

# Parenting Support: Key Transformational Instrument of Child and Human Development Policies

## Trends in EU countries and discussion on parenting policies in Bulgaria

March 2019

### Introduction

Acknowledging the central role parents and caregivers have in fostering nurturing environments for children<sup>1</sup>, as well as the fact that all parents need to be supported in their role<sup>2</sup>, parenting policy and provision is undergoing conceptual and implementation developments to focus more on families and to empower them more<sup>3</sup>. This shift builds on parents' competencies and strengths as opposed to "parent education" models which used to dominate parenting support, by providing parents, who were seen as not capable of raising their children, with instruction. On the contrary, parenting support adopts a more bottom-up approach and refers to activities that influence the parent-child relation or parent-child interaction and is provided through a wide range of services.

The conceptual changes and trends in parenting policies provision are incorporating and strengthening universal elements of parenting. Effective parenting support policies in Europe and across the world are built in line with the progressive universalism approach and offer tailored-made services to families. Under such models, parents have access to various types of services that address all components of nurturing care<sup>4</sup> and their specific needs. In addition, services address parents' social needs and provide them with the opportunity to develop social support networks and build social capital. Examples across Europe<sup>5</sup> highlight the importance of civil engagement and of intersectoral cooperation in order to establish a sustainable continuum of support services. Bringing together various professionals (such as doctors, nurses, educators, social workers, etc.) and various services and agencies (e.g. hospitals, schools, community centers, social welfare services, etc.) around the child and family is important for meeting parents' diverse needs and for ensuring the take-up of services. The cooperation across sectors in planning and provision is important not only for meeting children's and parents' diverse needs but also because it helps towards campaigning about programs and services and raising awareness about them. The Irish government, acknowledging the pressures and challenges that contemporary families face, has commenced a shift in policy through various reforms in child protection and welfare services and through investment in early years. Ireland adopted a whole-of-government and whole-of-society approach to parenting support that encompass several policies to address

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<sup>1</sup> World Health Organization, United Nations Children's Fund & World Bank Group, 2018

<sup>2</sup> UNICEF, 2017

<sup>3</sup> Based on Katz et al. (2010)

<sup>4</sup> Conceptual framework that refers to a stable environment created by parents and other caregivers that ensures children's good health and nutrition, protects them from threats, and gives young children opportunities for early learning, through interactions that are emotionally supportive and responsive.

<sup>5</sup> Examples from Austria, Belgium, Croatia, France, Germany, Ireland, Italy, Nordic countries, Poland, The Netherlands, UK are addressed in this note

parenting. Protecting children is seen as inseparably linked to supporting families through a wide range of services and provisions that foster parents' ability to provide nurturing home environments.

Entry points for parenting services vary across countries and depend on the focus of the services<sup>6</sup> and the existing human development policy networks. Depending on the profile of parents usually several entrances into the system are designed. For parents with children under three or to expectant parents, the entry point is naturally the health sector in order to establish wider access of families to basic services. For individuals and families prone to risk multiple entrances are maintained to allow for an efficient and rapid access to a mix of basic and enhanced services. Finally, a special scope of activities is targeting parents with the start of the formal education life of children to address specific age needs and support priorities.

This policy note is developed with the aim to inform the planning and implementation of the policy goals toward parenting support in Bulgaria. It is developed to support (i) the discussions on the draft National Strategy for Children 2019-2020, (ii) the work for developing the first Strategy on Early Childhood Development Policies at the national level and to address the implementation and future planning following (iii) the national programs in health and education sectors in Bulgaria. First, the trends and concepts in parenting policies that influence the evolution of programs across Europe and other countries are summarized. Second, brief review of parenting components under the public policies in Bulgaria is proposed to foster discussions on the policy arrangements and implementation programs design needed to strengthen the outcomes of the existing systems and human development policies in Bulgaria. Possible entry points across sector services, that can be easily employed to initiate positive and flexible programs are discussed. Finally, possible steps for parenting support development are proposed together with nineteen examples for parenting policies from European countries. The examples include national strategies and programs approaches, parenting support delivery and an information campaign, collected in the Annex as a reference and program development support tool.

The evolution of parenting policies suggests that the strong systems are built on available universal networks and funding streams promoting better targeting, services coordination and improved planning linked to outcomes. The text is focusing on the main characteristics of contemporary parenting policies, captures lessons and provides examples for successful policies. It does so by presenting the main policy development trends based on examples from EU countries with focused policy developments in parenting that demonstrate efforts to invest in progressive universal approaches and promote a shift from reactive to family empowerment concepts. The note is addressing the scope and governance aspects of the programs and is not focused on their financial aspects<sup>7</sup>.

Parenting support is key for the policies to boost child development and positive human capital outcomes in Bulgaria. In the context of the challenging demography trends associated with the ageing population and human capital outcomes that are lagging behind the European countries<sup>8</sup>, the profile of the existing services addressing parenting reveals that the current policy mix is targeting with direct parenting services only a limited part of the population where most of the programs are addressing population prone to risk or in vulnerable situation. Parenting support needs to be at the core of country's strategic and operational actions, to invest in children's optimum development that may be achieved only when their parents are empowered and supported in their role.

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<sup>6</sup> In Germany for example, where all children are assumed to spend one year in day care prior entering primary school, family centers have been deliberately set up in day care centers.

<sup>7</sup> More on financial aspects World Health Organization, United Nations Children's Fund & World Bank Group (2018)

<sup>8</sup> Based on Human Capital Index (2018) HCI is 0,68. *Expected Years of School* in Bulgaria for a child who starts ECEC at age 4 are 12.9 years of school by their 18th birthday, almost a year behind countries with the highest scores in terms of human capital. At the same time, *Harmonized Test Scores* of Bulgarian students are at 498 points, whereas countries with the largest HCI measures range at much higher levels at around 550 points. Regarding health outcomes, the *Adult Survival Rate* of 15-year-olds at age 60 is 87 percent in Bulgaria

## TABLE OF CONTENTS

PARENTING POLICIES – SCOPE AND ELEMENTS .....	7
POLICY IMPLEMENTATION TRENDS.....	11
CONCEPTS FOR EFFECTIVENESS.....	12
ACHIEVEMENTS IN BULGARIA - SCOPE OF POLICIES FOR PARENTING SUPPORT .....	14
POLICY IMPLEMENTATION & EFFECTIVENESS.....	16
POLICY DEVELOPMENT PATHS AND SUPPORTIVE EU EXAMPLES.....	18
<b>PARENTING SUPPORT POLICIES AND PROVISION - EXAMPLES FROM EUROPEAN COUNTRIES</b>	
<b>NATIONAL POLICIES AND STRATEGIES</b> .....	22
1. THE NURTURE PROGRAM - INFANT HEALTH AND WELLBEING IN IRELAND.....	22
2. PREVENTION, PARTNERSHIP AND FAMILY SUPPORT PROGRAM (PPFS) IN IRELAND.....	23
3. HEALTHY CHILD PROGRAM IN UK .....	25
4. KIND EN GEZIN (CHILD AND FAMILY) IN BELGIUM.....	27
<b>SERVICE MODELS: MEETING POINTS FOR FAMILIES AND CHILDREN</b> .....	29
1. FAMILY CENTERS IN NORDIC COUNTRIES .....	29
2. FAMILIENZENTREN (FAMILY CENTERS) IN GERMANY (NORTH RHINE-WESTPHALIA - NRW).....	31
3. YOUTH AND FAMILY CENTERS (YFC) IN THE NETHERLANDS .....	32
4. PARENTING SHOPS IN BELGIUM.....	33
5. FRÜHE HILFEN (EARLY HELP) IN GERMANY .....	34
6. PROTECTION MATERNELLE ET INFANTILE (PMI) FRANCE .....	35
<b>PARENTING PROGRAMS</b> .....	36
1. DOBRY RODZIC DOBRY START (GOOD PARENT GOOD START) PROGRAM IN POLAND.....	36
2. GROWING UP TOGETHER WORKSHOPS IN CROATIA.....	38
3. MY BABY’S BRAIN IN UK .....	+40
4. NATI PER LEGGERE (BORN TO READ) IN ITALY .....	41
5. PLAY@HOME IN SCOTLAND .....	42
6. GROWN CHILD IN IRELAND.....	44
7. FAMILY FOUNDATIONS IN UK .....	45
<b>CAMPAIGNS</b> .....	47
PLAY, TALK, READ CAMPAIGN IN SCOTLAND .....	47
<b>COURSES</b> .....	48
PEUTER IN ZICHT (TODDLERS IN SIGHT) THE NETHERLANDS .....	48
LIST OF PUBLIC POLICIES AND PROGRAMS ADDRESSING PARENTING IN BULGARIA.....	49
REFERENCES.....	50

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## Working definitions

### Family policy

Family policy provides the overall framework towards measures that aim at supporting families and outlines the vision a government has of what families should be like and the role of the state in promoting families and family life (Katz et al., 2010). According to Vail (1992, p. 3) “family policy consists of policies, programs, laws and regulations designed explicitly to support families in raising children. It includes policies that support parents and communities in providing environments that ultimately assist a child’s development”.

### Parenting policy

According to Katz et al. (2010, p. 9) parenting policy refers to the “policies and programs that seek to support the quality of parenting or to alter parents’ activities with their children in or outside of the home. These include such policies as: parenting information; parenting orders; income management; and child support”. “Parenting order is a civil court order which compels a parent to attend parenting classes or counselling and to fulfil other requirements as determined necessary by the court” (Katz et al., 2010).

### Family support

According to Daly et al. (2015, p. 12) “family support is a set of (service and other) activities oriented to improving family functioning and grounding child-rearing and other familial activities in a system of supportive relationships and resources (both formal and informal)”. Family support is mainly provided through: services – especially social, health and psychological services to families; or/and the establishment or re-orientation of economic support to families, especially cash payments (Daly et al., 2015, p. 8).

### Parenting support & Parenting programs

One of the most frequently used definitions of parenting support is the following: “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” (Daly, 2007; cited in Janta, 2013, p. 9). In addition, Daly et al. (2015, p. 12) define parenting support as “a set of (service and other) activities oriented to improving how parents approach and execute their role as parents and to increasing parents’ child-rearing resources (including information, knowledge, skills and social support) and competencies”. Parenting programs can be defined “as activities, programmes, services or interventions, for parents, aimed at improving parenting interaction, behaviors, knowledge, beliefs, attitudes and practices, amongst children” (Britto et al., 2015, p. 3). The overarching aim of the programs is to raise awareness about the importance of parenting and about the critical role that parents play in children’s optimum development.

### Positive parenting

Positive parenting is defined by the Council of Europe (2006) as: “parental behavior based on the best interests of the child. It provides nurturing, empowering, recognition and guidance, which involves setting of boundaries to enable the full development of the child. Positive parenting supposes respect for children’s rights and a non-violent environment, where parents do not use corporal or psychologically demeaning punishment to resolve conflict or teach discipline and respect”.



## PARENTING POLICIES – SCOPE AND ELEMENTS

For many years parenting support was considered as a private domain where the state intervened primarily in cases of complex problems, but more and more family support is being integrated into a broader parenting or family policy<sup>9</sup>, guaranteed by the governments<sup>10</sup>. Although parenting is in many aspects private, with the Council of Europe Committee of Ministers Recommendation (2006)<sup>19</sup> on policy to support positive parenting, parenting is also acknowledged as a domain of public policy. Parenting policy and provision in different countries are undergoing various shifts leading into adopting parenting support as a policy area of its own or as part of the wider range of initiatives focusing on children’s well-being and support. Still, in many other counties, families do not have access to comprehensive parenting support but rather to uncoordinated and frequently overlapping services that address only some of their needs or dimensions of their parenting role. Many countries have explored parenting but lack a cohesive parenting support policy framework that helps towards formulating goals, resources and monitoring processes. Instead, parenting support is provided via targeted and/or segregated policies which aim to meet narrow purposes (e.g. child abuse) or meet the needs of specific subgroups (e.g. disadvantaged families)<sup>11</sup>. In order for parenting support provision to be effective, it needs to be provided under a cohesive parenting concept and implementation that aspires to help and support parents in various ways, depending on the specific needs and their strengths.

Evolution in parenting policy, based on countries with strong parenting component across the world, reveals that after the initial period focused in improving coordination and invest in parental capacity in the first 3 years of life, more and more today’s parenting systems are expanding their scope to address also the specific needs for parenting skills and knowledge, and the age specific needs of preschoolers and elementary school students<sup>12</sup>. Parenting is an integrated element of the ECD and child policies that span across lifecycle as essential policy segment triggering a set of direct services targeting children and their natural environment. Parenting is one of the key policy elements that the public systems are expected to coordinate and implement through provision of essential services that target human development through relevant sectors (health, nutrition, education, social and child protection). Strong examples for ECD and child policies are integrating parenting into the main policy components across lifecycle and are investing in comprehensive monitoring of child outcomes to guide policies. Effective policies (e.g. the Irish policy presented below) are characterized by an emphasis on developing a strong early childhood system around the child and her family, through assisting and enabling families to nurture the children and to support their overall development.

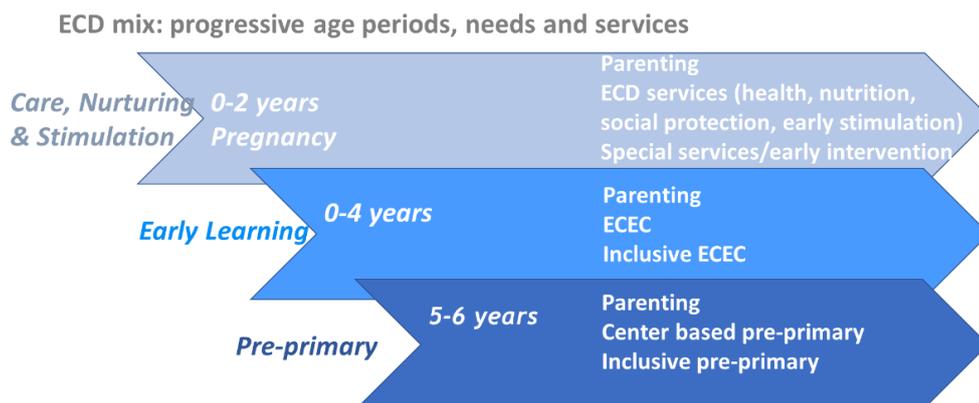


Figure 2. ECD policy and parenting mix following life cycle and progressive delivery of services (World Bank, 2019)

<sup>9</sup> Katz et al., 2010

<sup>10</sup> According to the Convention on the Rights of the Child (UN General Assembly, 1989) the family is “the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, [and] should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community”.

<sup>11</sup> Katz et al., 2010

<sup>12</sup> in Chile recently updated ECD policy targeting children 5-10 is focused on mental health and parenting

**Universal national policies are the basic network for parenting and are the primary focus of parenting policies through a combination of communication instruments and service provision across sectors.** A cohesive parenting support framework builds on the rationale that all children and families have needs and face challenges, although some have more intense and complex needs. This implies that there is a need to build a continuum of care and support around families, which includes universal services for all, enhanced services for those with additional needs and intense services for those who have complex needs (Figure 3). The services in all three levels (universal, enhanced and intense support) have to work together to form a seamless continuum that represents a cohesive parenting support framework<sup>13</sup>. Figure 3 is presenting the continuum of services needed to build strong ECD and child services that is equally relevant to parenting services as their core component.

