International Perspectives on Parenting Support

Non-English Language Sources

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Executive Summary

Introduction

This study was commissioned by the Department for Children, Schools and Families (DCSF), and began in October 2007. The project aimed to extend existing knowledge of 'what works' in parenting support beyond the English language international evidence that was comprehensively reviewed in an earlier study for DCSF (*What Works in Parenting Support,* Moran, Ghate and van der Merwe 2004). The focus of that review was on English language literature, and the authors commented that its research base was primarily derived from North American work. While valuable, this English language material represents only part of an international picture of parenting support. The present review was therefore commissioned to examine parenting support in a selection of non-English language countries. It takes a broader view of parenting support than just formal parenting programmes, in order to learn from different ways of understanding and delivering support for parents. The description of specific programmes and approaches is set in the context of information about each country's demography, family policy and service frameworks, which provide an essential context for considering potential relevance to policy development in England.

Background

Support for parents is a key aspect of policy across government departments in England. Alongside the overarching policy agendas of *Every Child Matters* and the *Children's Plan,* parenting support is a specific focus of *Every Parent Matters* (2007) and is a key element of the work of Sure Start Children's Centres and schools providing extended services. In 2007, a National Academy for Parenting Practitioners (NAPP) was established, with the aim of increasing the size and skill level of the parenting workforce to enable all parents to have access to quality support from trained practitioners. The work of NAPP includes research on effective parenting practices, dissemination of information on parenting programmes, and professional development for parenting practitioners. Other relevant initiatives supported by the government include the Parenting Early Intervention Programme, Parent Know How, Family Intervention Projects, Family Pathfinders, school-based Parent Support Advisers and senior parenting practitioner posts.

Aims

The overarching aim of the study was to explore parenting support in non-English speaking countries in order to derive clear, relevant and translatable messages for policy and practice development in England. Specific aims were to:

i.   consider what works or is promising in parenting support;

ii.   describe processes, models of delivery and underlying philosophies of provision; and

iii.   identify key issues and messages to inform policy and practice in England.

Methodology

The study began with a scoping review of parenting support in 12 non-English speaking countries (selected from a 'long list' of 22). This initial stage involved searching primarily English language literature, using search terms typically used in the field of parenting support in England but also country-specific terms such as 'socialisation' and 'help with upbringing'. Internet search engines were the predominant search tools (e.g. Google) as this enabled searching of web pages from specific countries. Searching also drew on the research team's existing knowledge and contacts from previous cross-national work. The scoping review included both European and non-European countries.

Five countries (Denmark, France, Germany, Italy and the Netherlands) were selected for further exploration based on the criteria of: relevance to UK policy and practice, potential translatability to a UK service context, indications of promising or interesting practice in parenting support, and / or well developed policy frameworks for such work. A research partner with expert knowledge was recruited in each country and asked to prepare a knowledge synthesis report according to a detailed structured guide. Joint meetings of the international team were held to ensure common understanding of the study aims and of different approaches to parenting support. In the final stage of the work, the English team prepared the country reviews in a comparable format, to facilitate cross-country comparison, and analysed the material for messages that could inform policy and practice development in England.

Findings

Approaches to parenting support

The five countries differed in the extent to which they had implemented, and prioritised, formal parenting programmes as a tool for delivering parenting support. Standardised programmes appeared to be most widely used in Germany and the Netherlands. Programmes included popular English-language models such as *Triple P*, as well as those derived from non-English language sources. The Israeli *HIPPY* programme (used in Germany and the Netherlands) and the Czech *PEKiP* programme (used in Germany) in particular may warrant further exploration in an English context. *HIPPY* (Home Instruction for Parents of Preschool Youngsters) is a two-year intervention, aimed at supporting school readiness through trained peer support for parents of four- to six-year old children. It combines home visits with group activities, and has shown promise in engaging families from minority ethnic communities and socio-economically disadvantaged backgrounds. *PEKiP* (Prague Parent-Infant Programme) is a programme for parents with infants from one to 12 months, who attend weekly with their babies. It is based on social pedagogical group work, combined with play and exercise activities with the children.

However, formal parenting programmes were rarely used in France and Italy, where most provision was designed to meet local needs and service frameworks. In Denmark, parenting programmes were used to some extent, but more commonly, support was embedded within universally used services such as early years settings.

In all five countries, to varying degrees, individualised parenting support was available through universally accessible services such as 'family centres'. This provision included open-access counselling services, as well as group-based activities. Support (counselling, group work, and structured parenting programmes) often targeted couples, as well as individual parents, in line with an over-arching emphasis on intervening with the family as a unit not just its individual members. This emphasis on working with the family as a whole is required by legislation in Denmark and Italy, but was seen in practice in all five countries.

Approaches to parenting support were also informed by social pedagogic theory, reflecting the prominent role of social pedagogy in policy, theory and practice in relation to children's services in all five countries. Examples included an emphasis on children's rights and on interventions that focused on parents' strengths and competency-building.

Accessibility and targeting

In all five countries service frameworks had blurred boundaries between 'mainstream' and specialist targeted parenting support provision, integrating services, not only across agencies, but across *levels of need*. In part, this had been achieved through co-location of open-access services (such as parenting groups, individual counselling or advice services) and specialist targeted interventions (e.g., for families with significant identified needs such as child welfare concerns). Multi-disciplinary working was also an important feature of provision across countries, through multi-professional teams and / or inter-agency networks. In France and Italy, universal healthcare provision provided one of the main frameworks for accessing parenting and family support.

All five countries had encountered difficulties with engaging particular groups of parents, including fathers and parents from socio-economically disadvantaged and minority ethnic communities, although there was some evidence of services being developed to target these groups. In Germany, a distinction was made between services with a 'go-structure', whereby the worker *goes* to the family, and those with a 'come-structure', whereby the parent must *come* to the service. 'Go-structure' approaches were said to improve access to difficult-to-reach populations.

The research also distinguished between four levels of accessibility in parenting support:

(a) **support embedded within universal services**, delivered by workers *in* the universal setting;

(b) **support activated as part of the universal service** (e.g. health or childcare), delivered by workers *linked to* the universal service, for example through multi-disciplinary or cross-agency teams;

(c) **universally accessible support** - delivered through open-access services, whereby the service is open to all, but with a 'come-structure' that requires the parent or family to access the service; and

(d) **targeted specialist support**, whereby parents and families must be identified as meeting certain criteria and referred to access the service.

Workforce issues

Across the five countries, most parenting support provision was delivered by a graduate-level multi-professional workforce. Of particular note was the employment of psychologists, lawyers and social workers in the provision of mainstream parenting and family support through universally accessible services.

(Social) pedagogy is the predominant professional qualification for direct work with children and families in all five countries, and pedagogues played a key role in parenting support provision. In Denmark, pedagogues in early years settings were seen as qualified to intervene *themselves* with parenting and parent-child relationships, within the setting, enabling parents' support needs to be met whilst minimising the need for onward referral to specialist or targeted services.

Conclusions

The research highlighted gaps in the English-language knowledge base, for example by identifying a variety of parenting programmes developed in other countries that warrant further exploration in an English context. Across the five countries, the Netherlands was perhaps the most similar to England, in its policy base and emphasis on evidence-based practice and on standardised parenting programmes. France and Italy arguably presented the most challenges to an English understanding of parenting support, with little if any evidence of standardised provision and substantial local variation in services. In Denmark too, formal parenting programmes were little used, and most parenting support was embedded in universal services. Parenting support in Germany was characterised by local differentiation and diversity; parenting programmes were used, including a range of programmes derived from non-English language sources.

Parenting support had been accorded high priority in policies for children and families in all five countries, although the way in which it was embedded in policy and legislation varied. The countries faced similar challenges in relation to issues such as parental separation and divorce, maternal employment, and service accessibility for groups such as fathers and parents from minority ethnic communities.

Implications for policy

- The approaches to parenting support identified in the five countries resonated with a number of key policy priorities in England, including agendas for Sure Start Children's Centres and schools providing extended services, as well as specific initiatives such as the Family-Nurse Partnerships and the deployment of Parent Advisers in schools.

- The research suggests the potential of a broader conceptualisation of parenting support, including parenting programmes, but also counselling-based interventions, and interventions that target couples or families rather than parents as individuals. The popularity of strengths-based competency-building interventions in other countries is also relevant to approaches to parenting support in England.

- The staffing profile of parenting support services in other countries highlights areas for development in the English workforce, through graduate-level multi-disciplinary teams, and the employment of psychologists and social workers in universal settings such as Sure Start Children's Centres or schools providing access to extended services.

- The predominant role of social pedagogy as a theoretical base and professional qualification for parenting support in other countries suggests that it would be useful for English parenting support policy to explore this workforce model, as has been done in other areas of English policy (e.g. public care and youth work).

1.   Introduction and methodology

This study was commissioned by the Department for Children, Schools and Families, and began in October 2007. The project aimed to extend existing knowledge of 'what works' in parenting support beyond the English language international evidence that was comprehensively reviewed in an earlier study for DCSF (*What Works in Parenting Support (WWiPS)*, Moran, Ghate and van der Merwe 2004). The focus of that review was on English language literature, and the authors commented that its research base was primarily derived from North American work. While valuable, this English language material represents only part of an international picture of parenting support. The present study was therefore commissioned to examine parenting support in a selection of non-English language countries.

1.1   Supporting parents in England

Support for parents is a key aspect of policy across government departments in England. Key examples include the *Every Child Matters: Change for Children* programme (DfES 2004) and the *National Service Framework for Children, Young People and Maternity Services* (particularly Standard 2, which concerns support for parents and carers (Department of Health 2004a). More recently, the *Children's Plan* (DCSF 2007a) set out a 10-year strategic vision, encompassing government policy for children and families in relation to schools, early years care and education, mainstream parenting and family support, and targeted provision for children with additional and complex needs and their families. A number of over-arching themes and principles run through this wide-ranging document. Particularly relevant in the present context is the *Children's Plan's* emphasis on work in partnership with parents and on the importance of parenting and family support, as part of a 'Family Policy for the 21st Century'. A similar emphasis on parenting and family support can be seen in the recent *Families in Britain* Evidence Paper (Cabinet Office / DCSF 2008), and the Social Exclusion Task Force's *Think Family* reports (Cabinet Office, 2007; 2008).

England has been described as following a 'neo-liberal' approach to child welfare (Esping-Andersen 1990; 2003). This means that it has taken a targeted or residual approach, focusing services (and resources) on those who are defined as 'in need' or 'at risk'. To some extent, that emphasis on residual provision has shifted with the Every Child Matters Agenda (Jack, 2006) and most recently with the Children's Plan, towards a policy of progressive universalism: 'support for all, with more support for those who need it most' (Balls, 2007). Nevertheless, the balance between universal and targeted policies remains a central tension in English welfare policy.

In the context of parenting support, the dichotomised distinction between universal and targeted policy or provision does not adequately describe the range that exists. For example, in considering universal support, it is useful to distinguish between provision embedded within universal services (such as schools and primary health care) and provision which is universally accessible, but which may not be accessed by all (such as Sure Start Children's Centre services, or telephone helplines such as Parentline Plus). Moreover, the concept of progressive universalism preserves both a practical and a conceptual boundary between universal and targeted services. In practical terms, access to services beyond those available to all parents is dependent on the identification of need, and on decisions about where the threshold for specialist support should be set (Boddy et al. 2008a).

A further layer of complexity relates to the mixed economy of service provision in England, including the public, private and voluntary sector. Local authority children's services increasingly have a commissioning rather than a direct provider role. Although policy directions are set nationally, there is considerable local variation in the way that local authorities implement national initiatives, and in the range and type of parenting support services available to families (PriceWaterhouseCoopers, 2007).

1.2   Key policy initiatives

Alongside the over-arching policy agendas of *Every Child Matters* and the *Children's Plan*, parenting support in England has been developed in the context of a range of specific initiatives. It is beyond the scope of the present study to attempt to summarise all of these, and so the following summary highlights key examples, relevant to the aims of the research reported in subsequent chapters.

One key development has been the establishment, with government funding, of a National Academy for Parenting Practitioners (NAPP) in November 2007. NAPP's Strategic Plan (2008-2011; NAPP 2008, p 5) states that the overarching aim of the academy is 'to transform the quality and size of the parenting workforce across England' through research, workforce development and knowledge exchange. The Academy will design, commission and offer a rolling programme of training and support for parenting practitioners in England until March 2010.

Support for parents of pre-school children was first highlighted as a government priority with the launch of the original *Sure Start* programme in 1998 - described as the 'cornerstone' of the Government's drive to tackle child poverty and social exclusion (Tunstill et al., 2002). At that time, *Sure Start* was focused on early childhood, and targeted at families living in areas of disadvantage (the 20% most deprived wards in the country). *Sure Start Local Programmes* aimed to promote social inclusion by bringing together early education, childcare, health and family support in innovative and participatory ways (Smith and Bryan, 2005). Subsequently, the *Ten Year Childcare Strategy* (HM Treasury 2004) set out plans to develop this earlier work. *Sure Start* provision has been extended to all communities in England, through the *Children's Centre Programme*, with the aim of ensuring that, by 2010, 'all families will have access to a *Sure Start* Children's Centre' (*ibid* p 31). Sure Start's remit was also extended, to support families from pregnancy right through until children are 14 (and those with special educational needs or disabilities up to age 16). Provision through *Sure Start Children's Centres* and schools providing extended services can now include access to health services, parenting and family support, advice and support for parents including drop-in sessions, outreach services, integrated early education and childcare, and links to training and employment opportunities. Consequently, *Sure Start Children's Centres* and extended services delivered through schools (see below) now play a key role in delivering parenting support.

