the household are available at a time when more families are at a risk of poverty. This includes having a comprehensive strategy that gives parenting support services more continuity than a project-to-project basis, which is what happens in many projects in Estonia and Hungary. Similarly, in the Austrian country study it is reported that workplace-based parent education (betriebliche Elternbildung) has been discontinued, possibly because of the lack of interest of companies in funding these initiatives during the crisis. The previous section described a series of issues that can help towards providing a diversified and effective range of programmes.

The EU can support actions at the Member State level in a number of ways. It can continue its activities promoting mutual learning and comparability as part of the forthcoming 8th Research Framework Programme (FP8). Establishing a series of common quality criteria such as the ones developed for social services of general interest could be a useful framework to set standards at the national level. Lastly, parenting support should be part of the implementation of the European Commission Communication on Early Childhood Education and Care.

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