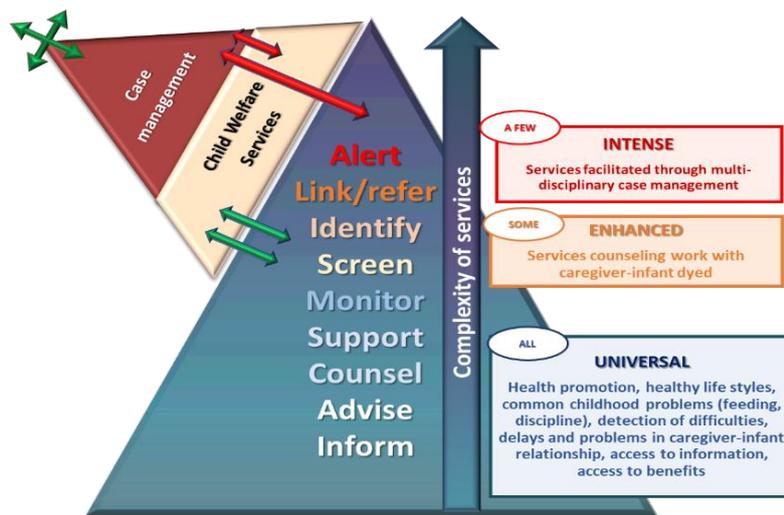


Figure 3. Progressive universalism – a continuum of services (Source: UNICEF & ISSA, n.d.)

**Parenting support should not be equated to maternal support and policies, but it needs to address and involve all caregivers that provide consistent care to children across lifecycle.** Parenting support provision is characterized by a) a wide array of services and forms of support in order for families to be able to choose based on their needs; b) services that aim at empowering parents through raising awareness about the important role they play in their children’s development and through incorporating their voices, needs and interests in new and existing plans; c) services that strive to foster gender equity and social inclusion, through including staff that reflects the diversity of the community and the families (e.g. workforce composition includes males, refugees, etc.). Parenting programs should start during pregnancy and pre-program elements during adolescence to promote what parenting is, what it involves and how it affects children’s overall development. In addition, other caregivers who are also responsible for children’s upbringing should be involved in parenting support programs to develop cohesive and coherent support<sup>14</sup>.

**In order for parenting policy to be highly effective and adequately address parent’s needs, leading EU policies are implementing whole-of-government and whole-of-society approach<sup>15</sup> (Box 1).** A whole-of-government approach implies that efforts are made sectors to coordinate, identify and pursue common goals, monitor joint actions and build effective collaboration with the ultimate aim to support parents in their role. A whole-of-society approach requires wider cooperation among different stakeholders (government, academic institutions, civil society, families, etc.) in order to move from policy to practice and establish shared ownership. Enabling environments for parenting policies and promotion of nurturing care are referring to a combination of enabling policies and supportive services (e.g. health, education, social welfare), empowered communities and caregivers’ capabilities. Box 1 below and examples in the Annex are

<sup>13</sup> World Health Organization, United Nations Children’s Fund & World Bank Group, 2018

<sup>14</sup> UNICEF, 2017

<sup>15</sup> Based on a desk review of policies and services in EU countries January-April 2019

presenting the whole-of-government and whole-of-society approach of Ireland to develop a combination of policies to address parenting.

### Box 1: Parenting support policy initiatives in Ireland

Ireland adopted a **whole-of-government** and **whole-of-society approach** to parenting support that encompass several policies to address parenting. The Irish government, acknowledging the pressures and challenges that contemporary families face, has commenced a shift in policy through various reforms in child protection and welfare services and through investment in early years. Protecting children is seen as inseparably linked to supporting families through a wide range of services and provisions that foster parents' ability to provide nurturing home environments. Children's development is seen as holistic and therefore a cross-Governmental approach is pursued in order to bring together a number of key areas of policy and provision for children, young people and families. Based on those views, Ireland has taken comprehensive steps in order to build a supportive system around families and children.

#### *National Policy Framework*

The 'Better Outcomes, Brighter Futures' constitutes the national children's policy framework comprehending the age ranges spanning children and young people (0 – 24 years). It adopts a whole-of-Government approach and is underpinned by a number of constituent strategies in the areas of early years, youth and participation. The overarching principle of the strategy is that there is a need to strengthen the support system around the child in order for children to reach their full potential. In that sense, parenting support is the first transformational goal. The Government has committed to: a) Develop a high-level policy statement on Parenting and Family Support to guide the provision of universal evidence-informed parenting supports. This should address parental and familial factors impacting on parenting capacity and family functioning (e.g. mental health and substance abuse) and identify responses required for 'at risk' children, families and communities; b) Ensure planning and coordination of parenting support at local level through Children's Services Committees; c) Continue the financial support to parents covering the costs of raising children through the provision of Child Benefit; and d) Evaluate current policy in relation to maternity and parental leave with a view to giving consideration to the introduction of paid paternity leave (Department of Children and Youth Affairs, 2014, p. 25).



The national parenting support programs (see the Nurture Program and the Prevention, Partnership and Family Support Program in the Annex), is implemented the context of various modes of universally accessible services to families. The recent launch of The First 5 Strategy ( whole-of-government strategy for babies, young children and their families) sets out how to develop a system of integrated, cross-sectoral and high-quality supports and services – an effective early childhood system – that will help all babies and young children in Ireland to have positive early experiences (Government of Ireland, 2019, p. 12). The main goals addressed by the Strategy are: a) strong and supportive families and communities; b) optimum physical and mental health; c) positive play-based early learning; and d) an effective early childhood system.

#### *Institutional Framework*

After the establishment of the [Department of Children and Youth Affairs](#), in 2011, with the aim to bring together a number of key areas of policy and provision for children, young people and families, a Minister for Children and Youth Affairs was introduced to oversee the reform of child and family services, and to drive the commitments of the 2011 Programme for Government. The [Child and Family Agency](#) (established 2014) is responsible for improving the well-being and outcomes for children across the country and ensuring the provision of transparent services, responsive to the needs of the young people and families it serves, as well as staying accountable politically, publicly and professionally.

Based on <https://www.tusla.ie>

**Countries in EU with strong parenting policies (e.g. Ireland, Sweden, UK, The Netherlands, France) often identify one lead government agency or department which, across a broader portfolio (that may include health, education and/or child protection), also contains the majority of the parenting-related policies and support.** For example, in the Netherlands, the Interministerial Programme for Youth and Families (working closely with the Ministry of Health, Welfare & Sport, the Ministry of Justice, the Ministry of Social Affairs & Employment and the Ministry of Education, Culture and Science) is the main coordinating institution for family policies. Yet, parenting support is the responsibility of the local and regional authorities. In France, too, although four Ministries are responsible for developing policy, financing and regulating services for children and / or families, a key role in the provision of family support programs has the Interministerial Office for the Family (Délégation interministérielle à la famille). In Ireland, the Department of Children and Youth Affairs brings together a number of key areas of policy and provision for children, young people and families, including childcare, child protection and welfare, alternative care and youth affairs. This approach is ensuring coordination of services and avoids the provision of overlapping services to children and their families. In addition, it helps towards coordinating services available to children and their families, managing decentralization by ensuring coherence across decentralized actors, fostering the development of common and shared goals, defining the approach to be followed in order to realize those goals and clarifying the roles of different agencies. Overall, assigning a lead agency (e.g. TUSLA<sup>16</sup>) is effective in coordinating policy development and policy implementation and in fostering effective coordination mechanisms<sup>17</sup> across ECD and child policies.

**Intersectoral cooperation is important not only for meeting children’s and parents’ diverse needs but also because it helps towards campaigning on programs and raising awareness about them.** Examples across the world are demonstrating that coordination nails down to simple practical rules, division of clear and separate responsibilities across sectors and respective services and empowerment of local provision level with coordination role. To avoid fragmented service provision, intersectoral cooperation based on easy to access universal services is essential in meeting families’ diverse needs. In the case of fragmented services, each program/service has its own goals, vision and values and there is no communication between them. The overarching aim of parenting support programs is to offer families the resources needed in order to provide children the five inter-related and indivisible components of nurturing care: good health, adequate nutrition, safety and security, responsive caregiving and opportunities for learning<sup>18</sup>. This requires the development of coordinated and integrated policies, services and support systems across the five components. Programs should adapt to this reality of developmental complexity to support nurturing care<sup>19</sup>. Many countries (e.g. Nordic countries, Germany, Belgium) have developed service models that provide a wide range of services - “under one roof”, in places easily accessible for parents or networks of services working in a coordinated manner. This approach is effective in ensuring that parents have access to services that are tailored to their needs and at the same time offer parents opportunities to socialize and network with other parents<sup>20</sup>. The examples included in the Annex highlight the importance of civil engagement and of intersectoral cooperation in order to establish a continuum of enabling support services.

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<sup>16</sup> The Child and Family Agency is an independent legal entity, comprising HSE Children and Family Services, the Family Support Agency and the National Educational Welfare Board as well as incorporating some psychological services and a range of services responding to domestic, sexual and gender-based violence.

<https://www.tusla.ie/about/>

<sup>17</sup> e.g. Naudeau et al., 2011

<sup>18</sup> World Health Organization, United Nations Children’s Fund & World Bank Group, 2018

<sup>19</sup> UNICEF, 2017

<sup>20</sup> Such an approach creates a “community” around the family and the child, while fostering a non-stigmatizing atmosphere, by offering comprehensive and low-threshold services.

## POLICY IMPLEMENTATION TRENDS

**Various modes of delivering parenting support are on the rise in the EU countries.** Parenting supply approaches varies enormously both among and within countries. Overall, there are two main modes of delivering parenting support: 1) a ‘go structure’ which includes visits at family’s home and 2) a ‘come structure’, during which families visit the service complemented with communication component targeting both universal and specialized beneficiaries of the parenting support. The ‘go structure’ approach is more effective for families at risk, since they are more easily reached at their home. In addition, programs and services may be group-based or individually delivered. Individual approaches are more effective for families with complex problems. Examples for delivery modes are extensively described in the Annex and below.

In some countries (e.g. Belgium, Finland, France), initiatives supporting parents are organized and coordinated through networks. The Assistance and Support for Parents (REAAP) in France is one such example.

### Box 2: Parenting support networks

#### The REAAP framework in France

In France, parenting support is provided under a broad policy agenda which aims at promoting social cohesion and inclusion. Overall, multiple services provide parental support and assistance in various ways (e.g. rights advice and general or specialized health and social services). At the local level, social services are in direct contact with the families and are responsible for coordinating the different actions of all these services for each family according to their specific needs (European Social Network, 2012).

REAAP is the national framework for parenting support in France and funds local networks that support the development and delivery of parent-led support provision for all parents of children under the age of 18. According to the Ministry, “these actions provide a favorable framework to help parents define and provide a structuring framework for their child within which he can flourish and grow. They take into account the diversity of the family structures, the forms of exercise of the parental function and the recognition of the place of each one of the parents as educator of their child, in respect to the principles of political, philosophical and confessional neutrality”<sup>21</sup>. The framework emphasizes a cross-agency partnership and funds the establishment of networks and/or partnerships rather than the organizations themselves. As such, REAAP are state-funded programs, but financial decisions are made at the local authority level, and fund only the network or the partnership (Boddy et al., 2009).

REAAP networks, which constitute a primary source for parenting support in France, are underpinned by the principle that “all parents may find themselves confronted with difficulties to which they cannot, by themselves, provide the answers” (Boddy et al., 2009, p. 42) and aim at enhancing and increasing parental engagement and empowerment in a voluntary basis and offers them with the resources and expertise they need for their role. The framework enables parents to exchange information and experiences with peers and to help one another, in the context of discussion groups. Frameworks may be developed by local communities or by the parents themselves. Groups may be facilitated by professionals (e.g. social workers) or non-professionals who are trained for the role.

Technology based parenting support services may include online counselling and support services and platforms, apps, telephone helplines, etc. Groeimee.be website and the Elterntelefon telephone helpline are only two examples in Europe.

### Box 3: Technology based parenting support services

#### Groeimee.be website in Belgium

Groeimee is a website for everyone who is busy raising children and adolescents. Parents and other prime caregivers will find here qualitative and reliable information about upbringing, a reflection of the most current themes about upbringing and an overview of upbringing support in their region. Groeimee.be is a collaborative effort among EXPOO, Kind en Gezin (see Annex) and other experts. EXPOO is the expertise center for educational support of the Flemish government, positioned in the Child and Family agency (Kind en Gezin). EXPOO has two major assignments: 1) the collection, enrichment and dissemination of knowledge and know-how regarding

<sup>21</sup> <https://solidarites-sante.gouv.fr/archives/famille-enfance/dispositifs-d-aides-aux-familles/article/les-reseaux-d-ecoute-d-appui-et-d-accompagnement-417404>

upbringing, upbringing support and the living environment of children and young people; 2) and the practical support of the broad field of work with methods, techniques and instruments.

#### **Elterntelefon in Germany**

**Elterntelefon** is a German national telephone helpline for parents, that, among others, provides parents with the opportunity to share their concerns and problems without thematic restrictions. The overarching aim is to help parents address the issues they experience, bringing them into the public debate and encouraging them to make concrete changes in order to improve the situation of families. Elterntelefon is the umbrella organization of the largest, free, telephone counseling service for children, adolescents and parents in Germany. With its members, Elterntelefon has set up two nationwide networks and provides advice and support on minor and major problems. The association emerged from the German Child Protection Association and, as a member, closely linked it with its objective of improving the living conditions of children and adolescents in Germany. The German Child Protection Association supports the work of Elterntelefon through its local infrastructures and its socio-political lobbying.

Self-help groups cover different types of needs with the common idea that 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” (Molinuevo, 2013, p. 38).

#### **Box 4: Self-help, peer or parent-to-parent support groups**

##### **Community Mothers Program (CMP) in Ireland**

CMP is a parent-to-parent support program addressed to first-time and some second-time parents of children aged 0-2 years. The program, which is primarily targeting disadvantaged parents (including lone parents, teenage parents, travellers, asylum-seekers and refugees) is delivered by experienced, trained mothers. The uniqueness of the programme is that originally it was delivered by non-professional/paraprofessional or volunteer mothers (the ‘community mothers’), who were recruited, trained and supported by family development nurses. ‘Community mothers’ use their experiences as mothers as well as local knowledge to support and encourage new parents. The program is an example of the important role health services play in parenting support. However, upon the establishment of TUSLA (the Irish Child and Family Agency), the running of the program became complex due to the fact that both implementation and funding are split between TUSLA and the Health Services Executive (HES). This split endangers the future of the program and creates inconsistencies in how the program is run in different settings.

**Meeting points:** They address parents’ need to network and socialize with other parents. One such example is Baboes in Belgium.

##### **Baboes in Belgium**

Baboes is a free meeting space where parents of children under 5 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 (Malinuevo, 2013).

## **CONCEPTS FOR EFFECTIVENESS**

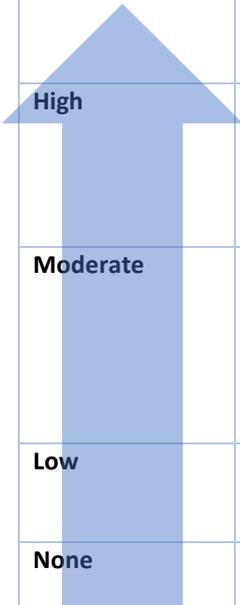
**Enabling effectiveness of parenting support is as important as providing parenting support.** An inherent element of effective parenting support policies and programs is their continuous monitoring and evaluation. Program evaluation and monitoring are essential in order to make sure that the program achieves its goals and that families’ and children’s needs are met, as well as in order to plan future steps and to ensure its sustainability. For example, a central element of the Nurturing Programme presented in the Annex is its rigorous and continuous evaluation. The program is being evaluated in order to inform the development of the Program and to identify the learning for other system-change initiatives within health and public sector services. The Prevention, Partnership and Family Support which is also included in the Annex is rigorously monitored and evaluated in order to examine the process, implementation and outcomes of the various services that are available to families under this Program. Various service models and programs (e.g. the Familienzentren, the Parenting shops, etc., included in the Annex) have developed quality criteria in order

to ensure that services provided to families and their children are of high quality and that their needs are met. The need for monitoring their effectiveness has also been acknowledged by parenting programs. For example, the “Growing Up Together Program of Workshops” included in the Annex, has effectively used the results of participants’ self-reports and the external evaluation to adapt and meet local needs by developing more demand-oriented programs for specific groups of families (see Annex). As it becomes evident from the models included in the Annexes and from the literature review, it is important to set up mechanisms that ensure pluralism in evaluation and monitoring. Although the need for evidence-based programs is on the rise, it is important to build on parents’ and practitioners’ self-reflection on implemented approaches.