The *Extended Schools* programme (DCSF 2007b) is seen by central government as a key element of the *Every Child Matters* agenda, and part of the *21st Century Schools* agenda. The programme includes funding for the expansion of school-based Parent Support Advisers (PSAs), a role that was initially piloted in 20 local authorities (Lindsay et al. 2008a). In addition, senior parenting practitioners (at least two in every local authority) are being employed to deliver parenting programmes on a one-to-one and group basis, targeting parents of children and young people who are seen as being 'at risk'.

The *Family Nurse Partnership (FNP) Programme*, being piloted in selected sites in England, is a health-led home-visiting programme designed to improve the health, well-being and self-sufficiency of young, vulnerable first-time parents and their children. First developed in the USA, it involves regular structured home visits by specially trained health visitors or midwives from early pregnancy until children are 24 months old. Early evidence from the pilot is promising - a recent evaluation of the first year of piloting (Barnes et al. 2008) indicated that the programme succeeded in reaching those parents who were likely to benefit most, and was accessible to fathers as well as mothers.

The *Parenting Early Intervention Programme (PEIP)* aims to improve parenting skills through the delivery of evidence-based parenting programmes to parents of children and young people (aged 8-13 years old) at risk of negative outcomes. The original 18-month pilot operated in 18 local authorities, who offered one of three selected parenting programmes: *Triple P*; *Incredible Years*; and *Strengthening Families, Strengthening Communities*. An evaluation of the original Parenting Early Intervention Pathfinder found that all three programmes appeared to be equally effective, despite their differences in content and number of sessions, and recommended rolling out systematic parenting support across the UK (Lindsey et al. 2008b). PEIP is now being extended to all local authorities, including a broader range of parenting programmes and with delivery more closely linked to extended services in schools.

Supporting parents of teenaged children has been emphasised in a range of government policy that aims to improve children's welfare; reduce the number of children entering care; and to reduce 'anti-social' or 'problem' behaviours such as criminal offending or non-attendance of school. The *Anti-social Behaviour Act* (2003) introduced parenting contracts - backed up by court-ordered Parenting Orders if necessary - between Youth Offending Teams (YOTs) or education authorities, and parents of children who have engaged in criminal or anti-social behaviour or been excluded from school. The focus was on children whose behaviour had a negative impact outside the family environment, in their schools or communities. Subsequently, the *Respect Agenda*, led from the Home Office in 2006, introduced a tougher approach to families involved in persistent anti-social behaviour, reflected in terminology such as 'worst families first', 'sanctions' and 'gripping the family and the problem'[1]. A national network of Family Intervention Projects (FIPs) was set up to work with these families, using an 'assertive' and 'persistent' style of working to challenge and support them to address the causes of their anti-social behaviour. FIP services can be delivered in a number of ways: through outreach support to families in their own homes coordinated by a keyworker for each family; through support in temporary accommodation ('dispersed tenancies') in the community; or through 24-hour support in a residential care unit where the family live with project staff. Building on the positive findings of an early evaluation of 53 FIPs (White et al., 2008), additional funding was made available through the *Youth Crime Action Plan* (YCAP) (HM Government 2008) to expand FIPs to every local authority, including some aimed at families who have problems which can create barriers to work or put children at risk of offending behaviour such as drug and alcohol misuse, poor housing and mental health problems.

The *'Think Family'* approach to encourage closer working between adults' and children's services (Cabinet Office, 2007; 2008) is being tested out in a number of 'family pathfinders', which aim to improve outcomes for families caught in a cycle of low achievement, particularly those who are not being effectively engaged and supported by existing services.

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[1] See, for example: http://www.respect.gov.uk/article.aspx?id=9072

The relative lack of support for fathers in their parenting role has been highlighted in a variety of previous research (e.g. Moran et al. 2004; Lewis and Lamb 2007). Recent policy, including the *Children's Plan,* has emphasised the need to develop services in this area. A recent review by Page and colleagues (2008: 98) concluded that recognition of fathers in policy was 'partial and uneven', and that there was a need for more differentiated approaches that take account of the specific needs of different groups of fathers, such as those from minority ethnic groups, young fathers, lone parent fathers, resident and non-resident fathers). In response to such concerns, a *'Think Fathers'* campaign was launched by DCSF at the end of 2008.

In 2007, the *Parent Know-How* programme was announced to help parents to access information about parenting services and to seek advice on topics as varied as bullying, school exclusion and dealing with relationship problems. It uses existing and new channels including telephone helplines, text messaging, and web-based approaches such as discussion boards, forums and social networking. The services cover all parents as well as specifically targeting groups such as fathers, parents of teenagers and parents of disabled children.

Support for parenting through family breakdown is an area of policy that is receiving increasing attention by government in England. In 2008, the government held a *Relationship Summit,* announcing a package of measures to support parents and children experiencing family breakdown, including the development of better local support for separating parents. This builds on government funding for a number of voluntary sector organisations working to support family relationships.

1.3   Defining parenting support

Parenting support has been defined by government in England as 'any activity or facility aimed at providing information, advice and support to parents and carers to help them in bringing up their children'[2]. This potentially covers a hugely diverse range of services beyond formal parenting programmes or parent education, such as parental leave and benefits policies and measures to reconcile work and family life. Even within parenting programmes, services vary widely in, for example, the point of intervention; whether they are universal or targeted at particular groups; the mode of accessing services; the extent to which use of the service is voluntary or mandatory; whether services are aimed specifically at parents or at families as a whole; and in the staff or volunteers who deliver the services (see Moran et al. op. cit).

Some researchers have attempted to distinguish between parenting and family support. The national evaluation of Sure Start local programmes, for example, defined 'parenting support' as:

> *'services which aimed to enable parents to enhance their parenting. These included formal and informal interventions to increase parenting skills, improve parent/child relationships, parenting insight, attitudes and behaviours, confidence in parenting and so on.'*

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[2] DfES Parenting Support. Guidance for Local Authorities in England October 2006.
http://www.everychildmatters.gov.uk/_files/230790E404393C411AFBEF46E7D2E490.pdf

'Family support' was defined as:

> *'services that aimed to reduce the stresses associated with parenting. These typically included informal activities which provided social contact and support, relaxation and fun, as well as programmes to develop confidence and self-esteem in parents - adult-learning programmes, for example.'*
>
> (Barlow et al. 2007: p i)

Such definitions are potentially challenging in their breadth, highlighting the need to recognise that parenting is but one dimension of an adult's life. It is important, for example, to distinguish between services aimed at adults who are parents (such as computer skills training to assist parents wishing to return to work) and services aimed at supporting parenting more directly (for example, intervening with parenting skills or parent-child relationships).

The aim of the current study was to build upon and complement the earlier review by Moran and colleagues, who framed their work within the following definitions:

- *Parents* were taken to include all those who provide significant care for children in a home or family context, including biological parents, step-parents, foster parents, adoptive parents, grandparents or other relatives.

- *Parenting support* was defined to include any intervention for parents or carers aimed at reducing risks and/or promoting protective factors for their children, in relation to their social, physical and emotional well-being.

Whilst these definitions remain useful in the present context, it was also judged important when reviewing non-English language countries to be open to learning from new ways of conceptualising or delivering parenting support that do not fit an English conception of the work. The current study therefore encompasses a somewhat wider body of work than that discussed by Moran and colleagues, including both parenting *and* family support, but with the latter confined to support that includes work with parents, or parents and children, addressing parental support needs and parenting skills.

Where possible, we have distinguished between support for fathers and for mothers - recognising that services defined as 'parenting' support may often be used predominantly, or solely, by mothers. As noted above, there is a need to attend to the support needs of fathers in developing provision in England. However, it should be noted that, within the scope of the present research, we have relied primarily on available literature and other documentation, and so our ability to distinguish between support for fathers and mothers depended in part on the extent to which that distinction was applied in source material for the research.

With minor exceptions, Moran and colleagues focused on programmes of mainstream relevance - interventions aimed at common problems of relatively low severity or relatively high frequency. Both *universal* services (those open to anyone irrespective of their levels of need) and *targeted* services (those offered only to specific groups or populations, in response to a specific assessed need) were included. The current study also encompasses a range of services from universal to targeted, and as with the Moran review, a greater emphasis has been placed on preventative interventions. That said, the extent to which such categorisations are applicable in non-English speaking countries will vary, depending on the welfare models and also on understandings of *the purpose* of parenting support. The qualities of parenting that family policies and services aim to support are inevitably situated within the theoretical, historical and cultural context of the countries being studied.

1.4   Finding out 'what works'

The present study also differs from the earlier Moran review in its potential to identify 'what works' in parenting support. Even in the earlier study, it was judged inappropriate to apply a highly stringent criteria for evidence of effectiveness (such as only including in the review parenting programmes that had demonstrated effectiveness in randomised controlled trials), as this would mean that much potentially relevant work was excluded. Yet formal monitoring and evaluation of services is more common in English-speaking countries (in particular the United States). Many countries have not historically placed the same emphasis on measurement of 'quality' (see Moss 2005) and on formal monitoring and evaluation, in part reflecting policies of de-centralisation and diversification of provision (Hantrais 2004). It was anticipated therefore that the current review would be limited in its ability to provide 'hard' evidence of the effectiveness of parenting programmes and parent support services in non-English language countries. Accordingly, an inclusive approach was taken in the present study, to enable learning about initiatives that appeared promising, or were potentially relevant, to the development of parenting support in England.

1.5   Study design and methods

1.5.1   Aims and objectives

The over-arching aim of the study as a whole was to explore parenting support in non-English speaking countries in order to derive clear, relevant and translatable messages for policy and practice development in England. Specific aims were to consider available evidence on what works or is promising in parenting support, and to describe processes, models of delivery and underlying philosophies of provision. The research had the following main objectives, following the process outlined in Figure 1.1:

  i.   to undertake a scoping overview of social indicators; policies for parenting and family support; and available English language literature on parenting and family support in at least 12 non-English speaking countries, and on the basis of this overview, to select five countries for in-depth review;

  ii.   to prepare case studies of parenting support in those five countries, based on knowledge synthesis reports prepared by experts with local knowledge of parenting and family support policies and service frameworks, and commission a knowledge synthesis report from each; and thus

  iii.   to identify promising practice in parenting support in other countries, key issues and messages for policy and practice in England.

It is important to note that the research did not have the power to identify models of parenting support that will work in an English context. However, it aimed to offer insights into what might work and what has the potential for translation to England, and could benefit from further exploration.

Figure 11   The study process
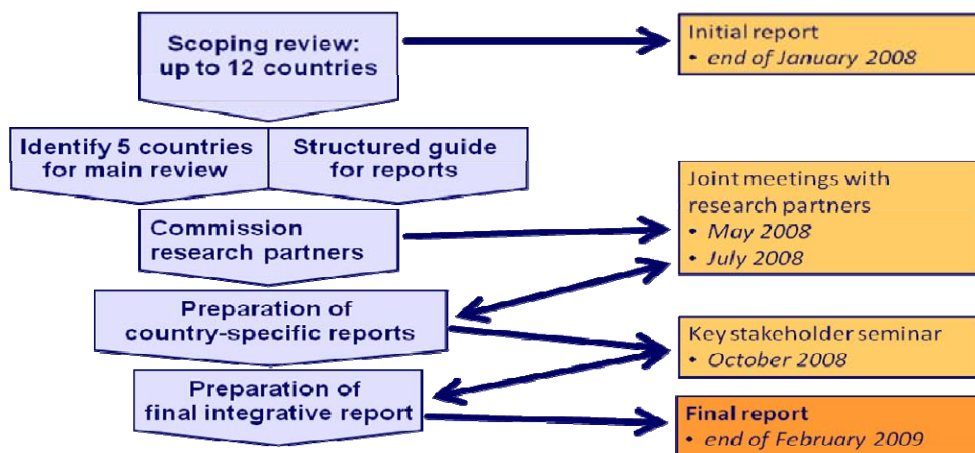
1.5.2   Phase 1: Initial scoping review

This first phase of research aimed to inform the selection of five countries for inclusion in the second, in-depth, phase of the study. Within the financial and temporal constraints of the work, the process of selection was necessarily pragmatic, drawing on the research team's existing knowledge and information available within the timeframe for the work. A detailed account of the process of selection of countries for the scoping review is provided in Appendix One; a brief summary of that work is given below.

Selection of countries for scoping review

Twelve countries were included in the initial scoping review, selected from a 'long list' of 22 European and non-European countries generated from early scoping work by the research team. Criteria for selection of 12 countries from this long list of 22 were as follows: relevance to English policy and practice development in parenting support; translatability to a English service context; evidence of effective practice or indications of promising practice in parenting support; and/or evidence of well-developed policy frameworks for parenting and family support.

These criteria were flexibly applied, to ensure that the 'short list' of 12 countries achieved a balance between the different inclusion criteria. For example, some countries excluded from the short list of 12 had fulfilled the translatability criterion, but were discarded in order to ensure sufficient variation - for example in terms of political and welfare systems and geographical spread - to provide a robust basis for selection of five countries for the main review. After careful consideration and discussion within the research team, the following 12 countries were selected for inclusion in the initial scoping report: Brazil; Denmark; Finland; France; Germany; Hungary; Israel; Italy; Netherlands; Norway; Poland; and Spain. Summary information about the 12 countries is presented in Appendix One.