**Across policies, the quality of the services provided is inseparably linked to the quality of the workforce that delivers the services.** Taking into consideration the diversity of the services available and the diversity of the workforce (e.g. social educators, psychologists, social workers, lawyers, health professionals, etc.), there is a need for coordinated initial and continuous professional development, as well as a need to develop training programs on parenting support. Those programs will help practitioners in charge develop the necessary knowledge, skills and values in order to be able to provide responsive support that builds on effective relational skills. This implies that content knowledge is not enough. Training should also equip practitioners with facilitation, engagement and adult education skills. Central part of any workforce development initiative is also the provision of continuous support, mentoring and coaching<sup>22</sup>.

**A possible approach for rapid policy evaluation to assess the state of policies boosting parenting skills and providing adequate support to existing needs<sup>23</sup> is presented in Figure 4.** It is assessing the level of comprehensiveness of parenting policy mix (as combination of sector actions) and governmental structures. According to that framework, policy implantation ranges from emerging to comprehensive.

Figure 4. Continuum of parenting policy implementation



Level of policy development	Policies	Structures
<b>Comprehensive</b>	Policy brings together not only explicit ‘family’ and ‘parenting’ policies but includes consideration of impact on families of all public policy including transport etc. Families have direct input into new policy development.	Central/federal government and local governments actively collaborate to implement family friendly policies. There is a family/parents advocate (e.g. Ombudsman <sup>24</sup> ) outside of government, who is often empowered by legislation to monitor the province’s child policy.
<b>High</b>	Overarching policy articulated by government, backed with a range of specific policies and programs aimed at all parents and vulnerable groups. There is an explicit parenting policy agenda documented by government.	Whole of government approach sanctioned by central agencies, led by one department. Formal agreements between national government and states/provinces
<b>Moderate</b>	Some centrally funded policies and programs aimed at parenting or groups of parents. Initiatives being developed for universal approaches, pilot projects initiated. However parenting policy itself is not articulated, being part of broader family or children’s policies.	One government department or agency takes the lead and begins to engage other relevant departments.
<b>Low</b>	Some central/federal policies e.g. parental leave, baby bonus and funding for local programs but no overall policy	Policy fragmented and not articulated, blurred boundaries between national and local/state government
<b>None</b>	No coherent parenting policies – some local short-term programs	No parenting policy in central/federal government

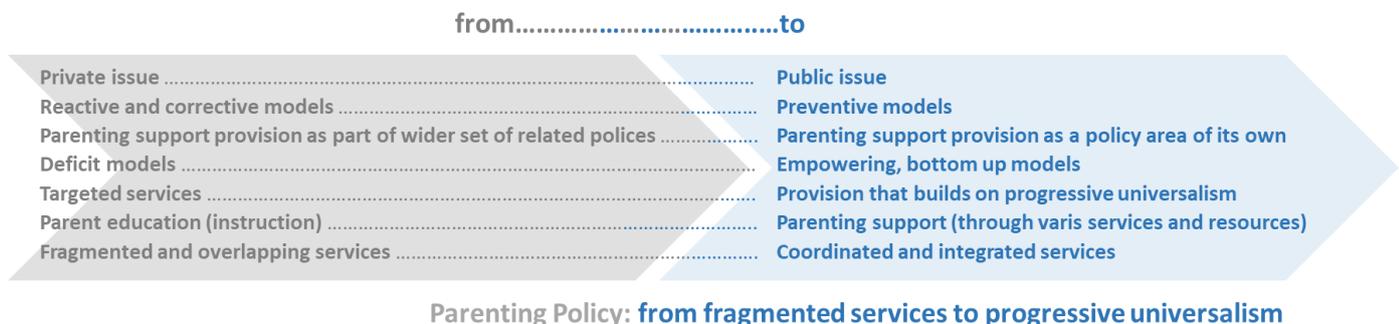
<sup>22</sup> UNICEF, 2017

<sup>23</sup> Based on Katz et al. (2010)

<sup>24</sup> in Canada most provinces have a Child Advocate or Ombudsman who is often empowered by legislation to monitor the province’s child policy

**Parenting policy and provision is undergoing conceptual and implementation shifts to focus more on families and to empower them more.** Acknowledging the central role parents have in fostering nurturing home environments, as well as the fact that all parents need to be supported in their role, there is a shift from the approach for intervening in cases with complex problems (reactive and corrective models) towards offering families with universally accessible services, delivered through open-access services, that are tailored to their needs. This provision builds on parents' competencies and strengths as opposed to "parent education" models which used to dominate parenting support and adopted a "deficit" orientation, by providing parents, who were seen as not capable of raising their children, with instruction. Parenting support, on the contrary, adopts a more bottom-up approach and refers to activities that influence the parent-child relation or parent-child interaction and is provided through a wide range of services. Figure 5 summarizes the conceptual changes and trends in parenting policies provision that are incorporating and strengthening universal elements of parenting to existing traditional sector policies as health, education with universal coverage and to other essential policies and their services.

Figure 5. Conceptual shifts in parenting support



## ACHIEVEMENTS IN BULGARIA - SCOPE OF POLICIES FOR PARENTING SUPPORT

**Parental policy development in Bulgaria might be assessed as low to moderate with a strong focus on sector specific consultation to parents provided through mixture of universal or targeted services, emergent coordination and low attention on outcomes on parents and parenting support.** The provision is focused on consultative components linked to universal health services for children and a mixture of consultation and basic information exchange focused on the child in universal education. Targeted services for children and families prone to different risks have been growing in parallel with the evolving child protection policies and the reform for closing public services for institutional care for children. The competing policy priorities, sector focused system arrangements and lack of widespread approaches concerning the role of public policies in parenting support has contributed into a weak as coordination and implementation parenting support as overall<sup>25</sup>. At present families have access for fragmented and frequently overlapping services that address some of their needs or dimensions of their parenting role. Coordination for delivery across sectors is low and there are no systematic approaches in monitoring needs and priority support areas that Bulgarian parents need.

**Support that targets parents is key for the policies to boost child development and positive human capital outcomes in Bulgaria.** In the context of challenging demography trends associated with an ageing population, crude birth rate at 8.9‰ (2018)<sup>26</sup>, and human capital outcomes that are lagging behind the

<sup>25</sup> Katz et al., 2010

<sup>26</sup> 9.9‰ for Eu 28 in 2017 <http://www.nsi.bg/en/content/6612/birth-rates>

European countries (the productivity of a child born today is at 68 percent of their potential<sup>27</sup>), the profile of the existing services addressing parenting reveals that the current policy mix is targeting through parenting services limited population (many of the programs are not specific on the profile of the targeted population or addressed needs). Parenting support needs to be at the core of country's strategic and operational actions, to invest in children's optimum development that may be achieved only when their parents are empowered and supported in their role.

**Legislation and system preconditions<sup>28</sup> for strengthened and responsive to family needs policies In Bulgaria are strong.** Parenting is recognized in strategic documents as key policy. First, the vision in the proposal for a National Strategy for Children 2019-2030 is demonstrating sustainable commitments in child policies, focused on child well-being, and is addressing the need in general skills to be strengthened and promoted across population. Parenting support is positioned as one of the core elements of this strategy to enable the support of parenting as function and as basic competence to promote skills for 21<sup>st</sup> century. This document is expected to guide a policy shift from a focus on fragmented services to systematic family concepts and provision, flexible to specific needs and promoting family empowerment and to stimulate the creation of an approach for policy change that the separated sector implementation will have to address. In addition, the existing national programs in health, education and social policies, and the services associated with them, as well as the strategic documents addressing child policies under those sectors, are prioritizing positive parenting promotion as key policy for development. The recent example is the newly adopted Social Services Act (2019), which will come into force in 2020, that has a strong potential to develop existing practices in the social sphere by supporting parents through knowledge and information. Finally, current human development policies are building a strong foundation for parenting through the existence of wide network of universal services that span across childhood and through complex institutional bodies responsible for those policies and their standards. Overall, legislation and policies are addressing the needs for parenting support as priority but are slowly influencing changes into the existing policy set, implementation improvements or introduction of new programs.

**Still the level of coordination of the existing variety of services, programs and strategies addressing indirectly or more directly parenting is weak and is not organized around a common concept for parenting support.** Low coordination across sectors and within sectors reveals the lack of conceptual positioning of parenting elements and activities. Often parenting support is integrated as an unmeasurable component of complex services as health check-up and consultation or provision of early childhood care and education (ECEC) services for children, without policy attention to targeted outcomes and analysis. This finding is replicating the message from Saber ECD analysis (World Bank, 2013) that one of the key missing components in the early childhood development (ECD) policy mix in Bulgaria is the coordinated and planned support for empowering partners with knowledge and skills. In addition, systematic monitoring of outcomes and program efficiency addressing parenting support is missing as existing programs across sectors are not designed to collect information on the key domains where support is needed. Usually programs are followed by administrative focused assessment on coverage and accomplishment of activities but there is no information how they collect systematic knowledge on the existing challenges and needs to inform policy components addressing parenting.

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<sup>27</sup> Based on Human Capital Index (2018) *Expected Years of School* in Bulgaria for a child who starts ECEC at age 4 are 12.9 years of school by their 18th birthday, almost a year behind countries with the highest scores in terms of human capital. At the same time, *Harmonized Test Scores* of Bulgarian students are at 498 points, whereas countries with the largest HCI measures range at much higher levels at around 550 points. Regarding health outcomes, the *Adult Survival Rate* of 15-year-olds at age 60 is 87 percent in Bulgaria

<sup>28</sup> Enabling environment

## POLICY IMPLEMENTATION & EFFECTIVENESS

**Existing program and policy approach for parenting support in Bulgaria tend to be focused on targeted support** for different groups of parents or children prone to risks, while the widespread universal services and programs are focused on direct sector functions, underutilizing possible quick entry points for basic parenting support. For strengthening the effect of activities and measures aimed at parents, a coordinated plan for parenting support provision and skills building has to be designed in order to ensure the relevance of intensity and content with respect to the age group of the children being cared for and, if necessary, to take into account any specific support needs that those children or their families might have. A horizontal policy covering these issues has to be developed within each of the relevant sectoral systems for the purpose of maximizing the impact of the existing measures and activities. A number of public programs aimed at parents are not currently used as an input to provide support and transferring knowledge and skills. Those programs could serve as an illustration of the untapped potential of the systems that could be organized in a clearly regulated mechanism for reaching out to parents and providing coordinated support. The sections below offer a brief overview of the existing resources from the point of view of the key sectoral policies.

**The analysis<sup>29</sup> of the scope of health services in support of parenting reveals that the strong potential of the universal health programs (free access for children up to age 18 to wide package of health services) to invest in parenting and skills is underutilized** and focused primarily to specific health consultation that is appropriate to age and health needs and delivered under standard health checks and services as a key instrument for knowledge transfer to parents<sup>30,31</sup>. Responding to the overall development of targeted services to children with special needs, disabilities and chronic diseases, training focused on care for children with special health conditions is provided for caregivers<sup>32</sup>. While the National Health Strategy (2014-2020) is prioritizing parenting support and parental education in their integrated role with education and social policies, and is calling for specific attention to vulnerable to health and social risks population, the implementation of this priority is untracked. Despite the standards addressing access to health care and health promotion<sup>33</sup>, the limitations of the system in respect to maternal and the universal child health program (representing a quick access gate to comprehensive parenting programs) are associated with limitations in access to services, low coordination and the need to raise professional competences of health professionals and the associated shortages of health professionals, so that the system follows those needs as primary policy priority. This, in combination with the lack of clear plan for coordinated parenting support produce low stimulus for the system, far below logical policy expectations. The implementation of the National Program for Improvement of Maternal and Child Health, that builds upon the programs targeting health insured pregnant (excluding comprehensive access to pregnant that are not health insured) and all children, provides for health promotion, consultations and trainings but lacks coordinated approach, both between provision units within the system (Centers for child and maternal health) and with other systems. It is also suffering unclear operations targets and measurable policy goals. The overall contribution and outcomes on positive parenting in response to the health strategy priorities are not being systematically monitored. Finally, the designed programs are still being focused with priority on the maternal support, thus revealing the traditional sector approach of public health policies to parenting.

In health provision **there are several domains and operational entry points to enable provision of basic universal support for parents, that could be coordinated with other processes in relevant sectors, designed in respect to existing workload, system and human resource challenges** and addressing the need

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<sup>29</sup> Based on a desk review of policies and services relevant to parenting policies in Bulgaria January-April 2019.

<sup>30</sup> The universal Child Health Program (Ordinance 13 from July 23, 2014)

<sup>31</sup> The Maternal Health program is targeting only health insured (under the National Health Insurance Fund) pregnant with a package of services including health promotion component (Ordinance 7 from November 3, 2016).

<sup>32</sup> Regulation for the statute and activities of the centers for complex services for children with disabilities and chronic diseases

<sup>33</sup> Medical Standards for General Practice (Ordinance 41 from December 21, 2005)

of the society for a timely transfer of knowledge, information and skills for parents. The healthcare system, with its potential to provide support, knowledge and information to parents, has a key role to play. The provisions of the healthcare strategy in relation to parenting have to be guaranteed by the medical standards, beyond the sector specific health promotion, on the one hand, and by the implementation of the national healthcare programs, on the other, through (1) achieving more targeted coordination of activities directed towards the integration of different processes in accordance with the system workload and helping healthcare professionals acknowledge the key role of healthcare in supporting parenthood, as well as the actual significance of this support; (2) coordinating the roles and activities of key services and professionals - GPs and pediatricians, midwives, healthcare professionals within the broad spectrum of healthcare, nutrition, educational and social activities; (3) strengthening and further developing the role of the Maternal and Child Health Centers, which will play a central role in the provision of parental support and in the coordination of the work of the systems on this topic; (4) linking key services for families with children, nurseries and toddlers' kitchens, in a coordinated plan for effective activities aimed at parents; (5) making use of the potential of health services within the educational system.

**The social insurance system and the existing cash transfer network targeting families are another policy with universal functions (social insurance or benefits for parents) that could be utilized to complement the health sector, obtaining quick and efficient access to parents, early in child lifecycle and timely in respect to promoting positive parenting.** This public function is often falling outside of human development policy instruments being associated mainly with payment regulations encompassing labor and tax legislation and social assistance policies. In practice, the system is providing quick access to parents and caregivers and could be used as an easy entry point to universal parenting services as a referral or a coordination system to promote attractive public services on parenting.

**In the recent years the most intensively developed parenting support programs have been implemented within the social services delivery system** as components of various services and programs aimed at vulnerable groups or groups at risk. A number of new practices have been introduced in the process of closing specialized childcare institutions and substituting them by guaranteed public childcare within families or family type environments. The parenting support activities of the public support centers are carried out in an uncoordinated manner and are not based on a general concept with respect to policies and outcomes. In addition, some pilot models have been introduced, such as the Family Counseling Centers, which focus on parenting by combining social, health and educational services. The community centers that offer parenting support services have developed practices that complement the package of universal sectoral services targeted at parents. These public policy achievements, however, have not been linked to a coordinated parenting support concept, and have been associated with a difficult process of sharing and acknowledging the already existing models in the context of the individual sectoral policies. The social policy has been characterized by highly differentiated services targeting vulnerable or at-risk populations. The Social Services Act (2019), which will come into force in 2020, has a strong potential to develop existing practices in the social sphere by supporting parents through knowledge and information. The envisaged national service map, aimed at ensuring access to general and specialized state-guaranteed services, is going to be instrumental in setting a firm and planned policy geared at providing differentiated support in accordance with the needs of parents. In the same time, the employment services addressing a diverse profile of the population that should be priority target of parenting policies, could be included in the mix of entry points for parenting promotion and policies. Currently employment functions of the social system are not utilized to contribute to flexible access to promote parenting.

**Key policies within the educational system that carry strong systemic potential for providing program-based support to parents are introduced at a relatively late stage of early childhood education - after the inclusion of five-year old in compulsory pre-school education.** Education is a universal policy aimed at children and their parents for a relatively long period of children's lives – from 5 to 18/19 years of age. For the purpose of developing complex approaches to parenting, the role and scope of the education system in

the different age ranges<sup>34</sup> should be taken into account with a view to planning the educational activities aimed at parenting support. The educational system has demonstrated strong commitment to putting emphasis on interacting with and involving parents as key partners. This trend is visible in the strategic documents and operational programs of the Ministry of Education and Science (MES). The Act on Pre-school and School Education Act clearly acknowledges the role of parents as participants in the educational process of children and supports the education of families, especially the families of children with disabilities. In implementing the (1) Strategy on Reducing the Share of School Dropouts (2013-2020) strong emphasis has been put on specialized programs for pupils and groups at risk. The Strategy looks at parenting support in terms of applying different forms of preparing for and implementing "responsible parenting". (2) Policies for preventing dropout adopt interventions aimed at early school leavers, educational desegregation, and increasingly acknowledge the role of parent involvement in achieving education success.; (3) The National Strategy for Educational Integration of Children and Students from Ethnic Minorities (2015-2020) and (4) the National Program for Assistance to Municipalities for Implementation of Educational Desegregation Activities (2019-2020) also address parenting. The work with parents has been set as a clear priority in the above mentioned strategies and implementation plans as some of them have also been used as a basis for developing some of the national educational programs such as *Together for Every Child* aimed at keeping pupils and students in compulsory school age at school, and *Development of the Pre-school Education System* aimed at building a family community within kindergartens.

**In education the universal elements of parenting support are much less developed compared to the measures targeted at groups of pupils and families who are at risk of unfulfilled potential with respect to developing their knowledge, skills and competencies.** The existing forms of parental involvement (with potential of broader participation and coverage) in the educational process, such as participation in public councils, boards of trustees, etc. and the opportunities those forms provide for complementing and informing support needs, have not been used to the highest possible extent and have not been recognized as parenting support tools. Even though parenting support activities have not been systematically monitored and evaluated, the policy that puts emphasis on educational support tailored to children's individual needs and the increasingly complex national programs mentioned above, provide an excellent opportunity for the education system to take part in a coordinated approach to parenting by using the already existing good practices in interacting with parents.

**Although there is no analysis of the needs and demand for parenting services, the private sector participation in that field is revealing some clear messages on the characteristics of the demand for parenting knowledge** that could be used as an entry point for initiating planning and analysis. An analysis<sup>35</sup> reveals that the parenting skills needed before and after birth are the most developed and sought after. The provision of those skills has not been coordinated on the central level and lies within the responsibility of numerous stakeholders such as maternity wards, parents' organizations, commercial companies or social service providers. Although they are widespread and enjoy sufficient interest, the classes for pregnant women and new mothers have not been recognized by the state as a way of implementing parenting support policy (despite the fact that they have been mentioned in the documents of the healthcare system) and have been delivered without any state commitment or funding. There is no practice of referring parents to providers or regularly disseminating information about such forms of support.

#### **POLICY DEVELOPMENT PATHS AND SUPPORTIVE EU EXAMPLES**

**In conclusion, while policy environment and strategic concepts are promoting comprehensive parent support approaches<sup>36</sup>, the Bulgarian public policies are still operating under sector- stagnated concepts of service provision,** with limited success in coordination provision across the human development sectors. This characteristic has a strong legacy from the traditional sector- focused policies, implementation approaches and budget flows. Compared to EU leading policy examples for parenting support policies the approach towards parenting support in Bulgaria is fragmented, prioritizing reactive policy strategies in

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<sup>34</sup> ECEC offer services for families with children from 2 to 6 years of age

<sup>35</sup> The same as above

<sup>36</sup> The legislative enabling environment discussed above

response to complex problems, still focused on targeted services and with low level of coordinated universal approach to parenting. Examples and contemporary policy characteristics discussed in this note are suggesting that the country is slowly following the conceptual policy shifts for parenting, but significant challenges with setting more flexible approaches and efficient policies are present due to limitations in policy implementation approaches, insufficient operationalization of policy goals and a need for greater coordination work. In addition to this profile, the public debate is influenced by the existing resistance to parenting policies in their public domain role that complement the private parenting space, which reveals insufficient level of trust, knowledge and low public awareness to current policy action as a response to parenting needs.

**A step towards the delivery of effective parenting support policies and services is to define clearly what parenting support is and includes**, as well as its boundaries and objectives. Parenting policy touches on a number of areas such as health, education and social welfare. It requires the establishment of clear delimitations about the role of services so as to avoid gaps and overlaps in provision<sup>37</sup>. The clear conceptualization of parenting needs is to be followed by an action plan and underpinned by common vision and values. This plan will clearly articulate the roles of families, of the government, of support families, and detail the support approach. A central aspect of the plan is the assignment of clear roles and responsibilities for implementing the plan, as well as outlining the theory of change the plan builds upon<sup>38</sup>.

**Integrating the structured parenting support services into the existing delivery platforms is the preferable policy approach.** However, such efforts will start by assessing the existing situation of delivery platforms in order to address potential deficiencies in the system. The aim of such monitoring and evaluation is to build on existing strengths, address existing weaknesses and strengthen existing services. This will help to avoid the provision of replicated or overlapping services and ensure that services available to families are of high quality and responsive to their needs. To profit from the strong potential of human development policies supporting parenting, the mapping of the underused policy instruments as entry options of the systems could help the planning optimization of the existing instruments and the existing resources within systems.

**Finally, the institutional aspect of the parenting policy coordination is needed as a key element of the existing strong public networks.** Coordination often is not prioritized as a specific policy development task and goal that has to be supported through focused planning, efforts, activities and measurable outputs. The existing reach policy instruments needs mostly logical and process analysis to identify overlapping, possible merge and alignment, flexible entry points to provision and content review to address existing needs of parents. In the same time the institutional processes and coordination will require review and possible redesign to ensure the mentioned above flexibility in provision close to families, as a final policy outcome, and specific projects targeting institutional improvements, roles and mandates, that are planned in time and are measurable, to guarantee the institutional support and developments for policy objectives. This second element will require specific effort and planning and could be recognized as a critical program for change to guarantee parenting and related human development policy efficiency.

**The examples for parenting programs in this policy note include a wide range of parenting approaches across the EU.** Table 2 below summarizes the main characteristics of the models and programs that are presented in the Annex of this note where examples for comprehensive and promising national policies and strategies in parenting support are included with the aim to showcase how such instruments support the implementation of national policies for child and family support. Effective community-based services that assist and support parents in their role, as well as effective parenting programs are presented. In the end, a national campaign, used as an advocacy tool, and one parenting course, that aims at informing parents of developmental issues and how to best handle problems or developmental stages, are included.

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<sup>37</sup> Molinuevo (2013)

<sup>38</sup> World Health Organization, United Nations Children's Fund & World Bank Group, 2018

**Table 2. Brief overview of parenting support examples**

Name	Type	Country	Age range	Target	Implementing authority	Level of implementation	Focus
The Nurturing programme - Infant Health and Wellbeing	National strategy	Ireland	0-3 years	Universal	Health Service Executive (HSE), the Atlantic Philanthropies, the Katharine Howard Foundation (KHF) and the Centre for Effective Services.	National	Fosters the relationship between parents and health care professionals
Prevention, Partnership and Family Support Program	National strategy	Ireland	Not age specific	Universal and targeted	Tusla (Child and Family Agency) and partner organization	National	Provides supportive, coordinated, multi-disciplinary and multi-agency framework and evidence informed services that achieve positive outcomes for children
Healthy child program	Public health program	UK	Pregnancy to 5 years	Universal	Hospitals / Home visiting	National	Program of screening, immunization, health and development reviews, supplemented by advice around health, wellbeing, parenting and parental support
Kind en Gezin (Child and Family)	Agency	Belgium	Pregnancy to 3 years	Universal and targeted	Kind en Gezin and partners	Local	In cooperation with other stakeholders, various services are provided to families and children
Family centers in Nordic countries	Service model/ Meeting points	Nordic countries	Not age specific	Universal	Municipalities, counties, NGO's and parishes	National	Promote the wellbeing and health of children and their families.
Familienzentren (Family Centers)	Service model/ Meeting points	Germany	0-4 years	Universal	Government, local organizations and non-government organization	National	Strengthen parenting skills and improve the reconciliation of work and family life
Youth and Family Centers	Service model/ Meeting points	The Netherlands	0-18 years	Universal	Municipalities and government	Regional/ National	Early prevention, family support
Parenting shops	Service model/ Meeting points	Belgium	0-18 years	Universal	The governmental agencies Child & Family and Youth Welfare	Regional	Meeting points and parenting support
Frühe Hilfen (Early Help)	Service model	Germany, Austria	Pregnancy to 3 years	Universal and targeted	Federal Foundation for Early Help	National	Day-to-day support and promotions of the relational and parenting skills of (expectant) mothers and fathers

Name	Type	Country	Age range	Target	Implementing authority	Level of implementation	Focus
Protection Maternelle et Infantile	Service model/meeting points	France	Pregnancy to 6 years	Universal	Local authorities	National	Prevent medical and social problems among pregnant women and children under six years of age
Dobry Rodzic Dobry Start (Good Parent Good Start)	Program	Poland	0-6 years	Universal and targeted	Nobody's Children Foundation	Regional	Prevention of child abuse and positive parenting
Growing up Together Workshops	Program	Croatia	0-4 years	Universal	Rastimo zajedno Centar za podršku roditeljstvu and UNICEF	National	Personal growth and development of competences of both the parent and the child
My baby's brain	Program	UK	0-3 years	Universal and targeted	Not specified	Not specified	Promotes sensitive and attuned caregiving and aspires to support practitioners to use the 'Five to Thrive' activities
Nati per Leggere (Born to Read)	Program	Italy	0-6 years	Universal	The Associazione Culturale Pediatri, the Italian Library Association and the Center for Child Health	National	Improves literacy and fosters the child-parent relationship
Play@Home	Program	Scotland	0-5 years	Universal	NHS Health Scotland	National	Play and physical activity programme
Grown child	Program	Ireland	0-5 years	Universal	Lifestart private organization	Regional	Empowers parents, strengthens parent-child relationship and helps provide a high-quality home learning environment
Family foundations	Program	UK/USA	Pregnancy to 6 months	Universal	Community (e.g., religious, recreation), Hospital/Medical Center	Not specified	Enhance co-parenting quality
Play, Talk, Read campaign	Campaign	Scotland	0-3 years	Universal	Scottish Government	National	Stimulate their children's development through playing, talking and reading on a regular basis
Peuter in Zicht (Toddler in Sight)	Course	The Netherlands	1.5 – 4 years	Universal and targeted	Youth and Family Centers	Municipality	Toddler development and managing toddler behavior

# Annex: Parenting support policies and provision. Examples from European counties.

## National policies and strategies

### 1. THE NURTURE PROGRAM - INFANT HEALTH AND WELLBEING IN IRELAND

#### **Brief description:**

The Nurture Program, which was launched in 2016, aspires to improve the information and professional support that the Government offers to parents and aims to support parents and healthcare professionals in their caring and service provision roles. The program empowers parents, builds on their existing skills and competencies and helps them feel supported in their parenting role. Under the program, the development of coordinated services is achieved, and services are delivered consistently across sectors. Parental engagement is a key element of the Nurture Program strategy, ensuring that services are built around parent's needs and are responsive to their feedback.

#### **Age range:**

From pregnancy to 3 years

#### **Service provision:**

Ireland's national child health program is delivered by hospital-based maternity services, and primary care teams in every community in the State. It includes maternity and infant care, the first visit from the Public Health Nurse after baby comes home, and a supportive schedule of child health reviews, vaccinations and screening provided by GPs, PHNs and Community Medical Doctors (<https://www.hse.ie/eng/health/child/nurture/about.html>). From pregnancy through to the child's third birthday, parents can meet a healthcare professional at least 25 times at antenatal/postnatal and child health visits.

Under the Program six implementation teams have been established: 1) Knowledge & Communications; 2) Antenatal to Postnatal; 3) Training & Resources; 4) Infant Mental Health & Supporting Parents; 5) Health & Wellbeing Promotion & Improvement; and 6) Standardized Records for Parents & Professionals.

The Nurture Program has developed a new child health and development [website](#), which offers parents guidance to pregnancy, baby and toddler health; information from experts; and information on health services and support. Universal access will be provided to the Child Safety Awareness Program to guard against accidental deaths and unintentional injuries to babies and infants. Infant Mental Health will be promoted, covering topics like bonding with your baby, parent-child communication and supporting your baby's early learning and development. Additional supports will be provided to mothers to breastfeed whenever possible and evidence-based information on all aspects of infant feeding and nutrition will be promoted. Other key deliverables of the program include: New healthy pregnancy book; Updated Caring for Your Baby / Child books; Training and professional development program and framework; Standards for antenatal education; Infant mental health resources for staff and parents; National standardized child health record for professionals; and Standardized screening tools (Pardy and Sheehan, n.d).

#### **Funding:**

The Nurture Program - Infant Health and Wellbeing is being led, co-ordinated and delivered by the National Primary Care and National Health and Wellbeing Divisions, supported by the Katharine Howard Foundation (KHF), Community Foundation for Ireland (CFI) and the Centre for Effective Services (CES). To ensure the long term sustainability of the Nurture Program, an Infant Development Fund has been established through matched funding from the Community Foundation for Ireland (CFI) which will continue to support innovation in service design and implementation for this age cohort, especially as the findings from new research become available (<http://www.khf.ie/what-we-do/nurture/>).

#### **Strengths and weaknesses:**

The program supports the provision of universal, coordinated services which promote the Irish strategy. The program is being evaluated in order to inform the development of the Program and to identify the learning for other system-change initiatives within health and public sector services. The implementation teams established provide an accountable structure to move the work through stages of implementation. In addition, they ensure the geographic and discipline representation in the implementation of the program.

## 2. PREVENTION, PARTNERSHIP AND FAMILY SUPPORT PROGRAM (PPFS) IN IRELAND

### **Brief description:**

The implementation of the PPFP is focused on early intervention and aims at providing supportive, co-ordinated, multi-disciplinary and multi-agency framework and evidence informed services that achieve positive outcomes for children. The ultimate objective of the program is to help stop problems experienced by children and families from getting worse, or from developing into a crisis. The program has a number of comprehensive and accessible low, medium and high prevention services.

### **Age range:**

Not age specific

### **Service provision:**

The PPFS has a number of comprehensive and accessible low, medium and high prevention services including [Meitheal](#), the [Parenting24seven.ie](#) website, [Parenting Support Champions](#)/parenting supports, [Family Resource Centres](#), [Creative Community Alternatives](#), and funding for child, youth participation and parental projects.