Key findings from scoping review

Preliminary scoping identified a wide range of programmes and services operating in the 12 shortlisted countries. Relatively few of the countries had a well-developed culture of evaluation of parenting support services, and different approaches to parenting support were linked to different political and welfare frameworks, and different understandings of what 'good' parenting means and how the state could or should support this. The programmes identified ranged from applications or adaptations of English language models, such as

Webster-Stratton in Norway, to home-grown parenting programmes, and national and local parenting support initiatives.

Arguably, applications of English language models in non-English language countries have relatively limited relevance for our purposes. After all, Moran and colleagues' (op.cit.) review of *What Works in Parenting Support* has already questioned how directly US models of parenting support can translate to the very different social and cultural conditions of England. But there may nevertheless be information of interest to English audiences in other countries' experience of adapting US or other English language models - for example, how might a different workforce model (such as the social pedagogue, which is being explored by DCSF) affect the programme's functioning or implementation? That said, the adaptation of English language programmes was less of a focus for this review than was identifying other approaches to parenting support in the shortlisted countries.

Home-grown services included standardised and structured parenting education programmes such as HIPPY (the *Home Instruction Programme for Preschool Youngsters*) developed in Israel but also used in Denmark and the Netherlands; PEP (a *Prevention Programme for Externalising Problem Behaviour*) and the PEKiP Project (a Czech programme working with parents of children in the first year of life) in Germany. They also include less structured, more individualised, approaches to intervention such as the *Marte Meo* method (a Dutch model used in 30 countries, but described in the chapter on Denmark). Parenting support work in Italy provided another example of services with a highly localised flavour, reflecting local demographies and needs.

1.5.2   Phase 2: Parenting support in five European countries

A detailed account of the methods used for the main review is given in Appendix Two, with key information summarised below. Building on the criteria used to select countries for initial scoping work, decisions about which five countries to include in Phase 2 of the study were based on their relevance and translatability to UK policy and practice development, and on indications of effective, innovative *or* promising practice in parenting support, and/or well-developed policy frameworks for parenting and family support. These criteria were viewed holistically, reflecting the overarching aim of selecting a group of five countries that together would offer a range of perspectives and approaches to parenting support, with the potential to challenge or offer fresh perspectives. In light of these considerations, the five countries recommended for in-depth review were Denmark, France, Germany, Italy and the Netherlands.

Relevant experts in each of the five countries prepared national reviews of parenting support for their country. These reviews are not reproduced in this project report, but provide the information on which this report is based. The reviews followed a structured guide, agreed in consultation with the overseas partners. The final stage of the work was to prepare the country reviews in a comparable format, to facilitate cross-country comparison, and to analyse the material for messages that could inform policy and practice development in England.

1.6   Structure of the report

The structure of this report follows the process and stages of the research. Chapter Two provides an overview of key population indicators in each of the five European countries (Denmark, France, Germany, Italy and the Netherlands) which formed the main part of the study. This contextual information is essential for understanding policy and practice in other countries, and how 'translatable' it might be to England.

Chapters Three to Seven present information about parenting support in each of the five selected countries in turn, organised under similar headings. First, each chapter provides an overview of the policy context in which parenting support operates. This is followed by a description of the service frameworks for delivering parenting support, both universal and targeted provision. The third part of each chapter draws together information about approaches to parenting support, and includes examples of specific non-English language parenting programmes used in that country and any evidence for their effectiveness.

Finally, Chapter Eight concludes the report with a comparative discussion of commonalities and differences between the countries, drawing out conceptual and practical recommendations for the development of policy and services in England.

2.   The context for parenting support: populations and social inclusion

2.1   Whole population indicators

An inherent difficulty with cross-national research is that it rarely compares like with like. England differs from the other European countries that are the subject of this research both in its welfare models and wider social indicators. To acknowledge such difference is not, however, to suggest that English policy and practice would not be informed by a better understanding of working models in other countries.

In order to ensure the relevance of such comparisons to the English case, it is first necessary to consider some of the issues involved in analysing approaches to social welfare and family policy across the countries. There exists a substantial literature on public policy in relation to families, welfare and social protection, both in the UK and internationally. This work has been well considered elsewhere (e.g. Hantrais 2004; Hendrick 2005; Freymond and Cameron 2006) and the purpose of this report is not to summarise this literature. Rather, in trying to understand the national contexts of policies and services that aim to support parents - and thus families - it is most useful to focus on particular social indicators and aspects of welfare policy.

The European Commission publishes a range of annual population data, including data relating to social inclusion and poverty in its member countries. Selected data relating to the five countries that are the focus of our research, and for the UK[3], are presented in Table 2.1, taken from the most recent available published statistics (usually 2007). Along with some information about population size, and the proportion of children in the population, the table presents data on three key sets of indicators that can act as critical barriers to social inclusion: poverty, unemployment, and education.

In terms of population size, the data show that two of the five countries are small relative to the UK - the Netherlands has a population of 16 million, and Denmark of just under five and a half million people. France, Italy and the UK are similar in population size (approximately 60 million inhabitants), and Germany is the largest country in the study, with a population of over 80 million people. Table 2.1 also shows the relative population density of each country (expressed as the number of inhabitants per km^2), a factor that - alongside the administrative structures of each country, and the proportions of the population that live in urban or rural areas - is relevant to understanding the design and delivery of parenting support services. France and Denmark are the least densely populated countries in the study, and the Netherlands the most (almost twice the population density of the UK). Germany and Italy have similar, but slightly lower, levels of population density than the UK.

The population data presented in Table 2.1 also show indicators of family structure, including the proportion of the population aged less than 15 years, and the overall fertility rate in the population. These data show that both Germany and Italy have lower fertility rates than the other three countries, and correspondingly, a smaller proportion of the population aged under 15 years. These two countries also have the lowest proportion of live births outside marriage of the five countries, and Italy has the lowest rate of divorce. Such statistics indicate the context of family life in which parenting support is delivered, and should be borne in mind when differences are noted between policy and provision in the six countries.

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[3] Eurostat data are not available for England alone, and so for comparability, data presented represent the UK as a whole.

Both the Netherlands and Denmark have high rates of employment relative to the other study countries. Denmark also has the highest rate of female employment in the six countries - an observation that will become relevant as we go on to discuss Danish approaches to delivering parenting support. Italy has the lowest rates of employment overall, and of female employment (less than half the female population are employed). France also has lower employment rates than the UK, and both France and Italy have high rates of youth unemployment, compared to the other study countries. Whilst Germany does not differ markedly from the other Northern European countries in its overall employment rate, it should be noted that there remains continuing disparity between employment rates in East and West Germany, particularly in relation to youth unemployment (Bundesministerium für Arbeit und Soziales 2008).

Along with variation in employment patterns, the countries differ in rates of poverty. Of the six countries, the UK has the highest rate of 0-15 year olds who live in jobless households. Italy and the UK have similarly high proportions of the population living 'at-risk-of-poverty', and the difference between these and the other countries applies overall, and more specifically to children (aged 0-15 years) and to households with dependent children[4]. The UK stands out in having a particularly high 'at-risk-of-poverty' rate - 41% - in lone parent households with dependent children. Eurostat data also show that the UK, Italy and the Netherlands direct smaller proportions of their social protection expenditure towards children and families, compared to Denmark, Germany, and, to a lesser extent, France.

The UK does not differ markedly from the other countries in terms of education indicators (rates of early school leavers or proportion of the population with at least upper secondary education). Rather, Italy appears to be distinct on these parameters, with little more than half the population having at least upper secondary education (compared with at least two-thirds in the other countries), and almost 20% of the population having, at most, 'lower secondary' education, compared with 12-13% in the other countries.

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[4] Of the four countries, Denmark has the highest at-risk-of-poverty-rate among 16-24 year olds. The low relative income of this age group may reflect the high proportion in full-time education (62%, Statbank Danmark 2005). See http://www.statbank.dk/statbank5a/default.asp?w=1280

Table 2.1   Whole population social indicators (2007)[a]

	UK	Denmark	France	Germany	Italy	Netherlands
Population						
Total population (millions)	60.39*	5.47	63.39	82.31	59.13	16.36
Inhabitants per km^2*	250.0	126.2	99.9	230.7	199.7	483.8
% of population < 15 years of age	17.6	18.6	18.6	13.9	14.1	18.1
Total fertility rate[b]*	1.84	1.83	2.0	1.32	1.32**	1.70
% of live births outside marriage	43.7*	46.1	50.5*	30.0	20.7	39.7
Marriage (rate per 1000 persons)*	5.2**	6.7	4.3	4.5	4.1	4.4
Divorce (rate per 1000 persons)*	2.6**	2.6	2.2	2.3	0.8	1.9
Employment						
Employment rate (%)	71.3	77.1	64.6	69.4	58.7	76.0
Females	65.5	73.2	60.0	64.0	46.6	69.6
Males	77.3	81.0	69.3	74.7	70.7	82.2
Employed part-time (annual average) (%)						
Females	42.3	36.2	30.2	45.8	26.9	75.0
Males	10.8	13.5	5.7	9.4	5.0	23.6
Unemployment rate of people <25 years old	14.3	7.9	19.4	11.1	20.3	5.9
Long-term unemployment rate (%)[c]	1.3	0.6	3.3	4.7	2.9	1.3
Living in jobless households (%)						
Adults 18-59 years	10.9	6.9*	10.9	9.5	9.1	6.5
Children 0-17 years	16.7	5.0*	9.8	9.3	5.8	5.9
Monetary poverty[d]						
At-risk-of-poverty rate (% of population)*						
Whole population	19	12	13	13	20	10
Children 0-15 years	24	10	13	12	24	16
Households with dependent children	21	8	13	11	23	11
Single parent households with dependent children	41	19	29	24	32	32
Education						
Population aged 25-64 with at least upper secondary education (%)	73.3	75.5	68.7	84.4	52.3	73.2
Early school leavers (%)[e]						
Females	11.4*	8.9	10.9	11.9	15.9	9.6
Males	14.6*	15.7	14.6	13.4	22.6	14.4
Total	13.0*	12.4	12.7	12.7	19.3	12.0
Social expenditure[g]**						
Total expenditure on social protection[f]						
Per head of population (Purchasing Power Standard)	7176.4	8497.6	8044.3	7529.3	6225.6	8305.4
% of social benefits relating to families and children	6.3	12.9	8.5	11.2	4.4	4.9
% of GDP expenditure on families and children	1.7	3.9	2.5	3.0	1.1	1.3

Notes on Table 2.1:

[a] Data tables accessed through Eurostat, 10 September 2008. Eurostat data are not available for England alone, and so for comparability, data presented represent the UK as a whole. Figures show 2007 data unless otherwise indicated, and are the most recent available across countries at the time of writing. For consistency, all data are extracted from Eurostat source tables on population and social conditions and not from other data sources:
http://epp.eurostat.ec.europa.eu/portal/page?_pageid=1090,30070682,1090_33076576&_dad=portal&_schema=PORTAL
* 2006 figures   ** 2005 figures

b Total fertility rate is defined as the number of children per woman in the population. That is, the mean number of children that would be born alive to a woman during her lifetime if she were to pass through her childbearing years conforming to the fertility rates by age of a given year. The total fertility rate is also used to indicate the replacement level fertility; a rate of 2.1 is considered to be replacement level.

[c] Long term unemployment is defined as the percentage of the active labour force (people aged 15 and over) who have been unemployed (defined as those who are without work within the next two weeks, are available to start work within the next two weeks and who are seeking work) for at least 12 months.

[d] One index of poverty is presented here, extracted from Eurostat data for 2006. The **at-risk-of-poverty** rate is defined as the percentage of the population with an equivalised disposable income below the 'at-risk-of-poverty threshold' - which is set at 60% of the national median equivalised disposable income, after social transfers.Other indices of poverty, included in Eurostat data but not reported here, are (i) the **intensity of poverty** ("how poor are the poor"), measured by the relative median poverty risk gap, which is calculated as the difference between the median income of people who are below the at-risk-of-poverty threshold and the at-risk-of-poverty threshold itself, expressed as a percentage of the at-risk-of-poverty threshold; and (ii) overall **income inequality**, measured by the 'income quintile ratio', which is the ratio of the total income received by the 20% of the population with the highest income (top quintile) to that received by the 20% of the population with the lowest income (lowest quintile).

[e] The percentage of the population aged 18-24 years with at most lower secondary education and not in further education or training.

[f] Expenditure on social protection includes social benefits (either cash payments or provision of services) to households or individuals; administration costs; and other miscellaneous expenditure.

2.2   Welfare models

The statistical differences described above are likely to reflect, at least in part, the different welfare regimes of the countries that are the focus of our research. These welfare models form part of the context for the models of policy and practice in work with young people and their families, around the threshold of care. Esping-Andersen's seminal work (1990; 1999) distinguished three broad 'ideal-types' of welfare regime:

England falls within the broad model of *neo-liberal* regimes, sometimes referred to as the Anglo-Saxon model, which seek to minimise the role of the state and to promote market solutions. Within this model, welfare services are primarily residual - targeted at those presenting a social risk or with high levels of need.

The *social democratic* welfare regime, also known as the Nordic model, can be seen as re-distributive in terms of wealth. The state assumes a greater responsibility for the welfare of its members than in other welfare models, and universal welfare systems are used as of right, as a means of supporting active citizenship and active participation.