The Programme is implemented collaboratively by Tusla and partner organisations by way of five main work streams:

- Participation: Supporting the participation of children and young people in decisions that affect them.
- Parenting: Supporting parents in developing their parenting skills.
- Commissioning: Developing a strategy for the commissioning of Tusla services in the most efficient, equitable, proportionate and sustainable way in order to improve outcomes.
- Meitheal and the area-based approach: Implementing an area-based approach to identifying and addressing needs earlier and in a coordinated manner.
- Public awareness: Communicating the work of the Prevention, Partnership and Family Support programme (Tusla, n.d.).

### Meitheal:

In a Meitheal, a lead practitioner will identify a child's and their family's needs and strengths and then bring together a 'team around the child'. The team will deliver support that is properly planned, and is focused on the child's developmental needs. The child and their family are fully involved and participating in this process at all stages.

### Parenting24seven:

This website contains insightful tips on what works best for children and families at different stages of childhood, and in different situations. This site has separate sections for parents who have children under five, those between six and 12-years-old, and for parents with teenagers. Parenting24Seven promotes 31 messages: seven general messages which apply to parenting children of all ages and 24 messages which are specific to different life stages. The online resource offers evidence based key messages on what works best for children and families at different stages of childhood and in different situations. The key messages are from a parenting support document outlined by the Child and Family Agency for supporting parents to improve outcomes for children (<https://www.tusla.ie/services/family-community-support/prevention-partnership-and-family-support-programme/national-child-and-family-support-week/parenting-and-family-supports/parenting24seven.ie/>)

### Parenting support champions:

Parenting support champions are existing practitioners working with children and families employed by Tusla and its partners. The role of the parenting support champions is to:

- Promote the objectives of the Parenting Support Strategy within their area. Part of this work will be to support parental participation initiatives including the parenting learning community.
- Facilitate parents getting involved in the planning, delivery and evaluation of services in partnership with related initiatives and networks.
- Promote the 50 key evidence-based parenting support messages, including Parenting24seven to parents.
- Participate in relevant planning and networking events within their area that are related to the implementation of supports for parenting, where possible

([https://www.tusla.ie/uploads/content/PSC\\_Resource\\_Pack.pdf](https://www.tusla.ie/uploads/content/PSC_Resource_Pack.pdf))

### Family resource centers:

There are 109 Family Resource Centres (FRCs) in Ireland that are open to all families and funded by Tusla. The FRC programme is Ireland's largest family support programme delivering universal services to families in disadvantaged areas across the country. A central feature of the FRC programme is the involvement of local people in identifying needs

and developing needs-led responses (<https://www.tusla.ie/services/family-community-support/prevention-partnership-and-family-support-programme/national-child-and-family-support-week/parenting-and-family-supports/family-resource-centres/>)

***Creative Community Alternatives:***

Creative Community Alternatives (CCA) aims to provide alternative responses to children and young people who are either on the edge of alternative care, or currently in alternative care due to complex factors that may include abuse, neglect, parental separation, attachment issues, alcohol and /or drug misuse, mental health and economic disadvantage (<https://www.tusla.ie/services/family-community-support/prevention-partnership-and-family-support-programme/national-child-and-family-support-week/parenting-and-family-supports/creative-community-alternatives/>).

**Funding:**

The program is funded by the government. Services are provided by Tusla (Child and Family Agency) and partner organizations.

**Strengths and weaknesses:**

PPFS is an evidence-led approach to prevention and early intervention work. It is about delivering services within a coordinated, multi-disciplinary and multi-agency framework, from universal and community services, through to secondary and tertiary level services.

### 3. HEALTHY CHILD PROGRAM IN UK

#### **Brief description:**

The Healthy Child Program for the early life stages focuses on a universal preventative and intervention service, providing families with a program of screening, immunization, health and development reviews, supplemented by advice around health, wellbeing and parenting. Overall the Program aspires to improve the health and wellbeing of children, as part of an integrated approach to supporting children and families. In the updated version of the HCP, special emphasis is given on parenting support. Attention is given into:

- Supporting mothers and fathers to provide sensitive and attuned parenting, in particular during the first months and years of life.
- Supporting strong couple relationships and stable positive relationships within families, in accordance with The Children's Plan (Department for Children, Schools and Families, 2007).
- Ensuring that contact with the family routinely involves and supports fathers, including non-resident fathers.
- Supporting the transition to parenthood, especially for first-time mothers and fathers (Shribman and Billingham, 2009, p. 10).

Overall, the program aims at: helping families to have the best start in life; helping parents to keep their children healthy; encouraging healthy living from an early age; improving the health visiting service; protecting children through immunization; supporting mothers and children with mental health problems; improving chances for children with vulnerable mothers; and providing free school meals (Velea and Tamburlini, 2014, p. 17)

#### **Age range:**

Pregnancy and the first 5 years of life

#### **Service provision:**

Health Visitors offer services on four levels<sup>39</sup>:

- Level 1. Community level: Inform parents about the resources available in the community and help towards improving existing self-help groups and children's centers. They also assist parents to develop their own groups if they want.
- Level 2. Universal: At this level home visitors ensure that all mothers have access to health visitors and receive information about health-related issues, such as parenting and immunization. Each family receives 5 key visits: 1) One around the 28<sup>th</sup> week of pregnancy (fathers are included); 2) 10-14 days after child's birth; 3) when the child is 6-8 weeks old; 4) a 9 month health and child development review; and 5) a 27 month review of your child's development.
- Level 3. Universal Plus: Gives families a rapid response when specific expert help is needed (e.g. issues such as Postnatal Depression, Weaning, Sleepless baby or answering any concerns about parenting)
- Level 4. Universal Partnership Plus: Health visitors provide on-going support, playing a key role in bringing together relevant local services (e.g. children's centers, community services, local authority children's services), to help families with continuing complex needs.

#### **Funding:**

The program was developed under the "Giving all children a better start in life" policy – Department of Health and Department for Education. The provision of the program, which is a public health program, has been transferred to local authorities. The main initiative at the moment regards the increasing in numbers of the health visitors, as the professional group that delivers the Healthy Child program.

#### **Strengths and weaknesses:**

The Program is constantly changing and developing in order to be adapted to new knowledge, public expectations and societal changes. For instance, the updated Program emphasizes more on parenting support and on fathers' involvement. The activities included in the Healthy Child Program are informed by the most rigorous and updated research. When the program is properly implemented, effects include: 1) strong parent-child attachment and positive parenting, resulting in better social and emotional wellbeing among children; 2) care that helps to keep children healthy and safe; 3) healthy eating and increased activity, leading to a reduction in obesity; 4) prevention of serious and communicable diseases; 5) increased rates of breastfeeding; 5) readiness for school and improved learning; 6) early

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<sup>39</sup> For more information see

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/167998/Health\\_Child\\_Programme.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf) and <http://www.hacw.nhs.uk/our-services/childrens-community-health-services/health-visiting-old/the-healthy-child-programme/>

recognition of growth disorders and risk factors for obesity; 7) early detection of – and action to address – developmental delay, abnormalities and ill health, and concerns about safety; 8) identification of factors that could influence health and wellbeing in families; 9) better short- and long-term outcomes for children who are at risk of social exclusion (Asmussen and Brims, 2018, p. 22). However, in order to be effectively implemented, there is a need for sufficient numbers of trained health-visitors.

In addition, although the program is considered as being an effective intervention, not all parts of the country assign the same importance to it. Thus, there is a call for implementing the Program as early as possible during the pregnancy. Moreover, it has been maintained that in order to be effectively implement the HCP should be underpinned by a systematic assessment of population needs that provides a basis for configuring services and allocating resources. The assessment should take into account different families' needs and take measures in order to address those needs. Finally, there are concerns that in countries other than UK, a one-size HCP will not fit all (Shribman and Billingham, 2009).

## 4. KIND EN GEZIN (CHILD AND FAMILY) IN BELGIUM

### **Brief description:**

Kind en Gezin is an agency of the Flemish government. Its mission is to actively contribute to the well-being of young children and their families through services in the policy fields of preventive family support, childcare and adoption. The agency cooperates with various stakeholders in order to deliver services. These include:

- District centers: 1) district team members: district nurses, family support workers and a district team manager; and 2) supported by provincial parenting support consultant, provincial target groups consultant, infant participation staff and lactation specialist
- Infant welfare clinics: volunteers, district team members, and clinic doctor
- External players:

([http://www.europe-kbf.eu/~media/Europe/TFIEY/TFIEY-1\\_PP/Katrien\\_Verhegge.pdf](http://www.europe-kbf.eu/~media/Europe/TFIEY/TFIEY-1_PP/Katrien_Verhegge.pdf)).

### **Age range:**

Preventive family support is addressed to expectant parents and parents with children aged 0-3 years.

### **Service provision:**

The dominant themes in the services provided from pregnancy to 3 years are: healthy eating, daily care and hygiene, good health and full set of vaccinations, safe living and sleeping environment, optimal development and positive parenting.

These themes are addressed through the provision of various services. These include:

- Children's centers
- Home visit
- Follow-up of the child in the consultation office
- One-to-one consultations
- Campaigns
- Information evenings and fairs
- Information that can be obtained via:
  - o Brochures, leaflets, posters, accounts, annual reports
  - o The website on themes such as nutrition and exercise, safety, development, education, care, health and vaccination and childcare
  - o Newsletters 'From baby to toddler'.
  - o The Child and Family Line at 078 150 100.
  - o Newsletters on pregnancy, the evolution from baby to toddler, childcare, adoption and family support (per age/ad hoc)
  - o Videos
  - o Social media

### Prenatal service provision includes:

- Info evenings and maternity fairs in cooperation with maternity clinics
- Information (pregnancy booklet; brochures; Kind in Beeld -information conveyed through pictures and pictographs-; website; Kind en Gezin – contact centre; newsletters on pregnancy; and social media)
- Guidance of (socially) vulnerable pregnant women (e.g. teenage pregnancies, addiction, financial problems, individuals without identity papers, disabled individuals)
- Prenatal support centres in some of the bigger towns (prenatal consultations and house calls; referral to mainstream services provision; house calls by the district nurse in smaller towns and municipalities)
- Introductory visit (in maternity clinic or at home)
- House calls
- Hearing test
- Provision of services on education

### Postnatal service provision includes:

- Consultations at infant welfare clinic (weighing and measuring; preventive medical examination by a physician; vaccinations; eye test at 12 and 24 months; discussion of questions)
- Information (child booklet; brochures; Kind in Beeld - information conveyed through pictures and pictographs; website; Kind en Gezin – contact centre; newsletters 'Van baby tot kleuter' - from baby to toddler-; and social media)

- Children's centres. They constitute a home for children and parents. The centres provide medical and pedagogical consultations, whereas the one-stop shop for parents for local information and support, creates a mix of diversity of services based on the concrete needs of the families.

**Funding:**

Kind en Gezin is an agency of the Flemish community that resorts under the Flemish department of Welfare- Minister of Welfare, Family and Health

**Strengths and weaknesses:**

The services are customized to meet diverse families' needs. The medical prevention is for every child, but the rest of the service are more tailor-made. Parents can join a range of activities. Some parents prefer an extra home visit or a walk-in moment, other parents want contact via social media, and others like to come together in a group around a theme. To better match these questions, local activities are being worked out in consultation with the parents. Parents are free to participate in this. Other aspects that characterize the services are the following. Services are preventive, on a voluntary basis, free of charge, supportive of a positive attitude. Thus, the services reach out to socially vulnerable groups and acknowledge parents' potentials. In that sense, the agency follows a progressive universalism approach and provides special services for vulnerable families within the mainstream provision.

In addition, the agency uses 'family supporters' in order to reach disadvantaged families. Family supporters use various means of communication adapted to the needs and background of the family (e.g. films, translations etc.)

([http://www.europe-kbf.eu/~media/Europe/TFIEY/TFIEY-1\\_PP/Katrien\\_Verhegge.pdf](http://www.europe-kbf.eu/~media/Europe/TFIEY/TFIEY-1_PP/Katrien_Verhegge.pdf)).

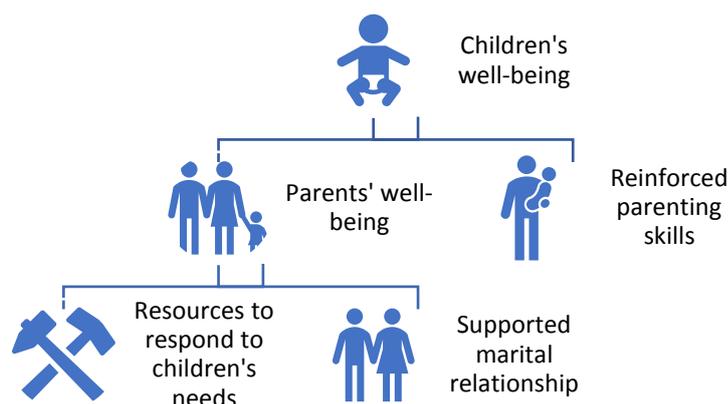
Challenges surrounding the organization and the provision of services by the Agency include: 1) the more extended provision of preventive antenatal services; 2) the development of a structural policy rather than the implementation of short term, isolated, projects; 3) working on the structural aspects of vulnerable families; and 4) investment in the attitudes and competences of those working with families ([http://www.europe-kbf.eu/~media/Europe/TFIEY/TFIEY-1\\_PP/Katrien\\_Verhegge.pdf](http://www.europe-kbf.eu/~media/Europe/TFIEY/TFIEY-1_PP/Katrien_Verhegge.pdf)).

## Service models: Meeting points for families and children

### 1. FAMILY CENTERS IN NORDIC COUNTRIES

#### Brief description:

Addressing existing deficiencies in family support measures, many countries (and especially the Nordic countries) have developed a coordinated and comprehensive family service model that aims at supporting parenthood and promoting the well-being and health of children and families on the basis of a collaborated and low threshold approach. The principles that underpin the organization of the Family centers are presented in the Figure below.



The aims of the family centers are:

- to support and strengthen parents in their role as carers and childrearsers (protective factors)
- to develop the social networks of children and parents
- to act as a local meeting point for children, families and local residents for play, pedagogical activities and social interaction
- to develop working models which engage children and parents
- to identify physical, mental and social risk factors at an early stage
- to offer children and parents support and services with a low threshold
- to develop multi-professional, cross-sector collaboration between the services
- to build up partnerships with the third sector
- to act as a center for information and competence
- to disseminate knowledge that is based on scientific research and evidence (Kekkonen et al., 2012, p. 10).

#### Age range:

In general, family centers in Nordic countries are addressed to all children and parents.

#### Service provision:

Family centers offer a complete range of services to children and their families which are co-located. Those services include:

- Health services (e.g. maternal and child healthcare clinics, doctors, psychologists, physio and speech therapy).
- Open early childhood education and care services.
- Specialized social services: family work, home help, social work, child guidance and family counselling (Kekkonen, 2017).

Support is provided through special services, consultations and other outreach activities. The organization of the centers may take various forms:

1. Multidisciplinary family center in which services are located in the same building
2. Multidisciplinary family center in which services may locate in different premises
3. Welfare advice center
4. Open ECEC center; and
5. Specialized family support center (Kekkonen, n.d.).

Services are provided in collaboration among municipalities, counties, NGO's and parishes (Kekkonen, 2017).

**Funding:**

Family centers are funded by public funds provided by the regional and local authorities.

**Strengths and weaknesses:**

In family centers, parents are supported in their role through various modes: 1) Support for positive attachment and good interaction with a baby/ child; 2) Support for parenthood throughout the whole childhood; 3) Support provided in different environments, life-situations and tailored for diverse families; 4) Digital tools; chats, net-clinics, Facebook – groups, game-based parenting support programmes; and 5) Evidence-based programmes and practices (Kekkonen, 2017). Family centers are effective because they provide low-risk, universal support which benefits both children and their parents. At the same time, they foster the integration of vulnerable groups and contribute into closing the cycle of poverty. Thus, the integration of services under one roof increase health and education promotion and decreases health and education inequality. In addition, the model is scalable since it has been developed and implemented across Nordic countries and beyond (Balfour et al., 2017).