According to Esping-Andersen's typology, France, Italy and Germany can be placed, broadly, within a *conservative* welfare model, fusing social insurance with corporativist and often also social Catholic subsidiarity traditions. In these systems, people in employment, and their families, are protected from risk by compulsory social insurance, with social assistance for those who are neither supported by their families or by social insurance. As with the liberal approach, social assistance is emphasised rather than the universal rights to benefits and welfare services of the Nordic model. In contrast to liberal regimes, however, there is very little private market provision of social care services.

These models have been widely contested, for example as being insufficient or as lacking in explanatory power (e.g. Arts and Gelissen 2002; Pringle 1998). In practice, there is inevitably some overlap between the hypothetical models proposed by Esping-Andersen and what Jensen (2008: 151) termed the 'messy realities of real-life policies'. As Arts and Gelissen (2002, p139) observed:

> *'Contrary to the ideal world of welfare states, the real world is likely to exhibit hybrid forms. There are no one-dimensional nations in the sense of a pure case.'*

Moreover, policy approaches are not constant, and Esping-Andersen himself (2003) acknowledged that changes in population demography and in the global economy were prompting shifts in the three traditional models. The Netherlands, for example, has shifted towards a more neo-liberal approach than was the case when Esping-Andersen first proposed his typology almost 20 years ago, and is now categorised by Jensen (2008) with neo-liberal countries such as the US, Canada and the UK. Arguably, the New Labour concept of 'progessive universalism' provides another example of a shift towards something of a hybrid approach, based on the universalist principle of 'support for all' - although it remains an approach that maintains a residualist approach to targeted provision. Echoes of the Nordic model can also be seen in the emphasis of *Every Child Matters* and the *Children's Plan* on provision of universal preventive services, and policies such as *Welfare to Work*, aimed at 'activation' of individual capacities.

Despite the blurring of boundaries between different models, Hetherington (2006, p28) has observed that *'the main outline remains intact'* as a useful conceptual framework for considering social care policies and practices.

Dualistic and holistic child welfare systems

Also relevant to understanding models of parenting support in other countries is the distinction made by some researchers between 'dualistic' and 'holistic' approaches to child and family welfare systems, or between approaches focused on child safety, or child and family welfare (see Hetherington 2006; Katz and Hetherington 2006; Gilbert et al. 2008).

Dualistic systems - which include most English-speaking systems - are said to be child protection focused, *'dominated by the need to prevent abuse and rescue children from abusive situations'* (Katz and Hetherington 2006, p 431). Within such systems, family support is dealt with separately. Holistic systems, they argue, *'promote early intervention and preventive work and there is an assumption that there should be a continuum of care'* (p432). There is a strong family support focus: while protection of children from abuse is seen as one element of child welfare, it is not the dominant concern, reflecting an emphasis on earlier preventive intervention. Katz and Hetherington reported that Nordic and continental European countries commonly follow this pattern, but *'do not approach the task the same way'* (p 432). Their different approaches can be understood in relation to Esping-Andersen's typology. In Nordic countries the state assumes responsibility for delivering services (through local authorities), and there are few voluntary organisations involved. The tradition of subsidiarity in continental European countries such as Germany means that voluntary organisations (including those affiliated to the church) are the predominant service providers. Katz and Hetherington acknowledge that the distinction between statism and subsidiarity is not absolute, noting that France, for example, has a mixed system with strong local authority service delivery.

The distinction between a holistic and dualistic approach to child and family welfare offers a valuable basis for considering approaches to parenting support in the chapters that follow, in particular, the continuities between provision of universal and targeted services.

2.3 Summary

In concluding this brief discussion of whole population indicators and approaches to child welfare, it is useful to raise the question of where the UK approach sits in relation to both its European neighbours and to the more extreme neo-liberal welfarism that has characterised the US. Progressive universalism, as an approach, retains the duality of a neo-liberal approach, but could be described as social democratic in its emphasis on universal preventive services. There is a long and valuable tradition of knowledge-sharing between the UK and the US, facilitated by academic publication in international English language journals. However, there is a danger that the common language may lead to more fundamental differences between the countries being overlooked. To take one striking example, a recent OECD analysis of inequality in developed nations (OECD 2008) reported the prevalence of child poverty in jobless lone parent households with children. This was 39% in the UK compared with 92% in the US, a difference that is largely attributable to the countries' different approaches to welfare provision. Comparison between European countries - such as that presented in this report - is complicated by language issues. Undeniably, there are significant differences in approach to children's services between the five countries in the study, as we shall go on to discuss. Nonetheless, there are also many similarities, not least in population demographics (as shown in Table 2.1) and thus, a strong basis for shared learning.

3.   Denmark

Parenting Support in Denmark: An overview

Parenting support services in Denmark reflect its strong welfare state, and high rates of maternal participation in the workforce. Key features of Danish parenting support include:

- a strong emphasis in policy and service frameworks on continuity between universal and targeted or specialist provision;

- support embedded within universally (or almost universally) accessed services such as early childhood education and care settings, and delivered by workers in those settings; and

- a professionalised workforce including social pedagogues and psychologists.

3.1   Policy context

With a population of just 5.44 million, Denmark was the smallest country in the review. It provides an example of a typical Nordic welfare state characterised by universalism; generous and comprehensive cash benefits which keep poverty low; gender equality reconciling work and family life; and a strong child orientation.

Historically, policies for children and families in Denmark have been based on universal social democratic principles (see Esping-Andersen 1990; 1999). These policies have been developed through strong involvement of and dialogue with social partners, both public sector and NGOs, with the aim of addressing the needs of vulnerable and marginal groups. As a result of the policies and services developed, Denmark, like the other Scandinavian countries, has a low overall rate of poverty, and one of the lowest rates of child poverty in the EU.

Danish policy emphasises equal gender participation in the workforce, and requires provision of comprehensive family support, with generous child-related leave programmes (OECD 2002). Denmark leads Europe in early childhood education and care. Two-thirds of children aged six months to two years use some kind of childcare, usually family day care or crèches, and this proportion rises to 93% among three to six year-old children, who are in kindergartens, mostly full day. When starting school, all children aged from six to 10 years are guaranteed provision of out-of-school childcare. Parents contribute to childcare costs, but local authorities have a legal requirement to ensure adequate provision of all forms of care. In contrast to England, most provision is in the public sector - 90% of all Danish children use some form of local authority childcare[5].

The health and welfare system in Denmark is likewise based on the principle of universalism, rather than on contributory benefits. All Danish citizens are protected as a fundamental right from risks such as unemployment or sickness. Services are financed by the general taxation system, and Denmark has a high rate of social expenditure, and of expenditure assigned to families and children, by EU standards.

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[5] Source: Clearing House Colombia Country Profiles, Denmark, 2004
http://www.childpolicyintl.org/countries/denmark.html

Denmark remains in the throes of a major reform of local government that came into force in January 2007. Until that time, Denmark was divided into both counties (13) and smaller municipalities (270). Under the reform, 13 counties and 270 small municipalities were restructured into five regions and 98 large municipalities. The main objectives of the reform were the avoidance of 'grey zones' of responsibilities between the municipalities and counties, and reduction of costs through economies of scale (Thorgaard and Vinther 2007). The most immediate impact, inevitably, has been considerable restructuring of services, and both centralisation and decentralisation as the counties have handed over tasks to both the central government and the municipalities.

Central government policies in relation to children and young people's welfare are legislated within the Service Act (1998), and fall within the domain of the Ministry of Social Welfare. Established in 2007, this ministry brought together areas formerly the responsibility of the Ministry of Social Affairs, including the National Board of Social Services and the Danish Centre for Social Research, and the Ministry of Family and Consumer Affairs. At the beginning of January 2007, amendments to the Service Act came into force, which emphasise prevention, detection and early intervention, with continuity between universal and targeted services (see Figure 3.1). Intervention should be as minimal as possible, and provided within universal services in so far as possible. This law provides a central framework, setting out requirements, but under the terms of the Act, the local authority (municipality) is the responsible body in law, and may determine its own provision.

Figure 3.1 Services for children within the Danish municipal system
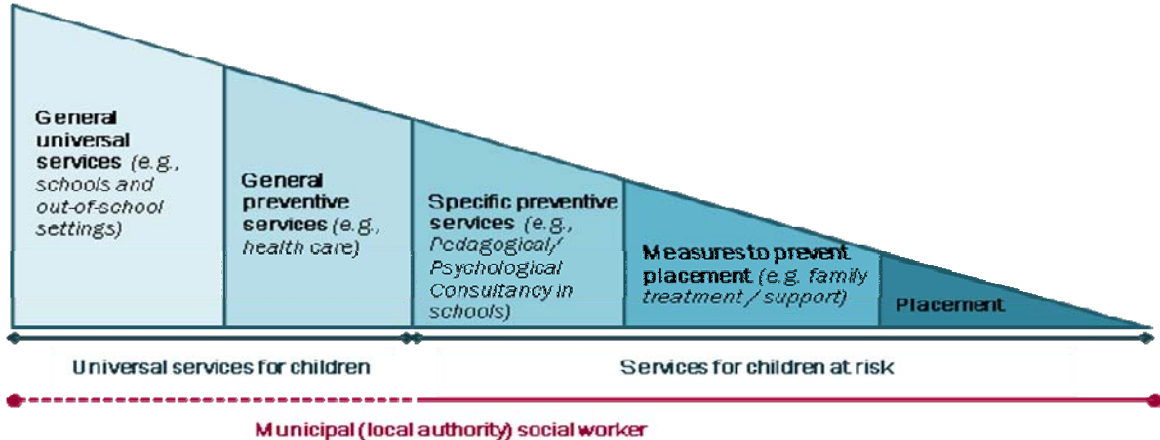
In addition to the Service Act, the Danish National Health Programme (*folkesundhedsprogrammet*) forms part of the context for parenting support. This focuses on the specific health problems of different target groups: pregnant women as well as children, young persons and adults at risk. Particular priority is accorded to the health and well-being of children in 'vulnerable' families, a definition which includes problems such as parental substance abuse and child neglect.

Danish legislation - and the Service Act in particular - emphasises continuity within a 'single-stringed' universal system (an *enstrenget* system), and a common set of key principles, which apply to both universal and targeted services. These principles can be seen as social pedagogic in form and intent - whereby *all* interventions to support children, young people and families have a common aim: supporting the child's development, their education in the broadest sense of that word. This ethos - and indeed, the Danish approach to provision of

parenting and family support - was summed up by a national politician, interviewed in a recent comparative study of work with children at the 'edges' of care (Boddy et al. 2008a). She observed:

> *'Children's welfare and education [in the broadest sense] are a common responsibility - it's everybody's, it's a responsibility for society'.*

The politician's comment highlights a critical point in understanding the Danish example in this review. As mandated in the Service Act, parenting support in Denmark is *embedded* within universal practice and within local authority service frameworks for children and families. Consequently, mainstream parenting support is not readily conceived as a distinct form of work, but is an integral part of health, childcare, and education provision. Accordingly, to describe parenting support in Denmark, it is first necessary to consider in some detail local authority service frameworks for children and families.

3.2   Service frameworks

The public sector has the predominant role in Danish parenting support provision, with a lesser role for voluntary agencies[6] and little, if any, private-for-profit provision. That balance of provision can be seen in the predominance of universal services (health, childcare, and education) in early intervention to support children and families. Local authorities are required by the Service Act to ensure continuity between universal services such as health care providers, schools and 'free-time' and out-of-school settings and targeted or specialist intervention. Thus, universal providers play a key role in support for children and families, including parenting support.

A national voluntary sector organisation in Denmark, *Børns Vilkår,* has published a guide to 'being parents in Denmark', which aims 'to give parents the best opportunity to support their children' (*Børns Vilkår* 2005, p 2). The booklet targets parents from non-Danish ethnic backgrounds, and is published in seven languages including English[7]. It provides a useful overview of parents' right to (and routes to) accessing support, summed up as follows (op.cit., p 3):

> *'You can receive good advice on bringing up your children from all employees at day care centres and schools. You can also obtain advice from health visitors or doctors. Everyone has, in addition, a right to receive advice from the municipality's social services department without having to give their name and from PPR, which is the pedagogic psychological advice unit. Parents and other adults around children can also ring ForældreTelefonen, which is an anonymous telephone advice line run by Børns Vilkår.'*

3.2.1   Local authority frameworks for parenting support

Most parenting support provision is embedded within municipal (local authority) structures (*forvaltningen*), whereby the child and family department deals with all issues related to children. These departments commonly employ professionals from a range of backgrounds, including social workers, pedagogues, lawyers, psychologists and medical consultants. This professional mix aims to ensure a range of expertise in counselling and economic advice. For example, pedagogical and psychological consultants are employed within the local authority to support and provide consultation for pedagogical staff in universal services such

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[6] Danielsen (2008) reported that there is a political move nationally to increase the involvement of volunteer associations (*frivilligt arbejde*) in providing support for children and families in Denmark, but notes that currently, the involvement of voluntary sector agencies is *'very much less comprehensive than the public sector'* (p4).
[7] http://www.bornsvilkar.dk/upload/dit_barn_bor_i_danmark_engelsk.pdf

as early childhood education and care settings, and to advise the administration on the development of institutions in the local authority.