However, the high demand among parents indicates that authorities should pay attention in opening many centers in order to meet the needs of parents and especially the needs of disadvantaged families. In addition, little is known about the cost-effectiveness on this model (Kekkonen et al., 2012).

According to Kekkonen (2017), in order for family centers to be effectively operated the following key factors should be taken into account and be in place: 1) Written goals and action plan; 2. Cross-sectional cooperation structures: steering team /group, coordinator and multi-professional team; 3. Agreements and principles concerning cooperation: ECEC services vs. health and social services; Non-governmental organizations and multi-professional cooperation as a whole; 4. Strategy of family centre as a low-threshold service: Involvement of families and children, social network, peer group activities and peer support; and 5. Target-group interventions and specialized services (Kekkonen, 2017).

## 2. FAMILIENZENTREN (FAMILY CENTERS) IN GERMANY (NORTH RHINE-WESTPHALIA - NRW)

### **Brief description:**

Family centers offer low-threshold support services to families. The centers aim at providing on the one hand care and education and on the other hand counselling and support services (advice, information and assistance) to parents in order to strengthen their parenting skills and improve the reconciliation of work and family life (Eurochild, 2011a; 2012). Their primary function is to serve as the 'hub' of a network of families and child welfare services. The aim of the state program is to support families in their education and in everyday life and thus to contribute both to early promotion and prevention as well as to a better reconciliation of family and work and to more equal opportunity and educational justice. Family centers should:

- Comprehensively promote children individually and intensify the educational mission;
- Identify language deficits, especially among children from immigrant families, early and systematically reduce them;
- Recognizing the strengths and weaknesses of children early and advising parents on issues of education, health and education in a targeted manner and at a very early age;
- Develop day-care centers for the educational and experiential places of children and their parents, thus strengthening parents in their parenting skills;
- Help parents with everyday conflicts and make this help available more directly and without inhibitions;
- Successfully addressing migrant families and families from educationally disadvantaged backgrounds;
- Improve the compatibility of family and career;
- By opening up the supply structure, creating more variability in the care periods and age mix, and thus more in line with the needs of families;
- Facilitate the transition from kindergarten to elementary school (<https://www.familienzentrum.nrw.de/landesprogramm/ziele-und-entwicklung-des-landesprogramms/>).

### **Age range:**

Families with children 0 - 4 years.

### **Service provision:**

Family Centers combine the services of different agencies (offering education, care and family support services) and offer parents a reliable point of contact for every day questions. Parents can have the support and services they need in a 'single source'. The Family Centers organize and provide numerous help programs that support the well-being of families and are accessible to parents and children in everyday life and within easy reach. For example, they offer open consultation hours for parenting or family counseling, or they can arrange and accompany you in a further consultation. Above all, families in special circumstances such as single parents and families with a migration background benefit from this. Low-threshold parent cafés, parenting events on educational topics and educational competence courses also contribute to prevention and early support, as well as creative, exercise and nutritional services for parents and children. In addition, the family centers are involved in the transition of children to primary school, advise parents in questions of partnership and much more (<https://www.familienzentrum.nrw.de/landesprogramm/ziele-und-entwicklung-des-landesprogramms/>).

Assuming that almost all children attend a day care center for at least one year prior to entering primary school, and thus almost all parents have regular and intensive contact with the facilities, the family centers have been deliberately set up at the day care centers. In addition, parents place great trust in the place of care of their child so that support offers can be accepted more easily.

### **Funding:**

This is a joint universal program of the government, local organizations and non-government organization.

### **Strengths and weaknesses:**

One main strength of the program is that they are needs-based networks. Parents and children receive a tailor-made offer. Another strength is there are quality criteria that need to be met in order to receive the label "Family Center NRW". All family centers are / must be certified and quality dimensions are reviewed every four years. In addition, the synergy created among various institutions helps towards avoiding duplicate and / or overlapping services. Thus, the Government supports the promotion and expansion of the Centers. However, there is an emphasis on creating new places at more socially deprived areas and on involving mainly disadvantaged families. This might be seen as a threat to their low-threshold, universal nature. In addition, the fact that Family Centers are set up at daycare centers may have implication about how accessible they are for parents whose children do not attend a daycare center.

### 3. YOUTH AND FAMILY CENTERS (YFC) IN THE NETHERLANDS

#### **Brief description:**

Youth and Family Centers (YFC), provide at a central level, parenting support. There is not a national standard for the YFC and they are designed and set up in a local context. The aims of the YFC are to: provide universal parental and youth support at a familiar location; help towards preventing premature referrals and addressing problems early; strengthen primary support in cooperation with child care, education and welfare facilities; and offer advice, support and tailored help.

The main characteristics of the YFC are:

- Combine local functions and tasks related to health, growing up and parenting
- Is an easily accessible walk-in location
- Can be found in every municipality with the same name
- Have a positive image aimed at facilitating parenthood and growing up
- Offer information, advice and basic assistance
- Stand for early prevention and identification of youth and family at risk
- Can arrange interventions and referral in cooperation with a wide variety of facilities ranging from health care and education to welfare and social (youth) care
- Render services for parents and youth from pregnancy up to 23 years
- Are equally accessible to all cultural groups
- Give advice to professionals who work with parents and youth
- Use shared registers and electronic child databases (Darwish & de Vries, n.d., p. 3).

#### **Age range:**

0-18 years

#### **Service provision:**

Each YFC has to provide a wide array of services, which under the basic model that is addressed to all children and families, include: child and youth health care; baby well clinics and municipal health services; five functions that have been stipulated in the Social Support Act (information and advice; minor pedagogic support; identification of problems; guidance to help; coordination of care, including social work, family coaching and parenting support); link to provincial youth care agency; and Link to school care and advice teams (Darwish & de Vries, n.d., p. 4). Each of the tasks is performed by different professionals. YFC offers parenting support in various ways (e.g. via e-mail, over the phone, through organizing courses and workshops, and in face-to-face appointments).

The work of YFC promotes intersectoral collaboration, since they work together with a variety of agencies such as: childcare centres, community schools, welfare institutions, health services, employment offices, police and probation services, etc. (Darwish & de Vries, n.d., p. 4). The role of the Municipalities is central to the set-up, control and running of the YFC. Municipalities are responsible for linking YFC with other services and for linking the objectives and services of the YFC with the wider policy.

#### **Funding:**

The Centers are funded by the formal Ministry of Youth and Families, through the so-called Broad Purpose Grant YFC. The municipalities should make available funds for youth health care and for parenting and child development support.

#### **Strengths and weaknesses:**

Although the YFC is a familiar, low threshold meeting point in the community, which provides coordinated services and support to parents, according to the Eurochild (2011) report, not all parents know that they can turn to YFC for parenting support. Thus, the existing services insufficiently reach certain ethnic groups. In addition, in order for effective services to be provided the following factors must be taken into account: 1) managers of those services have to have specific competencies such as connecting and integrating disciplines; 2) workers on those services have also to have competencies in order to establish effective communication and cooperation with parents; 3) in order for YFC to be easily accessible there must be plenty of space and opportunities for parents and children to meet informally; and 4) the impact of the centers needs to be measured (Darwish & de Vries, n.d.).

## 4. PARENTING SHOPS IN BELGIUM

### **Brief description:**

Parenting shops were introduced in 2007 and aimed to give the opportunities to different organizations to coordinate their services and provide an integrated package of services, activities and programs to all families, under one “roof”. Parenting shops offer universal access to a wide range of family-related services. Their aim is to provide family-related information, support and advice on specific parenting issues, whereas at the same time they offer training and opportunities for social networking. Shops adapt a “come structure”, which means that parents come at the service.

### **Age range:**

0-18 years

### **Service provision:**

Parenting shops offer universal (e.g. websites, brochures, lectures, information point, training), tailored universal (e.g. parent training for specific groups) and specific targeted (e.g. Inloopteams’) services. Shops create a friendly, non stigmatising atmosphere, inviting drop-ins and exchanges among staff and visitors. All families are offered a continuum of services, from occasional contacts to more intensive counselling in one or more easily accessible settings. Services may include home visiting as well as centre-based activities (ChildONEurope Secretariat, 2007, p. 28).

More specifically, parenting shops:

- Provide basic information on the upbringing of children at the various stages of children’s lives
- Answer general questions on children’s upbringing
- Offer counselling
- Promote meetings between persons responsible for the upbringing of children, laying an emphasis on creating social networks and encouraging debate on the upbringing of children amongst large groups of persons responsible for children’s upbringing
- Make information, training and educational activities with regard to children’s upbringing accessible for persons with this responsibility
- Provide support in solving parenting problems, both in the family and in group situations
- Ensure early detection of uncertainty or problems which are related to upbringing and, if necessary, make a targeted referral (Eurochild, 2012, p. 8).

Activities are individual or group based and parents and children are able to make suggestions about activities or about needed types of parenting support. Each parenting shop has its own website, folders, posters, etc. and works with a wide network of social organizations in order to promote the parenting shop.

### **Funding:**

On a Flemish level, the governmental agencies Child & Family and Youth Welfare are in charge of the funding and registering the existing and new shops. On a local level, most of the parenting shops also receive funding from the local government (Eurochild, 2012).

### **Strengths and weaknesses:**

The model allowed the strengthening and improving of existing fragmented services and at the same time, gave the Government the opportunity to monitor what services lacked. As such, the creation of a ‘new’ service, without creating new services, was thus an innovative aspect of the model (Eurochild, 2012). In addition, there are quality assurance mechanisms in place and there is an emphasis placed on parents and children’s voices and needs. Thus, the shops are locally embedded which implies that they meet the needs of the community.

One of the weaknesses of that model is that this adapts a “come structure”. This approach might limit the access vulnerable and marginalized families have to them, since research indicates that for those families a ‘go structure’ (visits at home) is more effective. Building into this, parenting shops should develop more outreaching approaches, without this implying that they should not be voluntary in nature (Van Geertsom, 2011).

## 5. FRÜHE HILFEN (EARLY HELP) IN GERMANY

### **Brief description:**

Early Help are early, coordinated and multiprofessional services, which aim to improve the developmental conditions of children and to relieve (expectant) parents. In addition, the support services are intended to sustainably strengthen their relationship, education and care skills. Early Help is an essential part of the community's prevention chains.

### **Age range:**

Pregnancy to 3 years

### **Service provision:**

Early Help provides local and regional support systems with coordinated support services for parents and children. Services include counseling, support and guidance for expectant parents and families (e.g. welcome visits for newborns, family-based health care and family nurses, family volunteer projects, birth control pilot services, parenting skills courses) with parents with special interests and needs, parents' cafes, family offices, etc.). In addition to providing day-to-day support, Early Help also aims to contribute to promoting the relational and parenting skills of (expectant) mothers and fathers, thereby contributing significantly to the healthy growth of children and safeguarding their rights to protection and participation. Early Help is mainly based on multi-professional cooperation, but also involves civic engagement and the strengthening of social networks of families. Central to the practical implementation of early Help is therefore a close networking and cooperation of institutions and services from the areas of pregnancy counseling, health care, interdisciplinary early childhood support, child and youth welfare and other social services. Early Help has the goal of promoting nationwide care for families with needs-based support services as well as improving the quality of care (<https://www.fruehehilfen.de/qualitaetsentwicklung-fruehe-hilfen/inhaltlich-zu-klaeren/was-sind-fruehe-hilfen/>).

### **Funding:**

Early Help is nationwide and is regulated by the law. The initiative is financially supported and coordinated within the framework of the Federal Initiative on Early Help. Since 2018, Early Help has been funded on a permanent basis from the funds of the Federal Foundation for Early Help. Based on the results of the earlier Federal Initiative Early Help, the Confederation thus ensures nationwide and sustainably comparable and quality-assured support and network structures in the field of early aid (<https://www.mkffi.nrw/fruehe-hilfen-fuer-werdende-eltern-und-eltern-mit-kleinkindern>).

### **Strengths and weaknesses:**

Early Help is nationwide, is tailor-made to families' needs and aims at building on families' strengths. The initiative has Government's support and there is a quality assurance mechanism in place, whereas those 'prevention chains' are systematically tested in 40 municipalities. In addition, a State Coordination Office has been established in the Ministry for Children, Family, Refugees and Integration for the professional and legal support of the expansion of early aid in North Rhine-Westphalia (<https://www.mkffi.nrw/fruehe-hilfen-fuer-werdende-eltern-und-eltern-mit-kleinkindern>).

## 6. PROTECTION MATERNELLE ET INFANTILE (PMI) FRANCE

### **Brief description:**

The PMI is a universally accessible network of free points of contact to support future and current mothers and their children. The overarching aim of the PMI services is to “prevent medical and social problems among pregnant women and children under six years of age” (Boddy et al., 2009, p. 38). PMI offer multi-disciplinary care which includes health-related, social and educational services.

### **Age range:**

Pregnancy and mothers of children under 6

### **Service provision:**

Services are provided by local authorities. They bring together various professionals (such as doctors, nurses and social workers) and various services and agencies (e.g. hospitals, town hall, the association coordinating family assistance, child health and social centers, etc.). They provide a large range of free services including: contraception, access to social services, and tailor-made solutions in PMI offices or at home. Depending on the issue of concern parents can contact specific professional groups. Parents are informed about the assistance each professional group can offer to them, depending on their concern (see <http://www.corsedusud.fr/nos-competences/solidarites-social/enfance-et-famille/pmi-protection-maternelle-et-infantile/>).

An example of PMI partnerships that is particularly relevant to parenting support, and which is found in many local authorities, is that of Parent-child reception centres (Lieux d'accueil parents-enfants). In those centres early childhood professionals work with children and parents together, with the aim to support parents in their role. The parents themselves look after their children and professionals intervene to support their interaction and the parent-child relationship. Centres are staffed by interdisciplinary professional teams (Boddy et al., 2009, p. 39).

### **Funding:**

PMI are funded through central state financing as well as national health insurance systems. The national budget dedicated to PMI amounts to €700 million per year (<https://www.centreforpublicimpact.org/case-study/public-care-of-young-children-france/>).

### **Strengths and weaknesses:**

Overall, PMI is considered as being an effective service of parental support. The initiative is sustained due to the strong political commitment and the public confidence. Data also highlight the effectiveness of the project.

However, the effort to shift services from universally accessible to targeted to disadvantaged populations is seen as threatening the future of the PMI

(<https://www.centreforpublicimpact.org/case-study/public-care-of-young-children-france/>).

## Parenting Programs

### 1. DOBRY RODZIC DOBRY START (GOOD PARENT GOOD START) PROGRAM IN POLAND

#### **Brief description:**

The "Good Parent-Good Start" program is the first interdisciplinary program in Poland aiming at preventing children's abuse and promoting positive parenting. Knowing and understanding that parenthood is a difficult task, Nobody's Children Foundation has made efforts to help parents in difficult emotional situations. It is crucial that in case of problems related to the role of the parent, parents are aware that there are a number of institutions and organizations to which they can turn to for advice and help (<https://fdds.pl/oferta/dobry-rodzic-dobry-start/>).

#### **Age range:**

Although initially the program was addressed to expectant mothers and parents with children aged 0-3, in 2011 the program was extended to parents with children up to 6 years of age and included activities for children themselves too (Szredzińska, 2013).

#### **Service provision:**

The program is delivered by a wide range of professionals and services (e.g. local authorities; local welfare centres; health centres; police; probation officers; local psychological consultation points and day nurseries) and adopting a progressive universalism approach, it operates on 4 levels (Szredzińska, 2013):

*Level 1. Broad information about the program addressed to all parents.* Information is provided through various modes: 1) Parents receive information about information about existing support services in their area which may be provided by a range of professionals / sectors (e.g. nurses, midwives, doctors, social workers, day care workers); 2) Parents receive the "Good parent kit" – a set of brochures and leaflets; 3) Posters with available support services are posted in all partner institutions.