Alongside such roles, there are 'specific preventive services' within the universal system in the local authority (see Figure 3.1). These include the local SSP (an interagency collaboration between schools, social services and police)[8], and the PPR (*Pædagogisk Psykologisk Rådgivningskontor, a* psychological and pedagogical advisory service supporting the work of schools, early years and free-time provision in the municipality). At the next level of intervention sits specialist input that aims to prevent family breakdown, including specialised parenting and family support and social work input. It should be noted (as discussed further below) that some specialist services in Denmark are relevant to our understanding of what in England would be defined as 'mainstream' parenting support, because of difference in thresholds for access to specialist parenting and family support.

3.2.2   Universal services

Preventive health services play a key role in parenting support in Denmark, ranging from early identification and intervention to work with children and families with complex and additional needs (including children at risk and their families). They work as part of interprofessional teams. Notably, the *community nurse* provides support to parents until children are 18 months old[9], by which age most Danish children attend early years education and care provision. Exceptionally, the community nurse can continue to work with the family until children start school. (S)he has particular responsibilities for the early identification of possible neglect or maltreatment, or of other parenting difficulties, and provides support, counselling and intervention to support parenting. Individual work with families can be combined with group work with parents, usually when families have been identified by the nurse as isolated or in need of additional support. Group work can be conducted by the nurse in conjunction with other professionals, such as staff from the municipality's children's department, or pedagogues in local daycare settings. Group-based interventions would not normally follow any standard programme, rather, Danielsen (2008) observed, the curricula would be designed according to the needs and characteristics of each group. The content and focus of such parent support groups across Denmark has not been reviewed, and the nature of provision depends on local authority priorities and on the judgement of individual community nurses. However, Danielsen cites examples of interventions including groups for young (often single) mothers focused on developing parenting skills; groups to support networking; and baby clothes exchange.

Early childhood education and care (daycare) institutions are very widely used, as noted above, play a key role in supporting Danish parents when their children are young. The Service Act stipulates that daycare provision must have pedagogical (education-in-the-broadest-sense), social and care purposes, with each element having equal priority. Korintus and Moss (2004, p 33) quoted a national policy advisor in Denmark who observed that, "*this [early childhood services] is society's way of providing sound conditions for children's development*".

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[8] Information in English on the Copenhagen SSP framework: http://www.ssp.kk.dk/english/index.htm
[9] Each family is entitled to a specified minimum number of visits from the community nurse, supplemented by a series of developmental checks from the family doctor over the first five years of life. Family doctor checks are carried out when children are aged five weeks; five months; 10 months; 15 months; and two, three, four and five years old. Community nurses themselves determine how many visits a family should have. The minimum requirement varies between local authorities, but in general, mothers are entitled to a visit during pregnancy and five visits until the child is two and a half years-old (or 18 months old in some authorities).

Danish law requires that ECEC settings work in partnership with parents, a principle termed *forældresamarbejde*. Danish ECEC provision includes a range of settings which aim to engage the wider community (including difficult-to-access groups such as minority ethnic communities) and to contribute to the development of social networks, and parents may be encouraged to join in daily activities within the setting.

ECEC settings (as with all public sector provision in Denmark) have a 'sharpened' duty (under the terms of the Service Act) of early identification and intervention when problems are identified, and thus pedagogues in ECEC settings play a key role in the early identification of need and in mainstream parenting support, offering advice and guidance to parents on issues in upbringing and child development. Arguably, this active role for early years workers in parenting support is possible because (in contrast to the English early years workforce) they have a high level of professional education. The main occupation across all centre-based services for young children in Denmark is the *pædagog* (pedagogue), who is qualified to Bachelors-degree level[10]. Korintus and Moss (2004), as part of a larger study of care work in Europe, examined the role of pedagogues in early childhood settings in Denmark, and highlighted the importance of their role in providing support with the everyday challenges of parenting. This aspect of the work was illustrated in the following quote from one of the pedagogues interviewed for that study:

> *'The parents actually use us a great deal, so when it comes to the parents right here, then we are very important, first of all because we take care of their children but also with regard to confusion and despair in day-to-day life. 'What are we doing wrong? How can we do better? How do you do it?'. In this context they ask us for advice the same as they would ask a nurse for advice, so they use us a great deal in the upbringing of their child.'*

(Korintus and Moss 2004, p 72)

Whilst all daycare institutions in Denmark play an important role in supporting parents, some have been set up to work particularly with families who have identified social problems, offering more specialist support. These institutions have a high ratio of staff (pedagogues) to children, and parents are also required to spend time in the setting, so that pedagogues have the opportunity to work directly with the parent-child relationship. Pedagogues with additional post-qualifying specialist training[11] are employed in these settings, supported by an interprofessional team including a social worker and psychologist.

Schools and out-of-school settings are involved in parenting support in a similar way to ECEC centres, in terms of their legal duties regarding early identification and the provision of support within a universal framework, and through their role in interprofessional frameworks (classed as 'general preventive services' in Figure 3.1). Again, the professional workforce model is relevant to understanding schools' role in providing parenting support, because schools routinely employ pedagogues alongside teachers, to support children's education in the broadest sense, including work in partnership with parents.

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[10] The other main professional group in ECEC services are *pædagogmedhjælpere* - pedagogue assistants. This occupation does not require any formal qualification, and Korintus and Moss (2004) reported that many workers are young people spending a year or two working before going on to further study, including some gaining experience before training as pedagogues. However, since August 2008 a *pædagogisk assistntuddannelse* qualification has been introduced to replace the *pædagogmedhjælperudannelsen.* This new qualification is based on two years of full-time study, including 54 weeks of theoretical teaching, and two 26 week practice placements.

[11] Training in addition to the three and a half year Bachelors degree-level diploma in pedagogy.

In addition to universal services such as schools and ECEC settings, the Service Act requires that local authorities must provide a range of **universally accessible provision** – not used by all parents, but accessible to all, including free-of-charge family-oriented counselling services, as open-access outreach services. Examples include a requirement for the state to offer free expert counselling for all parents and children at the time of divorce, or for parents in relation to issues such as economic problems, housing, health, employment, and young people's career plans. Provision includes group and one-to-one sessions, and anonymous consultations. These open-access outreach services provide a useful illustration of the way in which Danish 'general preventive services' blur the boundary between universal and targeted services.

3.2.3   Specific preventive services

A key local authority service, working primarily with referrals from schools (but also ECEC settings), is the **Pedagogic Psychological Advisory Service** (PPR), which employs pedagogues, social workers and psychologists to work with families with children. Most are referred from schools, but also from early childhood education and care settings. As with educational psychology services in English local authorities, a core facet of the PPR role is concerned with assessment of, and support for, children with special educational needs. However, the pedagogical expertise within the service enables a somewhat broader remit than is customarily found in English educational psychology services, and thus PPR employees can also provide parenting advice and support, and can advise workers in settings such as schools and ECEC centres on their work with parents and families.

Another key role in all Danish local authorities is the **Schools, Social Services and Police (SSP)** partnership, which includes projects and strategic planning at local authority and local area level. The overall aim of this interagency partnership is early intervention to prevent involvement in crime by children and young people. Gaarde (2004), the Secretariat Director of Copenhagen's SSP collaboration, described a range of projects, including work in the field of parenting support. For example, she described a programme for parents of 7th grade students, aimed at creating a network of parents, with meetings facilitated by SSP members to discuss issues such as alcohol and drug use.

The role of social work

In Chapter One, we commented on the importance, in cross-national comparison, of recognising that models of working in other countries may not fit an English conception of the work. The role of social work services in Denmark provides a good example in this regard. In England, social work is primarily construed as a tertiary/residual service, where high access thresholds mean that intervention is prioritised for families whose children are in imminent danger of admission to care (e.g. Brandon et al. 2008). In Denmark, every citizen has, nominally, an allocated social worker, registered through their allocated 'civil person number' (similar to an NHS number in England). This accords with the universalist principle of continuity within the Danish system, and in effect blurs the threshold of access to social work support. Accordingly, social workers in Denmark have a role in preventive work within universal services, supporting parents who would not meet thresholds for social work involvement in England, but rather would fall within the remit of 'mainstream' parenting support. The social worker may not work directly with the family in such cases, but (s)he would coordinate inter-professional cooperation and so would be involved in working with, and advising, for example, workers in the PPR (see above) or staff in universal services such as *community nurses* and *pedagogues* in ECEC settings, or in parenting support by family consultants (usually pedagogues; see Boddy et al. 2008a).

In the course of earlier research on work with families at risk of breakdown (Boddy et al. 2008a), we visited two city local authorities in Denmark where 'family houses' offered a range of provision, from intensive targeted work with families where there was a risk that their child might be placed in care, to open-access group support sessions and one-to-one counselling. Box 3.1 draws on data collected during the course of that study, to provide an example of how a family house in an urban local authority provided support to parents. As this account illustrates, whilst family houses could offer programme-based parenting interventions, the predominant approach was that of counselling or guidance, designed to meet the individual needs of those attending.

Box 3.1   Support through 'family houses': the example of one Danish city

In this large city, the local authority ran a number of 'family houses', offering therapeutic intervention (families could be referred or could self-refer), as well as drop-in counselling and advice services. We interviewed two family consultants from a family house - a social worker and a psychologist - who worked in a team of 14 staff, including pedagogues, social workers, and psychologists. The staff team as a whole worked with up to about 90 families at any one time. The houses provided open-access sessions, to which families could self-present, although families could also be advised to attend sessions, for example, by the school. Each family was entitled to eight open-access sessions before a statutory social services assessment was required; the intent was to provide an early preventative intervention, and it was reported that one-quarter of the families seen at this stage did not go on to have a social services care plan.

The family house used methods including family group conferencing and systemic therapy, as well as techniques such as the Marte Meo method (see Box 3.6), and multi-agency network meetings (distinct from family group conferences). It also offered targeted group sessions for children and for parents (e.g. a twice-monthly meeting for children of alcoholic parents, hosted by a social worker).

Measures provided by family houses were not necessarily time-limited, and so support could continue as a *'compensatory intervention'* (in the words of one manager) over a considerable period of time. A specialist service was also provided for families where parents have learning difficulties. Described as a '*an intervention for life'*, this service aimed to provide practical help and emotional support to keep the family functioning at a stable level, through cooperation with other key agencies such as schools.

3.2.4   Targeted intervention

If a family in Denmark needs more intensive or specialist support than can be provided solely through universal or open-access resources (such as those outlined above), a **targeted intervention** can be developed by social services in conjunction with the family. The focus of this work moves beyond the current study's primary concern with *mainstream* services, but as noted above, different thresholds for social services involvement in England and other countries may mean that such services could be used by families who would be served by mainstream provision in England, and thus may have relevance for targeted parenting and family support in England.

Targeted parenting support could be offered through *at-home support (hjemme-hos-ordning),* in which a professional (usually a social pedagogue) provides a home-based intervention aimed at practical and social pedagogic support for parenting. Whilst akin to the services of family support workers in English Sure Start Children's Centres, the professional formation of the workforce distinguishes the Danish approach from existing English practice. This form of home-based support is conceptualised as a pedagogic intervention with the family, requiring the professional qualification of pedagogy to enable the worker to fulfil a demanding role that combines support and elements of control or supervision in work with vulnerable families (Boddy et al. 2008a).

Family houses, in addition to the open-access provision described above, also provided intensive intervention with families at risk *(familiebehandling),* mandated by social services following statutory assessment. Danielsen (2008) observed that the intervention is often based on work with daily practical activities, such as cooking or joint play with children, and interactions may be videotaped as a basis for family and group discussions (see also Boddy et al. 2008a).

Following statutory assessment, the social worker may also assign a personal adviser (*beskikket rådgiver)* to the family. The adviser's role is to work closely with family members, and to liaise with, for example, the school or ECEC centre, in order to monitor the child's progress and development. Thus, the personal adviser can form part of an interprofessional team providing coordinated support to a family, and can play a mediating role, for example in cases of conflict between parents and adolescents.

As noted earlier, at the heart of Danish provision is the principle that society has a duty to support parents and families. However, the Service Act allows (subject to statutory social services assessment) for the imposition of 'instructions to parents as to their role as carers' (*forældrepålæg)* in cases where parents are judged to have failed to meet their parental responsibilities, and the child's development is endangered. Examples of cases where this mandate could be applied include truancy, criminal behaviour or serious anti-social behaviour on the part of the child, where there is parental refusal to cooperate with relevant authorities in addressing the problems of the young person. Instructions can include, for example, ensuring school attendance and the child's participation in out-of-school services, and/or participating in meetings and consultations including parenting interventions offered by the municipality. This measure is linked to the threat of economic sanctions (withdrawal of family allowances), an approach which has commonalities with that of the English Family Intervention Project framework, which also combines support and sanctions.

3.3   Approaches to parenting support

As the discussion, above, indicates, mainstream parenting support in Denmark is predominantly embedded within universally accessible provision, and delivered through services that are universally, or very widely, used, such as early childhood care and education, schools, and health services. This 'embedded' approach to parenting support in Denmark, appears to be strongly informed by social pedagogy, both as a theory and as a professional qualification for the work. There is an emphasis on individualised family counselling and guidance, and on work with relationships and the everyday lives of children and families. Standardised parenting programmes do not appear to be widely used in Denmark, although some examples were identified, and are discussed below.

3.3.1 Target groups

Reflecting the 'embedded' approach to parenting support noted above, and an emphasis on individualised work with parents and families (e.g. through family houses), most work with parents in Denmark does not appear to target specific groups such as fathers, nor to distinguish between fathers and mothers. That may also reflect Danish workforce characteristics, in a country with high rates of maternal participation in the workforce.

As noted earlier, some ECEC settings have developed services that target specific groups of parents in the community. Danielsen (2008) reported that in some municipalities, ECEC centres offer programmes for immigrant mothers, providing support with entry into the labour market (with the over-arching objective of integration into Danish society) whilst children are looked after within the setting.

3.3.2 Standardised parenting programmes

The *Servicestyrelsen* (National Board of Social Services)[12] is responsible for promoting new developments and initiatives in social services (in a broader sense than would be understood in England) and for supporting local authority service development. The Board's website includes summary information about 18 different structured intervention models that operate in Denmark[13]. Most are based on English-language models, including programmes covered in Moran and colleagues' (2004) review (e.g., *Incredible Years; Parent Management Training; Triple P; Parents As First Teachers (PAFT);* and *Mellow Parenting; HIPPY, an Israeli programme also used in the US)*, or because they are high level interventions for children and families with specific needs (e.g. *Family Group Conferencing; Functional Family Therapy; Multi-dimensional Treatment Foster Care; Multi-Systemic Therapy*). However, six of the programmes highlighted by the *Servicestyrelsen* are non-English language models of mainstream parenting support, and another - Family Class-Family School - is a Danish adaptation of an English model, and these programmes are summarised in Boxes 3.2 to 3.8, below.

In considering the *Servicestyrelsen* list of *forældreprogrammer* (parenting programmes), three general observations emerge:

- first, many are not parent education or training courses, but rather structured approaches to intervention or work with parents and families;

- second, many are *family*-focused, not solely *parent*-focused - as indeed might be expected in light of the *heldsprincip* in the Service Act on work with the family as a whole entity; and

- third, the confluence of interventions that in England would be considered mainstream (such as the *Incredible Years* programme) with targeted interventions for families with significant needs (such as MST) is consistent with our earlier observations about the 'blurring' of conceptual divisions between thresholds of need in Denmark.

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[12] Funded by the Ministry of Social Welfare
[13] See http://www.spesoc.dk/default.asp?id=140688&imgid=512&fullsize=orig

Information gathered about the programmes described below was limited by the review's scope and timescale, meaning it was not possible, for example, to gather primary data from service providers running the programmes. However, the available information reinforced the observations noted above about the role of universal services and of local authority inter-professional teams in delivering parenting support. Most courses were run by professionals including ECEC workers, psychologists, pedagogues, and health workers in local authorities and with the contribution of other relevant professionals.

Box 3.2 *Forældreveiledningsprogrammet* **(The Parental Guidance Programme)**

The Parental Guidance Programme is a relationships and resource oriented approach that can be applied from birth to adulthood, based on the principles of the International Child Development Programme (ICDP)[14]. he ICDP approach is based on the idea that the best way to help children is by helping their caregivers to build competence and to support the existing child caring systems. Within a group setting, caregivers are invited to share their observations about their children's behaviour and their own responses to it. The group leader (ICDP facilitator) works on promoting a positive conception or image of the child in relation to all participant caregivers and the ICDP website reports that this often involves replacing negative perceptions with more positive ones. The intervention is directed primarily at caregivers of children aged up to six years, but has also been applied with parents of older children and teenagers. The programme was first developed at the University of Oslo in 1985, and was designed for working with children at risk, their families and caregivers. It focuses upon psychosocial and educational care of vulnerable children and families, particularly those recovering from the effects of war and uprooting, and family conflict and violence. ICDP projects have been set up in 12 countries, with branches of ICDP now established in countries in Scandinavia, Africa and South America. The programme has been evaluated in other countries, with positive results, but not yet in Denmark.

Box 3.3 *Familieklasser og familieskoler* **(Family Class / Family School)**

Family Class / Family School is a specific preventive intervention derived from the work of the Marlborough Family Service in London. Targeting parents of children aged seven to 13 years, the programme aims to maintain the child's involvement in education, and parents' concrete and practical involvement in school, using a multi-family treatment programme[15]. The programme involves work with six families, in three-hour sessions two to three days a week over a three month period. The four Danish local authorities that have implemented the model (at the time of writing) have reported good results, but to date there has been no formal evaluation of the programme in Denmark.

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[14] See www.icdp.info; http://www.spesoc.dk/wm140798
[15] See http://www.cnwl.nhs.uk/mfseducation.html for information about the Marlborough Family Service method; information about the Danish adaptation is not available in English.

Box 3.4   *Klar til barn* **('Ready for Baby')**

Ready for Baby is a Danish course, designed by the Ministry on the basis of evidence from Danish and international research. The programme is directed at pregnant women and their partners, aiming to work with couples if possible (although single people may also attend), and with an emphasis on including parents who are young or may be vulnerable because they are socially isolated or have had disadvantaging childhood experiences. Courses are delivered by professionals within local authority services (nurses, social workers, educationalists, psychologists) who also have four days of dedicated training in the programme. The programme comprises four two-and-a-half-hour sessions: three take place in the pre-natal period, beginning at about the 20th week of pregnancy; the fourth session takes place 8-10 weeks postnatally. Overall, the course seeks to prepare participants for the pressures of parenthood. The specific aims of the course are summed up as follows: (i) to 'be inspired to stay and be a family'; (ii) to increase knowledge of early infancy and strengthen emotional bonds between parent and child; (iii) to learn how to work with parents' attitudes towards having a child; (iv) to develop social networks in the local area. A formative evaluation of the pilot implementation of the course concluded that the course was appreciated by parents (N=45, both fathers and mothers), and that workers delivering the courses judged (a) that it added something new to the service model available in the local authorities, and (b) that the programme was successful in engaging fathers (Styrelsen for Social Service 2006). Whilst a small evaluation of a pilot project, these findings can be seen as promising.

Box 3.5   *KOMET (KOmmunikationsMETod) (Communications Method Programme)*[16]

KOMET is a Swedish parent management training programme, designed as a preventative early intervention to (a) prevent future problems such as substance misuse and criminal behaviour; (b) improve parent-child relationships; and (c) to improve child behaviour and 'break coercive circles' of parent child interaction. Whilst drawing on English-language models of parent training, the programme has more emphasis on children's perspectives than English-language equivalents, an adaptation see as necessary in Scandinavian culture (Livheim, undated), but arguably very relevant to the development of English practice. KOMET is targeted towards families with identified problems with child behaviour, such as concentration difficulties or aggressive behaviour, and - in Denmark - works with parents of children aged from three to 12 years, in groups of six parents, over 11 weekly sessions, each of two-and-a-half hours. Each group has two course leaders (e.g. social workers, pedagogues, or teachers who are trained in the method), and participating parents choose one child within the family to focus on during the programme. Course methods include group discussion; homework and workbooks for parents; role play activities; videos; and a reward programme for child behaviour. The programme has been evaluated in Sweden, through parents' feedback and a very small randomised controlled trial (total N=33 across groups) (Livheim, undated). Whilst the size of the study means findings should be interpreted with some caution, Livheim reported that parent feedback was almost universally positive, and RCT data also showed a statistically significant improvement on baseline measures of parenting skills and parental report of child behaviour, for parents using the KOMET programme, compared to waiting-list controls.

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[16] http://www.kometprogrammet.se/
See www.fhi.se/upload/BestPractice/FR5104_FredrikLivheim.ppt for detailed information in English about the programme.

Box 3.6   *Marte Meo*

The Marte Meo method was founded in 1987, by Maria Aarts in the Netherlands[17]. The programme's name is derived from the Latin *'mars martis'*, a term used in mythology to express '*on one's own strength'.* As this derivation implies, Marte Meo is a strengths-based programme for children, parents, professional caregivers and their supervisors. It is an individualised intervention, intended to help support the child's development, in terms of prevention, early intervention and treatment. Video of everyday interactions is used as the main tool for analysis - for example, recordings of parent-child interaction are played to the parent and discussed with the therapist using techniques of appreciative enquiry, with discussion focused on strengths and resources in the interaction. Marte Meo has now become an internationally used approach in 30 countries around the world, including Germany and Australia. A wide range of specially developed programmes have been devised for specific settings (e.g. daycare, kindergarten, residential care), and for specific conditions (e.g. autism, ADHD, crying babies). Marte Meo is used in Denmark as an early, preventive intervention to improve communication between parent and child, and as a 'treatment' for parenting difficulties. The method has been the subject of positive evaluation in small local qualitative studies in Denmark and other countries.

Box 3.7   *Mere fast grund under fødderne ('Firm Footing', or 'More Firm Ground Under the Feet')*

'*Firm Footing'* is another example of a locally developed programme, highlighted by the Danish Social Ministry[18]. This preventive programme, developed by a family therapist, is aimed at parents of children aged from 18-36 months. The course takes a strengths-based approach, using techniques of appreciative enquiry, whereby discussion is focused on resources and on highlighting positives among children and parents. At the same time it aims to build general knowledge of child development and of issues such as sleep, diet and exercise, and daily life. The programme runs over four sessions, each beginning with a video presentation from a family therapist. Again, the programme had not (at the time of writing) been formally evaluated.

Box 3.8   *Rundt om Familien (Around the Family)*

Around the Family is a programme developed in one area of Copenhagen, as an intervention that aims to support the integration of immigrant families into Danish society, and in particular to support parents' understanding of the role of institutional provision, such as ECEC settings and school, and to enable stronger coherence in approaches between home and school. The programme is based in a series of group sessions addressing: child development; parent-child relationships and play; children's institutions (such as school and ECEC) and the goals of their work; child health, including diet, sleep and use of medicines; violence against children and strategies for discipline without using violence. To date, the programme has not been formally evaluated.

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[17] See http://www.martemeo.com/site/index.cfm
[18] See http://www.spesoc.dk/wm140803

3.4   Summing up: Denmark

The knowledge review prepared for this report by our Danish collaborator (Danielsen 2008) clearly showed that the predominant model of 'mainstream' parenting support was embedded within universal provision. This included universally (or almost universally) used services such as primary healthcare, early childhood education and care, and schools. It also included services that were universally *accessible* (but not necessarily universally used), including open-access services in family centres; 'general preventive services' in local authorities, and citizens' rights to advice / support from social workers.

The Danish emphasis on shared responsibility for upbringing resonates with the ideas set out in the recent DCSF Children's Plan, in proposing an English family policy for the 21st century. A notable difference, however, is that the Danish approach to supporting parents through universal service practitioners (such as family support workers and early years workers) is made possible by the predominance of a well-qualified workforce in childcare and parenting and family support. These workers share a common knowledge base in the Bachelors-level degree in pedagogy, and those engaged in specialist work with families with higher level needs usually have additional qualifications.

Danielsen's (2008) review revealed little evidence of formal evaluation of parenting interventions in Denmark. At first sight, this seems surprising, given that the Service Act stipulates local authority requirements to ensure standards of work which include responsibilities for the follow up and evaluation of interventions (*hjælpeforanstaltninger*). However, the Service Act's emphasis on the individual needs and resources of the family, and the popularity of family therapeutic approaches to intervention (see also Boddy et al. 2008a) indicate a more individualised understanding of criteria for success than is the case with formal programme evaluation. That is not to say that interventions are not evaluated, rather that evaluation is more likely to be understood as an assessment of progress within an individual case intervention, than as service-level evaluation of a standardised model of intervention. The question is 'does this work for this family?' rather than, 'does this work for most families?'

At the same time, an individual family-based approach to intervention and evaluation is consistent with the requirement of the *helhedsprincip* (literally, 'entity principle') in Danish law, which specifies that intervention should address the whole family (and not merely its component parts) - a principle that is perhaps not easily reconciled with a parent-training model of parenting support.

That said, a recent study of family support for young people at the 'edges' of care offered some indication of an increased emphasis on formal evaluation in Denmark in recent years (Boddy et al. 2008a). A national policy adviser in Denmark interviewed for that study commented that there had been an increased priority accorded to formal evaluation in recent years, because *'we're tired of not knowing, we want to know the outcomes, what we're using the money for.'* However, her comments also indicate a conceptual tension between evaluation at the level of the practitioner ('am I being effective in my practice?') and nationally ('are we getting value for money and is what we are doing effective for most families?').

The 'embedded' approach to parenting support in Denmark, with its emphasis on individualised family counselling and guidance, often delivered by workers in universal settings, contrasts with the emphasis of English-language approaches to parenting support through evidence-based parent training programmes. This difference of approach means that discrete examples of 'what works' cannot be readily identified as translatable to an English context. After all, the predominant Danish model of parenting support does not readily lend itself to formal outcome evaluation, precisely *because* support is integral to the role of universal service providers, and not a discrete intervention for a defined sample that is

testable by means of a controlled trial. Nonetheless, Danielsen's (2008) review has revealed much that is potentially relevant to the development of parenting support embedded within universal settings in England, which would accord with existing policy initiatives such as children's workforce development, agendas for the provision of extended services through schools and for Sure Start Children's Centres, as well as the Family Nurse Partnership programme, and Family Intervention Projects.

4.   France

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Parenting Support in France: An overview

Parenting support in France forms part of a broad policy agenda concerned with promoting social cohesion and social inclusion. Standardised parenting programmes are little used, and most parenting support is delivered by voluntary and state sector agencies through three national service frameworks, each locally interpreted and delivered:

- *Protection Maternelle et Infantile (PMI),* a universally accessible service for pregnant women and mothers of children under six years of age;

- the *Educational Success Programme (PRE)*, a targeted interagency service delivering support for vulnerable school-aged children and their parents; and

- the REAAP framework, which funds local networks that support the development and delivery of parent-led support provision.