*Level 2. Identification of families in need of support.* Families are monitored and families with higher risk factors are identified. Inter-institutional cooperation initiatives motivate those families to benefit from support services available.

*Level 3. Providing direct help to families requiring support; and*

*Level 4. Intervention in cases of suspected child abuse.* Includes initiation of legal procedures and legal and psychological support to the parent and the child.

In 2009, a national campaign was organized to raise awareness. During the campaign various media were used, such as press, radio, television, brochures, and [leaflets](#). Information about the program is also displayed on the program's website and on 30 other parenting websites. Posters are displayed in all institutions working within LSP, whereas all parents receive the "Good Parent welcome kit". Campaign materials and the poster for the program can be found [here](#). Services and activities available for free to all families and children are universal and targeted and they are offered individually or in groups, in person or on-line. Universal services include: counselling on upbringing methods; short (2 h) one-off thematic meetings from the series "Important topics for mom and dad", on subjects suggested by parents themselves; play groups "Active Monday" for parents and children (1-3 years); publications for parents on stress management, children's safety, methods alternative to corporal punishment etc.; website; on-line consultations; and media awareness campaign. Targeted services include: psychological, psychiatric, dietetic and legal consultations; therapy for parents and children; parenting skills training workshops; socio-therapeutic groups for children; holiday therapeutic camp; and volunteer in the family (home visiting) (Szredzińska, 2013, p. 65; <http://zlobkislupsk.mojbip.pl/39.html?file=111>).

#### **Funding:**

The program is funded by the Nobody's Children Foundation, the World Childhood Foundation, the Velux Foundations, Poland's Ministry of Labour and Social Policy, Warsaw City Hall, and the European Commission.

#### **Strengths and weaknesses:**

The program has been proved effective during the pilot study in 2007 in Warsaw and as a result it was expanded across the capital and rural areas. The introduction of a new district into the program follows the following steps:

- "Contacting all major stakeholders in the district, which include district authorities
- Mapping the existing support offer for families with young children to fill in the gaps and avoid overlapping

- Organizing common interdisciplinary training for representatives of all stakeholders
- Delivering tools (questionnaires, welcome kits, posters) to all stakeholders
- Organizing monthly interdisciplinary monitoring meetings
- Offering support to professionals, in terms of legal and psychological consultations and supervision
- Offering access to the internet-based knowledge centre and providing the professionals with educational materials” (Eurochild, 2012, p. 42).

The program involves the range of professionals and services in the community who come into contact with young children and their parents. Common quality standards for prevention of abuse and neglect have also been developed. Parents, children and professionals are offered practical support and information, and more specialized support when needed (Eurochild, 2011b, p. 11). Parents’ voices are heard and taken into consideration, in all improvement efforts. According to Renata Szredzinska (Eurochild, 2011b, p. 12) although the program met challenges in reaching out to vulnerable and at risk of violence families, the program adapted three strategies to meet those challenges: 1) parents were encouraged to be involved; 2) materials given to parents upon registration were attractive; and 3) opportunity to attend play groups. Thus, in the most difficult cases, there might be an obligation on families to attend. In the case where confidentiality has had to be broken, and trust may have broken down with the Centre, families might be directed to support services outside the Centre. However, according to the results of a pilot evaluation that was conducted in 2011, not all social and health workers propose the program to all families with whom they work. In addition, the recruitment strategy of vulnerable families and fathers needs to be improved. Also the same study showcases the need for greater involvement of the statutory agency in program coordination (Eurochild, 2012).

## 2. GROWING UP TOGETHER WORKSHOPS IN CROATIA

### **Brief description:**

Growing Up Together workshops involve group work with parents of young children, providing them with parenting support free of charge. The program aims at providing parents with information, knowledge, skills and support and through these to enable them to fulfill their parental responsibilities and promote the personal growth and development of competences of both the parent and the child.

The main goal of the program is to create a stimulating and empowering environment where parents, together with the workshop leaders and other parents: exchange ideas about the ways in which they live parenthood; get to know themselves better as parents; become aware of how they relate to their child, and learn about other possible ways of raising a child.

During the workshop parents are also getting informed about research and scientific views on: developmental and stimulating interaction between the parent and the child, and parenting in the best interest of both the parent and the child (<https://www.rastimozajedno.hr/rastimo-zajedno/o-radionicama-s-roditeljima-rastimo-zajedno/>).

### **Age range:**

0-4 years

### **Service provision:**

The workshops are available free of charge at kindergartens, family centres, rehabilitation centres and at NGOs in more than 60 locations throughout Croatia

([https://www.unicef.hr/en/programska\\_aktivnost/growing-up-together/](https://www.unicef.hr/en/programska_aktivnost/growing-up-together/)).

The Program comprises of 11 two-hour conceptually and thematically interrelated workshops. The workshops are led by expert teams specially trained to provide support to the early development of the child. They include the following topics: parents of the 21st century; the four pillars of parenting; parental goals and child's psychological needs; all our children and how we love them; listening – an important parental skill; how does the child learn about the world?; boundaries: why and how?; choosing and creating solutions; parental responsibilities and some other issues; being a parent: influences and choices; the ending and the new beginning.

Upon completion of the workshops, parents usually keep meeting at the Growing Up Together Club.

Workshops are designed for groups of 8-12 parents and they include various forms of work, depending on the objective and the particular content of the activity. Short lectures with PowerPoint presentations, exercises and various assignments alternate with discussions on certain topics and exchange of experiences in small or large groups. Each workshop is "spiced up" with a game and/or a short film (<https://www.rastimozajedno.hr/rastimo-zajedno/o-radionicama-s-roditeljima-rastimo-zajedno/>).

### **Funding:**

The Growing Up Together Program of Workshops with Parents was developed within the scope of the Project on the Parenting Support in the Community, as part of the Early Child Development and Positive Parenting Program, entitled "The First Three Are the Most Important", run by the UNICEF Office for Croatia. The Program also received support from the Education and Teacher Training Agency, Pre-School Education Department (<https://www.rastimozajedno.hr/rastimo-zajedno/o-radionicama-s-roditeljima-rastimo-zajedno/>). The workshops are implemented by the [Growing up Together Centre for Parental Support](#), in cooperation with the Croatian Education and Teacher Training Agency.

### **Strengths and weaknesses:**

The program is successful and it reaches out to many parents. Until 2016, over 4,000 parents have joined the 'Growing up Together' program and 600 workshop leaders from kindergartens, rehabilitation centres and non-governmental organizations have been trained

([https://www.unicef.hr/en/programska\\_aktivnost/growing-up-together/](https://www.unicef.hr/en/programska_aktivnost/growing-up-together/)).

According to evaluation results, upon completion of the program, parents' beliefs about the desirable behavior towards the child changed in favor of the greater appreciation of the child as a person and of the child-rearing practices that foster child's dignity. Parents also reported that they felt more efficient in their parental role after the eleventh workshop. In addition, parents reported that they began to engage in more activities that contribute to the development and encouragement of the child than before the first workshop, and in fewer activities that are undesirable for their development. The qualitative data collected from the parents upon completion of the program reflects their personal growth as parents and also the benefits they thought their children gained from their participation in the workshops (Pećnik and Starc, 2010).

In addition, the program is continuously monitored through participants' self-reports and via [external evaluation](#) (Keresteš et al., 2016). The results of the external evaluation indicate that the program is: highly relevant for the needs of parents (including parents of children with disabilities) and professionals; effective in achieving desirable changes in parental knowledge and skills, as well as in the knowledge and skills of group leaders; and have long-term positive impact on the relations between parents and children, and between parents and parents (<https://www.rastimozajedno.hr/rastimo-zajedno/ucinkovitost-radionica-s-roditeljima-rastimo-zajedno/>). The program is constantly adapted in order to meet specific needs. Examples of those adaptations include: the development of the Growing Up Together Plus program for families of children with disabilities; the introduction of Parents' Clubs as a form of continuous support after the end of the workshop program; the development of a set of 4 workshops, specifically addressed to fathers (Fathers' Clubs); and the development of the "Growing Up Together And Us" sub-program which is specifically addressed to parents from lower economic standards and lower education level.

Suggestions included at the external evaluation report that could increase the success of the program and/or should inform future initiative in other countries include but are not limited to the following:

1. Securing national verification of the program, so that the program becomes an official 'standard for collaboration with parents',
2. Monitoring regional presence of the program and designing focused regional promotion,
3. Designing a new online monitoring tool to secure sustainability of currently sophisticated but burdensome monitoring practices
4. Encouraging promotion of the programme through parents-to-parents promotion
5. Standardized monitoring of the emerging drop-out rates of parents
6. Securing baby-sitting services in implementing institutions during the workshops
7. Where possible, offering also individual counselling to parents (Keresteš et al., 2016)

### 3. MY BABY'S BRAIN IN UK

**Brief description:**

This individually delivered program is designed to promote sensitive and attuned caregiving and aspires to support practitioners to use the 'Five to Thrive' activities: respond, cuddle, relax, play and talk' in their work with families, observing and reinforcing positive parent-child interaction. The initiative was "conceived in order to convey in simple, accessible language, to parents of very young children, the principles of attachment and the direct impact they have on a baby's brain development" (Ghate, Coe & Lewis, 2014, p. ii). My Baby's Brain is rather an approach than a parental support program. The program aspires to equip practitioners to recognize and promote parenting styles and practices that strengthen healthy attachment and optimize the environment for healthy brain development (Ghate, Coe & Lewis, 2014).

**Age range:**

0-3 years

**Service provision:**

The intervention program can be delivered by multidisciplinary practitioners working in the early years (e.g. health visitors, children's center staff and social workers). Primarily targeted at those working in children's centers, and health visitors, it also reached social care and social work staff, pre-school and library service staff, and school nurses and educational psychologists during the course of this evaluation (Ghate, Coe & Lewis, 2014). The program may be delivered in an 'embedded' form (e.g. practitioners weave key messages into normal conversations and interactions with parents in practice settings) or in a 'structured format' (group sessions covering one or more of the five messages) (Axford et al., 2015, p. 36). The five messages are: Respond, Cuddle, Relax, Play and Talk. It is based on printed materials and other resources that help parents and practitioners gain knowledge of the science of brain development and provide guidance in the above 5 messages.

**Funding:**

"My Baby's Brain was designed as a low-cost, low-intensity multi-agency approach. 7 types of costs are required in order to implement the program. These include: 1) costs for the development of the initiative, 2) costs for trainers, 3) Council staff's costs for management and development, 4) costs for printing materials, 5) costs for training venues, 6) costs of the time of staff trained, and 7) evaluation costs. The overall cost of the initiative, is according to Ghate et al. (2014) approximately £189,000.

**Strengths and weaknesses:**

The great flexibility of the approach that has so far developed is a valuable strength, allowing the use of My Baby's Brain in multiple settings and circumstances. However, this flexibility poses challenges in terms of practitioners' competences to implement the approach. The multi-agency framework favors the provision of the programs from various agencies, including the health sector. However, the health sector appears to not be gradually disengaged. In addition, although it was developed to be used as a universal, preventive community-based parenting approach, suitable for use with all parents in the community, increasingly it is used with more vulnerable families (Ghate, Coe & Lewis, 2014).

#### 4. NATI PER LEGGERE (BORN TO READ) IN ITALY

**Brief description:**

Since 1999, the Nati per Leggere program has been aimed at promoting reading in the family since birth. The program is present in all Italian regions. It offers free reading activities for families and aims at fostering children's cognitive development and parents' ability to grow up with their child. The overall objective is to improve literacy, to foster the child-parent relationship and to offer all families the necessary cultural tools to be able to guarantee all children equal chances of success.

**Age range:**

0-6 years

**Service provision:**

Nati per Leggere is promoted by the alliance between librarians and pediatricians through the following associations: The Pediatricians Cultural Association, the Italian Library Association and the Center for Child Health - ONLUS - CSB. The program involves health professionals, librarians, educators, civil society associations, municipalities, regional governments and volunteer readers.

Activities include: provision of advice from pediatricians and other health professionals; provision of books for free or at a low price; training of health and education staff; book fairs, prizes to the best performing local programs, and professionals and to children's books; reading in public places, markets etc.; annual events such as week of reading to children etc. (Velea and Tamburlini, 2014, p. 19). In addition, there is the official [webpage](#), where parents can find information from experts about why is it important to read to children early from the start as well as suggestions for books. In addition, the webpage provides information about activities available in the community and gives parents the opportunity to participate in a community of experts and other parents.

The national Nati per Leggere coordinating committee coordinates raising awareness activities through a variety of communication strategies, involving all media (TV adverts, magazine articles, etc.) as well as social networks.

([http://www.eli-net.eu/fileadmin/ELINET/Redaktion/user\\_upload/Nr. 55.pdf](http://www.eli-net.eu/fileadmin/ELINET/Redaktion/user_upload/Nr. 55.pdf)).

**Funding:**

The activities are carried out with the financial contribution of the Centro per il Libro e la Lettura (Center for Book and Reading), of the Regions, of the Provinces and Municipalities participating in the program, and thanks to the activity of the operators of children and volunteers.

**Strengths and weaknesses:**

This is a highly participated program and a program that is widely supported by parents' associations and other volunteers in the community. Evaluations have shown that the program has many positive effects for children and for their families. One of the main strengths of the program is that the material is multi-lingual. The material on the webpage is available in Italian, Arabic, Albanian, Chinese, French, English, Romanian and Spanish. In addition, the collaboration with family pediatricians ensures coverage of all children where the program (Velea and Tamburlini, 2014). In addition, local branches are encouraged to pay specific attention to families that due to their economic, social or cultural backgrounds are less likely to read. Thus, the content of the program (materials, recommended books, training modules, operational guidelines) is reviewed annually or biannually.

In terms of weaknesses, these include: lack of a systematic periodical evaluation of the outcomes of the programme in terms of both family practices and literacy skills; insufficient ability of most local projects to reach out to families most in need, although some efforts have been done to overcome language barriers; growing but still insufficient participation of health professionals ([http://www.eli-net.eu/fileadmin/ELINET/Redaktion/user\\_upload/Nr. 55.pdf](http://www.eli-net.eu/fileadmin/ELINET/Redaktion/user_upload/Nr. 55.pdf)); and great disparities, in terms of coverage, across the country.

## 5. PLAY@HOME IN SCOTLAND

### **Brief description:**

This program supports the implementation of the Scottish Play strategy<sup>40</sup>. It is a universal book-based play and physical activity program offered to all parents and carers in Scotland. It guides them on aspects of care and development to help give their child the best start in life, improving skills for parenting and supporting positive mental health and physical development. Under the Program, parents and carers have a crucial role to play in encouraging children to experience and interact with the world around them including situations outside the family home. play@home is a fun and enjoyable program of activities that are related to age and stage of development, using simple ideas and easily found resources. Each activity clearly lists the precautions to take to support safe participation. It also lists some of the many benefits of the activities, including the development of body awareness, moving, communicating, socializing and building relationships.

### **Age range:**

0-5 years. It is delivered in three stages: baby (birth-1 year), toddler (1-3 years) and pre-school (3-5 years)

### **Service provision:**

play@home is provided to every family in Scotland when their baby is born. The programme is delivered in three stages: 1) the Baby book; 2) the Toddler book; and 3) the Pre-school book.

#### The Baby book

The Baby book (birth to one year) is given to parents by the health visitor or public health nurse, usually at the primary visit. The Baby book can be given after the baby is born, and may not be given for several weeks after birth if the baby requires additional hospital care. The Baby book might also not be given if one was previously issued to the family on the birth of an older sibling. The baby program guides parents and carers through their baby's first 12 months by giving appropriate instructions to aid development in a simple, easy-to-use book.