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4.1   Policy context

4.1.1   The French administrative system

France is similar in population size to the UK, with a population of just over 63 million. The French administrative system is complex, with national, regional and local authority (*Département*) government, with a further layer of municipal (town hall) authority in some areas, and can be seen as both centralised and de-centralised. From 1982 there has been legislation to decentralise authority in France, and, within the regions, much authority has passed to the *Département* and its *Conseil Général* (elected council). Nonetheless, the influence of national government remains strong, and while organisational frameworks can vary between local authorities, the child welfare system is not decentralised to the extent of the German federal system, for example, especially with regard to finance.

The voluntary sector plays an important role in service delivery, through non-profit organisations referred to as *Les Associations*. Another key feature of French provision, from an English perspective, is the absence of a private-for-profit sector in child welfare - in France, it is illegal to profit from children '*en danger'* (Boddy et al. 2008a).

4.1.2   National contexts

Parenting support policy in France has been developed against the context of an over-arching concern with promoting social inclusion, and an emphasis on inter-ministerial working in central government. The European Commission's (2007) report on social inclusion in France highlighted the social and occupational integration of young people as a strategic priority in the country, particularly with regard to young people affected by problems of discrimination. Grevot (2006: 164) highlighted a growing recognition in French family policy that contemporary family models in France are 'widely diverse, complex and fragile', and pointed to a number of key issues facing policies for child and family welfare that were highlighted in a series of reports published in the late 20th and early 21st centuries. These reports pointed to two main client groups in relation to family welfare services: the first comprised minority ethnic families living in urban areas, particularly - but not only - French North African families. Work with adolescents and their families comprised the second major client group, highlighted by the 2001 report of the French Children's Ombudsman. French

government has established a number of organisational frameworks aimed at tackling social exclusion, and there are a range of cross-government initiatives and policy developments aimed at promoting social cohesion, particularly in urban areas of France[19] (see Swinnen 2006).

As in the other countries, health forms an important component of policy in relation to parenting support. Milova (2008) highlights in particular the Ministry of Health's *Perinatal Plan (Plan Périnatalité 2005-2007),* which set, among its core objectives, the strengthening of support for pregnant women and young parents, and emphasised the role of inter-agency working in achieving this goal. In addition, the *Observatoire National d'Enfance en Danger (ONED)*[20] was established in 2004 (replacing ODAS, an earlier form of the organisation) with the objective of contributing to better inter-ministerial working in the domain of child protection, through the collation of statistical data on children identified as at risk or in receipt of child welfare services.

Within central government, four key ministries are responsible for developing policy, financing and regulating services for children and / or families:

- *Le Ministère du Travail, des Relations Sociales, et de la Solidarité* (The Ministry of Work, Social Affairs, and Solidarity);

- *Le Ministère de la Justice* (The Ministry of Justice);

- *Le Ministère de la Santé, de la Jeunesse, et des Sports* (The Ministry of Health, Youth, and Sports); and

- *Le Ministère de l'Éducation Nationale* (The Ministry of National Education).

A key national body in parenting and family support is the Interministerial Office for the Family (*Délégation interministérielle à la famille, DIF*)[21], established with the core objectives of 'supporting families in the effective exercise of their parental authority and responsibility; guaranteeing the freedom of choice of form of help; assisting fathers as well as mothers in reconciling work, social and family life'. The delegation works closely with the General Directorate for Social Action (DGAS), another cross-government body which is concerned with promoting social inclusion. The *Programme de Réussite Educative* (PRE, Educational Success Programme), described in more detail below, is under the aegis of another inter-ministerial office (the Inter-ministerial Office for Urban and Social Development, DIV).

4.1.3 Policy approaches to parenting support

Milova (2008) writes that the notion of parenting support *("soutien à la parentalité")* is widely used today in France, to refer to activities that take many different forms and vary significantly in their content. According to Pioli (2006), the term was first used at the end of the 1980s, and was linked to a policy expectation that parents should 'exercise their full citizenship roles'[22]. This emphasis on individual responsibility became a central theme in public policies during that period, representing a shift in ethos from a tradition of providing assistance to parents, towards making parents take direct responsibility for their parenting tasks. Pioli noted that the focus was particularly on 'initiatives aimed at creating and strengthening bonds between parents and their children'. Similarly, Grevot (2006) noted a

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[19] See http://www.ville.gouv.fr/pdf/publications/taking-action-for-deprived-urban-areas.pdf
[20] http://www.oned.gouv.fr/
[21] http://www.travail.gouv.fr/ministere/presentation-organigramme/ministre-du-travail-relations-sociales-solidarite-autorite-sur/delegation-interministerielle-famille-5621.html
[22] Online publication, no page numbers. Quotations are direct translations from French.

tendency for policy to focus on individual parenting skills and family education responsibilities rather than wider contextual factors, notably economic and social conditions.

Pioli (2006) observed that parenting support first emerged in the context of work with parents of young children (0-3 years) who were placed in care (in *pouponnières*, a form of residential provision for young children). The focus of this support was to 'maintain parental functions' after the child had been placed, with the overall objective of enabling the child's return home. This experience was later extended to work with parents in other settings, and in the mid-1990s a national policy group was established to develop policy in relation to 'mainstream' parenting support. In 1997, this policy group proposed the establishment of 'REAAPs' *(Réseaux d'Ecoute, d'Appui, et d'Accompagnement des Parents),* an approximate translation of which is 'Parental Consultation, Care and Social Support[23] Networks'. REAAP is now established as a national framework for parenting support in France, and is discussed in more detail below.

4.1.4   Mandatory measures of parenting support

Sellenet (2007: p6) questioned whether a political emphasis on parental responsibility - at the expense of recognising the multiplicity of forms of parenting - could give rise to a '*police des familles'.* Similarly, Milova (2008) noted an ambiguity around the notion of parenting support in France. She commented that, whilst it is often discussed in the context of emancipation of citizens (as described above), more recently, the political discourse has shifted towards discussion of parenting support in the framework of the prevention and repression of delinquency by minors. This discussion parallels the development in England of parenting contracts and parenting orders, as discussed in Chapter One. France, like England, has introduced a range of legal measures for parents who are judged to have failed to control their children, as summarised in Box 4.1.

As in England (Burney and Gelsthorpe 2008), it appears that, despite the growth in legislation, use of parenting orders in France has been limited in practice. One key difficulty in applying the various mandatory measures of parenting support is a practical concern. The measures outlined in Box 4.1 share a common target group (parents of young people with behavioural difficulties, often in relation to school), and thus Milova (2008) observed that the different measures are superimposed on each other in such a way as to be confusing to those responsible for their implementation. Moreover, the political rhetoric of a 'repressive' approach to parental support has been unpopular with child welfare professionals as well as with many local elected officials. Lamoureux (2007) observed that the suspension of family allowances has generated protests by a significant number of the elected members of the *Conseils Généraux.*

Arguably, the reluctance to use such measures may in part be understood in terms of key principles enshrined in the French Civil Code[24] about the *'absolutisme'* of parental authority. The predominant approach to parenting support in France remains emancipatory, focused on enabling parents to meet their responsibilities, and undertaken with the voluntary participation of the parents. In light of that emphasis, the mandatory parenting interventions in Box 4.1, below, will not be discussed further within the constraints of this chapter. The remainder of our discussion will focus on mainstream parenting support services, both universal and targeted, that are undertaken with the voluntary participation of parents.

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[23] The term *'accompagnement'* is a key concept in child welfare services, including parenting support, in France. Whilst, for simplicity, we have translated it here as 'social support', it connotes something more than that, reflecting its literal translation of 'accompaniment', of working *alongside* the family.
[24] The Civil Code, article 375 and subsequent material, and the Civil Proceeding Code, art. 1181 and subsequent material.

Box 4.1   Mandatory parenting support measures

Le 'stage parental' was introduced by the Ministry of Justice in 2002, providing mandatory parent training for those who are legally responsible for minors who are first-time delinquents or who have high rates of school absenteeism[25]. The intent of the mandate is that magistrates are encouraged to require a *stage parental* as an alternative to penal sanctions. The measure includes group and individualised intervention, with a final report to *le Parquet* (the public prosecutor responsible for children and young people under 18 years), who can then decide whether to close the case, without further follow-up; to call for legal sanctions if the training is thought to have been unsuccessful; or to refer the case to a children's judge (*juge des enfants*[26]). However, the *stage parental* is said to have found little success; the measure has been little used, and only on an ad-hoc basis, and is reported to have generated little enthusiasm from either magistrates or the professionals who were supposed to organise training (Doumit-Khoury et al., 2005).

Le 'contrat de responsabilité parentale' was introduced by central government decree in France in 2006[27]. Designed for use in cases involving problems with children's behaviour at school, including non-attendance, the contract 'reminds parents of their rights and duties and offers them social support in order to help them exercise their responsibilities towards their children'[9]. The contract is applied by the President of the *Conseil Général*[28] , and the decree states that 'in the case of parents' deliberate refusal to accept this process', family allowances can be suspended.

L'accompagnement parental was introduced by legislation in 2007[29]. This initiative has a similar focus to parental responsibility contracts, and is also concerned with provision of compulsory parenting support measures for parents whose children have high absenteeism rates at school or whose behaviour involves disturbances of the peace, but is aimed at a different level of administration (municipal councils).

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[25] See http://www.justice.gouv.fr/bulletin-officiel/dacg88e-annexes.htm
[26] The children's judge (*juge des enfants*), also appointed by the Ministry of Justice and thus independent of the *département,* is a key figure in the French system, and rules on decisions that put in place protective or educative (in-the-broadest-sense) measures for children and young people.
[27] Décret n°2006-1104 du 1 septembre 2006 relatif au contrat de responsabilité parentale; see http://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000000270245&dateTexte=
[28] The elected council of the local authority
[29] Loi n° 2007-297 of 5 March 2007 on the prevention of delinquency, Article 9; see: http://www.legifrance.gouv.fr/affichCode.do?idArticle=LEGIARTI000006796648&idSectionTA=LEGISCTA000006 157566&cidTexte=LEGITEXT000006074069&dateTexte=20090123

4.2   Service frameworks

4.2.1   Protection Maternelle et Infantile (PMI, Maternal and Early Childhood Care)

Established by government decree in 1945, Maternal and Early Childhood Care *(Protection Maternelle et Infantile: PMI)* services marked an important shift in French child and family policy from charity to universal protection. Since 1989 these services have been provided by local authorities, funded through central state financing as well as national health insurance systems. Although PMI services appear at first sight to have commonalities with the English health visiting system, this is in fact a universal service offered in addition to routine pre- and post-natal health care.

Within each local authority area, PMI teams bring together doctors, nurses and social workers (*'assistantes sociales'*[30]). The principal purpose of PMI services is to prevent medical and social problems among pregnant women and children under six years of age. Jourdain-Menninger et al. (2006) described a range of PMI interventions and activities, including:

- consultations;

- home-visits;

- group work with parents;

- family planning services including contraceptive provision;

- sex and relationships education;

- vaccinations;

- follow-up and monitoring of child health and development; and

- epidemiological data collection.

PMI services are free to users and are open to *all* parents of young children, although the services are located particularly in low income neighbourhoods and seek to target women with specific identified needs in relation to social, economic, and psychological wellbeing. PMI teams work in partnership with other agencies, such as with hospitals providing maternity services to improve support provision for pregnant women expecting their first baby, and with *Centres Médico-Sociaux* (neighbourhood Child Health and Social Centres) , for example to develop neighbourhood-based support for single mothers in a particular neighbourhood (*Direction Générale de la Santé,* 2007). Another key example cited in this report was collaboration with local authority child welfare services (*l'Aide Sociale à l'Enfance, l'ASE*) to improve coordination of activities and to help make l'ASE interventions more acceptable to parents when necessary.

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[30] In France, the term *'travail social'* (literally 'social work') has a wider meaning than the most common understanding of social work in the UK, and consequently, a range of professionals are engaged in social work. Beynier, Tudoux and Momic (2005) distinguished between four broad categories of qualification in social work, and, within these categories, 12 distinct professional roles, each with its own professional qualification. The *assistante sociale* is a generic Bachelors-degree level social work qualification.

An example of a PMI partnership that is particularly relevant to parenting support, and which is found in many local authorities, is that of *lieux d'accueil parents-enfants* (parent-child reception centres). Parent-child reception centres were inspired by the approach adopted by Françoise Dolto, a psychoanalyst, in establishing the *"Maison Verte[31]"* in 1979 (see Binet 1999). The central principle of the centres is that early childhood professionals work with children and parents together. The centres' function is *not* to provide childcare, but to support the parenting role. The parents themselves look after their children and professionals intervene to support their interaction and the parent-child relationship. Crucially, and arguably in contrast to the English early childhood workforce, centres are staffed by inter-disciplinary professional teams. The *Maison Verte* team, for example, includes social workers, pedagogues and psychoanalysts.

As befits local authority decentralisation in France, parent-child reception centres can take varied forms. Box 4.2 describes the example of a recently developed centre, in Cavaillon, a town of 23,000 inhabitants in the Provençal *département* of Vaucluse.