#### The Toddler book

The health visitor or public health nurse will arrange distribution of the Toddler book, but it may be distributed by another member of the nursing team. The home visitor or the nurse draws attention to the activities in the book to encourage parental engagement. The book can also be used as a tool to discuss child development. The toddler program introduces the idea of activities for toddlers appropriate to their stage of development. The aim is to start them on a life of health, movement and sport.

#### The Preschool book

This is usually issued through school nurseries. Most children in Scotland are offered a place at nursery in their ante pre-school year and this provides an opportunity to reach most three-year olds through one service provision so Preschool Books are issued on enrolment at nursery. Unlike the Baby and Toddler books, the Pre-school book is not split into age specific activities, with all activities being suitable for the group. This book also provides a greater opportunity for shared activities as children of this age are learning to play together. The pre-school program builds on the idea that children play for sheer enjoyment, not just for the good it is doing them, and that all play involves movement which can be health and exercise related.

In addition to the above, the Care and Learning Alliance has prepared additional play ideas for parents, carers and children (<http://www.healthscotland.com/documents/20735.aspx>).

The resources: 1) provide parents and carers with free information and guidance; 2) encourage children's enjoyment of physical activity and play from an early age; 3) encourage communication through talking and listening; 4) develop body awareness and promote the development of physical movement, coordination and motor skills; 5) promote the value of social interaction and stimulus so that children learn to interact socially and communicate; 6) promote the value of physical touch and positive reassurance.

### **Funding:**

The program is funded by the Scottish government (NHS Health Scotland)

### **Strengths and weaknesses:**

The program has been evaluated under 3 studies. The results of the study conducted by Mercer et al. (2011), that the play@home resource was particularly associated with higher levels of development amongst toddlers and with higher

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<sup>40</sup> For more information see <https://www2.gov.scot/Resource/0042/00425722.pdf>

levels of parent:child engagement. In addition, the Pre-school intervention group increased the measured percentage of time spent in moderate to vigorous physical activity.

Another strength of the program is that parents respond well to it, as well as the fact that since it is play-focused is emphasized on prevention rather than on early intervention. However, it is not clear how the program may address more specific needs of more disadvantaged families. In addition, there are questions about the program, which is based on written material, may address the needs of illiterate families or families for whom English is not their first language. In fact, Jopling and Vincent (2014), have highlighted that not all vulnerable families received the book and even those who received it they did not use them. The authors of the study suggest that vulnerable families need extra support on understanding the importance of play and on implementing the activities. Thus, they highlight that home visitors may not be well-placed to deliver that extra support due to their workload. Based on their results, Jopling and Vincent (2014) suggest using various modes in order to raise awareness about the program and various delivery systems.

Finally, in order for the program to be effectively implemented, Amers and Macgregor (2012, p. vii) suggest that the following steps should be taken: “ensure play@home is embedded within local strategic plans; oversee distribution of resources to families and professionals; raise profile of play@home for professional audiences; liaise with partner services including education; organize training; establish an advisory board, or use an existing group (from within the early years arena) to provide guidance on the implementation of play@home; monitor and evaluate (even if just collecting anecdotal feedback).

## 6. GROWN CHILD IN IRELAND

### **Brief description:**

The Lifestart Grown Child program aims at supporting parents create the best possible environment for their child to develop and is delivered to parents on a one-to-one basis in their own home. This is a child-centred, month-by-month guide for parents on how their child develops and grows and helps parents lay good developmental foundations for a child's whole life. The Growing Child programme helps parents understand what their children are capable of as they grow and develop physically, emotionally, intellectually and socially. The focus of the programme is on empowering parents, strengthening parent-child relationships through building good emotional attachment and helping to provide a high-quality home learning environment. It is outcomes focused and offers parents a unique opportunity to review their own parenting practice in light of their child's individual developmental needs (<https://www.lifestartfoundation.org/programmes-services/the-growing-child>).

### **Age range:**

0-5 years

### **Service provision:**

The program is delivered to parents in their own homes by trained, paid family visitors and it is offered to parents regardless of social, economic or other circumstances. Every parent who joins the program receives a monthly issue based on the Growing Child curriculum ([www.growingchild.com](http://www.growingchild.com)) and a 30-60 minute home visit. Together, the issues of the Growing Child and the visit provide age-specific information on what parents can do with their child and what developmentally appropriate materials they might use. The home visit also offers the opportunity to discuss progress during the last month and focus attention according to the family's needs.

### **Funding:**

The program is provided by the [Lifestart Foundation](http://www.lifestartfoundation.org), an all-Ireland charitable body. According to evidence submitted to the European Platform for Investing in Children User Registry, the programme costs £650 to implement in an urban setting and £750 in a rural setting (<https://ec.europa.eu/social/main.jsp?catId=1251&langId=en&reviewId=206>).

### **Strengths and weaknesses:**

The program has been extensively evaluated. Results showed that the program contributes, among others, to reduced parental stress, increased knowledge of child development, and improved confidence in parental role, well-being and parenting capacity. Also, evaluation showed small but positive changes for children, too. These include: better cognitive development, increased prosocial development, decreased difficult behavior and fewer referrals to speech and language therapy (Miller, Dunne and McClenaghham, n.d.). The program is an inexpensive, underpinned by a model of progressive universalism and adopts a strengths-based approach. In addition, the program encourages parents to use everyday objects and situations as playful learning events for children. However, although the program has been extensively used in Ireland and has been evaluated, we know nothing about how the program can be adapted to other cultures and meets local needs. The program is implemented in Zambia and Macedonia but there are not evaluations of the program in those countries.

## 7. FAMILY FOUNDATIONS IN UK

### Brief description:

The goal of the program is a universal prevention program developed in collaboration with childbirth educators to enhance co-parenting quality among couples who are expecting their first child and support parents as they adjust to the stress that new parenthood can put on the parental relationship. This program focuses on co-parenting and the co-parenting relationship, rather than other romantic relationship or parenting qualities. In assisting parents to work together supportively, the program content covers emotional self-management, conflict management, problem solving, communication, and mutual support strategies. Parenting strategies include an understanding of temperament, fostering children's self-regulation, and promoting attachment security. The four prenatal classes introduce the couple to themes and skills, and the four postnatal classes revisit the themes once the couple has experienced life as parents and coparents. The delivery is psychoeducational and skills-based, with didactic presentations, couple communication exercises, written worksheets, videotaped vignettes of other families, and group discussion (<https://www.blueprintsprograms.org/factsheet/family-foundations>).

### Age range:

Pregnancy to 6 months of life

### Service provision:

Parents attend four prenatal and four postnatal sessions, run once a week, with each two-hour sessions administered to groups of 6–10 couples. The program organizes material into three major domains: Feelings, Thoughts, and Communication. These domains help participants remember and utilize program tools. During the program parents learn strategies for enhancing their communication, conflict resolution and the sharing of childcare duties. After their child's birth couples return for four more weekly sessions, two to six months after the baby is born, to learn strategies about how to communicate effectively as parents and support their child's development. During the program, parents:

- Learn skills to better cope with the transition to parenthood, improved communication skills and better conflict resolution.
- Learn strategies for responding to their child in a sensitive way. Parents learn through a variety of group exercises, role play and group discussion.
- Receive program packs that contain a homework element. Once the baby is three months old parents attend for more sessions to discuss parenting experiences and explore areas for improvement

(<https://guidebook.eif.org.uk/programme/family-foundations#about-the-programme>)

### Funding<sup>41</sup>:

Funds may be obtained from prevention, health care organizations focused on healthy marriage, fatherhood, birth outcomes, postpartum depression, women's health, and child well-being.

The following example assumes that a community-based organization would deliver the Family Foundations program on-site to 4 cohorts, each including 10 couples. Two co-facilitators (male and female) would be contracted to lead the sessions.

On-site training 2 1/2 days	\$3,000
Trainer travel expense	\$1,500
Facilitator manuals: 2 x \$325	\$650
Parent workbooks: 10 couples x 4 cohorts x \$30/workbook	\$1,200
Facilitator salaries: 2 facil x 2 hr x 8 sessn x 4 cohort x \$25/hr	\$3,200
Total Year One Cost	\$9,550

<sup>41</sup> Information retrieved from <https://www.blueprintsprograms.org/program-costs/family-foundations>

The Year One expense for delivering the program to 40 couples would be \$238.75 per couple. If space on-site is unavailable, an additional cost would be incurred to rent space for the parent group sessions. Other optional costs may include an inexpensive dinner and childcare.

**Strengths and weaknesses:**

The program has many strengths. It has been evaluated and has been proven to have many positive effects both on couples and on children. More precisely, Family Foundations families showed better: Parenting teamwork; parenting sensitivity & warmth; child self-regulation; child social competence; and child academic competence. Thus, families who used the program showed less: pre-term birth; parental stress; depression in mothers; conflict between parents; and harsh parenting. Thus, the program has long-lasting rather than short-term effects. In addition, the program is flexible and uses real-life experiences with couples. Finally, developed as a universal group-format program, ongoing research is assessing adaptations of delivery, content, and target population. For example, an adaptation for high-risk, home-visited mothers and partners is currently in a research trial; an adaptation for low-income teens has been piloted; an online version for military reserve and National Guard families is being developed; and an enhanced version for couples at risk of family violence is planned (<https://www.blueprintsprograms.org/factsheet/family-foundations>).

## Campaigns

### PLAY, TALK, READ CAMPAIGN IN SCOTLAND

**Brief description:**

The 'Play Talk Read' campaign, was launched in 2009, and is aimed at supporting and encouraging parents to stimulate their children's development through playing, talking and reading on a regular basis. The campaign is an example of Scottish Government's investment in educating and informing parents about the opportunities and benefits of engaging creatively with their children. The campaign seeks to achieve this through providing parents and carers of children up to 3 years of age with free or low-cost ideas of how to positively engage with their children in fun and playful ways. Building on research evidence on child development, the campaign seeks to highlight the importance of play and playful interaction for boosting children's development within a number of areas including communication, literacy, motor and problem-solving skills development (Bradshaw et al., 2016, p. 9).

**Age range:**

0-3 years

**Service provision:**

The campaign has been delivered through a combination of TV, outdoor, online advertising, social media, PR, partnerships, a website, and two PlayTalkRead buses.

Two key elements of the campaign are the PlayTalkRead website and two PlayTalkRead buses that seek to bring the campaign to local communities across Scotland. Both elements are outsourced. *The PlayTalkRead website* contains hints, tips and ideas for stimulating children in cost-effective ways. Re-vamped in early 2011 and again in 2014, the website contains digital books and interactive videos, and parents can register for an online community where they can share experiences with other parents. More information can be found on the [PlayTalkRead website](#).

*The buses* are an important element of the PlayTalkRead campaign in that they go into communities and provide play areas for young children and their parents or carers, with play workers available to support and encourage activities. From 2012, the purpose of the PlayTalkRead buses expanded to focus not only on providing play facilities but to also actively support parents and children to play through face-to-face engagement. Furthermore, from April 2012 onwards, there was an increased focus on ensuring that buses visited areas with high levels of deprivation (Bradshaw et al., 2016, p. 9).

**Funding:**

The program is funded by the Scottish government

**Strengths and weaknesses:**

The Play, Talk, Read campaign has been independently evaluated showing: 1) 84 % parents realised that the more they played, talked and read, the greater the benefits would be for their child's learning and development; 2) Those aware of the campaign were more likely to agree strongly that they should play, talk and read more, so that their child becomes a better learner; 3) The campaign clearly inspired parents with 79 per cent saying they would try out some of the ideas suggested at home; 4) All three behaviours were deemed more important for learning and behaviour than previously, with each reaching high levels: playing (82%), talking (83%) and reading (76%). In the case of reading this was a 16 per cent uplift in perceived importance, following the campaign; 5) Frequency of actual playing and reading behaviours increased following the campaign, with a 7% uplift in those playing several times a day and a seven per cent rise to 45% for those reading at least once a day post campaign. Frequency of talking remained at a similarly high levels both pre and post campaign (Play Scotland, 2011, p. 2).

Although the evaluation results indicate some minor change on disadvantaged families, Bradshaw et al (2009) suggest that those families may be benefitted more from more targeted and creative modes of delivery.

## Courses

### PEUTER IN ZICHT (TODDLERS IN SIGHT) THE NETHERLANDS

**Brief description:**

In this interactive course of 4 meetings parents learn about the development of their toddler and what they can and cannot expect from a child of that age. They also learn how to set limits and how they can respond to toddler behavior. Overall, the intervention aims to improve parenting skills, in terms of parents' support for their children in day-to-day life. "The objectives of the course are:

- parents have knowledge of and insights into child development;
- parents can reflect on childrearing in their family;
- parents can identify the skills needed to influence their child's behaviour;
- parents can employ those skills to influence toddler behaviour effectively; and
- parents build a social network of parents and toddlers in their local area" (Boddy et al., 2009, p.p. 84-85).

**Age range:**

For parents/carers with a toddler between 1.5 and 4 years.

**Service provision:**

The course focuses on three important skills in raising toddlers: support, encourage and steer. Parents work with various forms of work and homework assignments. Course materials include a manual for group leaders (who undertake specific training in the programme) and a DVD and brochure for parents. Parents also talk to each other and exchange experiences and tips while they practice with the skills. By means of video fragments, parents and practitioners discuss about various topics. The themes on which the course emphasizes are: 'Fun and difficult behavior', 'Support and reward', 'Pressure and cross behavior' and 'Eating, sleeping, cleanliness'. The course consists of 4 meetings of 2 hours each. The group consists of a minimum of 5 and a maximum of 10 parents / educators.

**Funding:**

There are no costs for the participants. The course is delivered by the municipalities and it is offered by the Youth and Family Centres (CJP).

**Strengths and weaknesses:**

The Netherlands Youth Institute database of effective interventions describes the course as 'effective in theory', on the basis of its widespread and well-established use. In addition, the course is described as easily replicable. Thus, the meeting / course is organized several times a year at various locations. However, the course only starts with sufficient participation. Another weakness of the course is that there are long waiting lists.

## List of public policies and programs addressing parenting in Bulgaria that informed the recommendations

### *Health Policies*

National Health Strategy (2014-2020)

Health Act

National Program for Improvement of Maternal and Child Health 2014-2020

Medical Standard „Gynaecology-Obstetrics“

Medical Standard „Neonatology“

Medical Standard „Pediatrics“

Draft Ordinance for Standards for Early Childhood Development

Education Policies

Preschool and School Education Act

Ordinance 5/2016 r. for preschool education

Ordinance from 27.10.2017 r. for Inclusive Education

Strategy for Educational Integration of Children and Students of the Ethnical Minorities (2015 - 2020)

National Strategy for Promotion and Improvement of Literacy (2014 - 2020); National Action Plan 2017-2018

National Strategy for Lifelong Learning 2014 - 2020 and Action Plan 2017

National Strategy for Reducing Early School Leaving 2013-2020 and Action Plans 2018-2020, 2016-2017

National Program „Together for Every Child“ (2018,2019)

National Program „Improvement of the System for Preschool Education“ 2019/2020

National Program Support for Municipalities for Implementing Desegregation in Education 2019/2020

### *Tax and Insurance Policies*

Personal Income Taxes Act (tax relief for young families; for children; for children with disabilities)

Social Insurance Code

### *Demographic Policies*

National Demographic Strategy 2008 – 2030

National Strategy for Demographic Development of population of Republic of Bulgaria (2012-2030)

Program for support for families with children; Compensations for maternity according to the Social Insurance Code; Financial Support based on the Act for Child protection

### *Social Policies*

National Programs for Child Protection

Social Services Act

Parenting Support Programs responding to the reform for institutional child care and social problems (Centers for Community Support, Family Consulting Centers, Direction Family Project, Community Centers)

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