Box 4.2   Parent-child reception centre (*lieu d'accueil parents-infants*), Vaucluse

The centre operates as a partnership between a number of local agencies[32], including the town hall; the hospital; the association of nurseries; the socio-medical centre; the association coordinating family assistance; and the medical and social welfare centre where the PMI service is based. The local town hall employs the reception centre's coordinator, a nurse with 14 years experience of managing an early childhood care and education (ECEC) setting. A second professional is provided by the socio-medical centre or hospital.

The reception centre is a free, open-access service for children aged up to four years, accompanied by a parent (mother or father). A principle of anonymity means that parents are assured that they will not be reported to the child welfare services (unless a professional judges that a child is in danger). Attendance is wholly voluntary, and there is no obligation for parents to attend regularly. In line with the principles of attendance noted above, it is parents who care for their children in the centre and, for example, provide snacks for children and ensure that children tidy away the toys they have used.

Because the centre's use is anonymous, statistical data on service users are limited. However, Milova (2008) reported available information, collected directly from the centre coordinator in August 2008. In 2006 and 2007, an average of eight parents a day used the centre (no breakdown was available on the proportion of mothers and fathers). In 2008, a sample of 47 families reported how they had learned about the service: 22 had found out from relatives; 13 from a childminders' centre; seven had been signposted by the socio-medical welfare centre; and five had learned about the centre from posters in their paediatrician's office. The centre coordinator reported that, whilst data were not collected on the background of families using the centre, over the three years since it was established, an increasing proportion of families using the centre came from socio-economically disadvantaged areas of the town. Service users include lone mothers, unemployed parents, and families with social care involvement.

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[31] The *Maison Verte* still functions as a parent-child centre in Paris. See http://www.lamaisonverte.asso.fr/index.htm

[32] The centre is co-funded by: by the Town Hall, the *Caisse des Allocations Familiales*, the Mutual Agricultural Fund *(Mutualité Sociale Agricole*, and the Convention on Urban Areas *(Convention Politique de la Ville)*, signed conjointly by the State, the Region of Provence-Alpes-Côtes d'Azur and the Vaucluse General Council, as well as the "Fund for Social Welfare and Support for Integration and to Oppose Discrimination" *(Fonds d'Action Sociale et de soutien pour l'Intégration et la Lutte contre les Discriminations: FASILD)*.

The parent-child reception centre is just one example of a service supported by PMI, as a model of parenting support for families with young children. Other forms of support offered by PMI teams across France include one-to-one work with parents, as well as other group activities and a range of inter-agency working. The parent-child reception centre provides a useful example for the English reader because of its apparent commonalities with activities such as 'stay and play' services in English Sure Start Children's Centres, although it is noteworthy that the level of professionalisation of the workforce tends to be higher in the French compared to the English centres.

4.2.2 Programme de Réussite Educative (PRE, Educational Success Programme)

As noted earlier, the PRE Educational Success Programme was established in law in 2005, as part of a broader policy initiative concerned with social cohesion. In 2007, the programme had a national budget of €109 million. The programme targets six to 16 year-old children in primary and secondary education (*collèges*[33]) who have been identified as showing signs of 'fragility' in their social behaviour, health, or educational achievement, or in cultural terms, and also involves support for their parents.

In understanding the goals of the PRE initiative, it is important to recognise that - as in other continental European countries - the term 'education' connotes the broadest sense of that word. Thus, the notion of 'educational success' *(réussite éducative)* refers, not only to success in the school curriculum, or *scolarité,* but more holistically, to children's development and upbringing. The rationale for placing schools at the centre of the initiative has much in common with that underpinning English objectives for the provision of extended services through schools - as a universally-used service, educational establishments are in the best position to identify school-aged children whose family situations require help.

The PRE programme is based on inter-agency partnerships, with a lead partner that must be a public sector institution such as a school. Partnerships must include the local authority, alongside other possible partners such as education and health services and CAF (*Caisses d'Allocations Familiales,* the organisation that administers family allowances). Applications for PRE funding are subject to a range of conditions, including the requirement that the programme operates across the whole of a defined geographical area (such as a neighbourhood[34]), and that support through individual and group interventions must be available to both children and parents.

Across mainland France, the PRE programme aims to create 750 multi-disciplinary teams (including teachers, pedagogues, psychologists, child psychiatrists, social workers, and representatives of healthcare services). Within its defined geographical area, each PRE team creates an intervention structure that enables the development of inter-agency working. Professionals from different agencies combine their interventions (which take place outside school hours), working with difficulties identified by schools, but not restricted to educational problems. The law requires parental approval before the PRE intervention can begin.

The PRE *Educational Success Programme* is a relatively recent initiative, and continues to grow. Glasman (2006) reviewed findings of 82 local service evaluations and highlighted early indicators of success in the development of inter-agency partnerships. However, in an observation that will be familiar to an English audience, she also noted that success in involving parents was variable across the 82 PRE programmes, and depended on the issues that the individualised interventions aimed to address. Parents became more actively

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[33] *Collèges* are the first stage of secondary education in France, covering the first four years after primary school, up to the age of 15 years. From 16 years onwards, young people in education attend *lycées.*
[34] Priority for funding is given to areas designated as *zones à urbaniser en priorité* (priority urban zones) or *zones urbaines sensible* (sensitive urban zones).

involved in these programmes when the specific issue concerned their children's schooling. However, Glasman also observed that parents reported feeling less personally threatened by the PRE structure than by formal child welfare (l'ASE) involvement - even when the issues being addressed and form of intervention were similar. Such findings are consistent with English evidence of the potential benefits of partnership working and early intervention with vulnerable children and families (e.g. Kendall et al. 2008).

To illustrate in detail the operation of a PRE programme, Milova (2008) described the programme established in Aubervilliers, a densely populated and socio-economically deprived town in Greater Paris with a large minority ethnic population. Milova writes that Aubervilliers is well known in France for its social problems, including those specifically related to schools. Box 4.3 describes the Aubervillers PRE programme.

Box 4.3   Aubervilliers PRE

Established in 2005, the PRE programme is coordinated by a project director and comprises nine staff: two *assistants sociales* (social workers), who are specialised in work with primary-school aged children; five *assistants sociales* who work in *collèges* (junior secondary schools); an *educateur* (pedagogue); and an administrative assistant. In 2006, the programme had a dedicated budget of €400,000 (from the Interministerial office, DIV). Services linked through a formal PRE agreement include: schools; youth legal protection services *(PJJ, Protection Judiciaire de la Jeunesse)*; the medico-psycho-pedagogical centre *(Centre Médico-psycho-pédagogique)*; child welfare services (including local authority child welfare, *l'Aide Sociale à l'Enfance*); and non-governmental agencies that provide out-of-school services, including leisure-time activities and help for children to do their home-work.

Nédélec's (2007) preliminary evaluation of the Aubervilliers PRE programme described the nature of interventions, but noted that evidence of impact was not yet available. He described the work of the social workers based in primary schools, providing a useful illustration of parenting support within this PRE programme. The two primary school social workers, in partnership with school staff, identify children and parents who need support. Between them, these two workers are responsible for about 70 families. Issues prompting PRE involvement include absenteeism; health problems that have not been dealt with; housing problems; behaviour problems, including problems with learning behaviour such as difficulty concentrating; learning difficulties; signs of neglect; or a lack of cultural or sports leisure-time activities.

The social worker begins by meeting with the family and child to evaluate the situation, and to agree what steps to take. Intervention might involve accompanying and supporting the parents to access services and support or activities such as sports or holiday centres. Alternatively, the social worker might collaborate with other professionals (such as an educational psychologist) and together develop a plan of intervention for the child and family.

In considering the relevance of the PRE model for developing parenting support in England, three key observations emerge. First, the approach has evident commonalities with existing initiatives in England, in its emphasis on partnership working, on parents' engagement with schools, and in the development of support based in and around schools. Specific local initiatives in England - such as the 'Community Cluster' model in Telford and Wrekin (see Jones 2007), and the development of community social work in schools and Sure Start Children's Centres in Islington (Wilkin et al. 2008; Wigfall et al., 2008; Boddy and Wigfall 2007) - provide small-scale evidence of the potential benefits of such integrated approaches at a local level. In the context of local developments such as these, the French *Educational*

Success Programme (PRE) is of particular interest because it illustrates the role of a national framework - and dedicated state funding - in supporting the development of such initiatives. A second observation relates to a question raised in the introduction to this report - about the distinction between parenting and family support. As indicated by the example of Aubervilliers, above, parent involvement and support is central to (indeed is a requirement of) PRE intervention. However, intervention with parents is focused on the child's educational (in the broadest sense) needs, within the context of the family. It is also an individualised approach, like the example of *Protection Maternelle et Infantile (PMI)* services, as noted above.

Finally, it should be noted that the *Educational Success Programme (PRE)* has not yet been subject to national evaluation. Glasman's (2006) collated findings from 82 local evaluations, but the early stage of development of many programmes means that there is not (or at least not yet) any overall evidence of the impact or effectiveness of the model. English evaluations of multi-agency working have consistently found that partnership working takes time to develop (e.g. Brandon et al. 2006, Boddy et al. 2006a), and that is likely to be true in France too, not least because of the complex range of public sector and non-governmental organisations involved in supporting children and families. However, early indications of PRE's potential are positive. Just two years after the initiative's launch, Glasman observed that *'Educational Success Programmes have shaken up the borders between educational and social work, boundaries that had [previously] limited intervention by the national education system, child welfare and local authorities'.*

4.2.3 *Réseaux d'Ecoute, d'Appui, et d'Accompagnement des Parents* (REAAP, Parental Consultation, Care and Social Support Networks)

REAAP networks form a key framework for parenting support in France, established in 1999 as part of a broader social inclusion agenda. The principle underpinning this approach is that all parents may find themselves confronted with difficulties to which they cannot, by themselves, provide the answers - an understanding that has echoes of the English government's *Supporting Families* initiative (Home Office 1998), published at a similar time, which also emphasised the need to provide help and support for 'ordinary' parents.

In 2004, REAAP had an annual budget of €9.6 million, with funding distributed through the regions and departments on the basis of population numbers aged less than 20 years old. Roussille and Nosmas (2004) commented that the value of services provided within REAAP is far higher than this figure indicates because it does not take account of other input such as volunteer time.

As with the PRE programme, the REAAP programme emphasises cross-agency partnership. However, it is more flexible and locally determined than PRE, a difference that reflects different financing structures for the two initiatives[35]. REAAP funding cannot be used to pay professionals' salaries on a permanent basis, and so REAAP networks must be integrated with organisations that have their own sources of funding. In effect, REAAP funds the network, or partnership, but not the organisations themselves or their staffing.

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[35] Both are state-funded programmes, but decisions about REAAP financing are determined at the level of the local authority (*département),* whereas PRE programme funding is decided at state level.

All local authorities in France are required to establish REAAP networks, offering activities for all parents of children under the age of 18, with participation on a wholly voluntary basis. Local authorities are encouraged to develop websites for their REAAP networks, to ensure their accessibility to parents[36]. Milova (2008) notes that government guidance[37] on themes for REAAP activities includes: raising parental awareness of the importance of regular attendance at school; co-parenting and help for parents in conflict with their partners or in the process of separation; activities involving fathers; and facilitating the development of ties between families and the school.

A government circular, published in 2006[38], stated that:

> 'The REAAPs must … ensure that parents bring up their own children, based on their own know-how, but also their capacity to help each other in order to regain confidence in their ability to fulfill this parental role'.

As this quote indicates, parental engagement and empowerment are among the key objectives of the REAAP networks. Parents can initiate REAAP projects, or contribute to setting them up, to running them, to defining them, and to evaluating them. Professional input - for example from social workers - can be used 'to provide certain specific competences' uch as the 'animation' (coordination and activation) of discussion groups, but also to offer advice or suggest directions to already-existing intervention structures in the department'[39].

To date, the REAAP programme has not been subject to national evaluation. A 2004 survey conducted in all 101 local authorities (including France's overseas territories) found considerable variability in the implementation of REAAP networks at local level, with concomitant variation in the number and nature of projects, the funding obtained, and the number of parents engaged (REAAP 2004). Given such considerations, the following discussion of REAAP in the Val de Marne, a *département* in the south-east of Greater Paris, should be considered as illustrative and not necessarily typical of the implementation of REAAP across France as a whole.

REAAP Val de Marne

In Val de Marne, as elsewhere in France, the REAAP network functions on two levels, with project coordination at a local authority level, and at a 'grassroots' level, where parents are encouraged (a) to start up new projects involving reciprocal support, and (b) to participate in such projects. The overall REAAP programme in Val De Marne is coordinated by a professional employed by a non-governmental organisation (*association),* who has the job of 'animating' the network, supporting its development - including the development of new projects – and publicising network projects. A multi-agency committee reviews applications for new projects, controlling a budget of €156,000 in 2006.

In 2008, the Val de Marne REAAP website listed 56 associations (non-governmental organisations) that were members of the REAAP network. These organisations can be broadly categorised as follows:

- parents' associations, some of which are very specific (parents of twins, adoptive parents, Catholic parents, and so on);

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[36] See for example the REAAP website for the *département* of Seine Maritime: http://www.reaap76.fr/ or of REAAP in the Val de Marne: http://www.reseau-parentalite-94.com/

[37] Circular of n° 2003-317 of 12 June 2003 relative to the development of réseaux d'écoute, d'appui et d'accompagnement des parents. Echange, entraide et solidarité entre parents.

[38] Circular of 13 February 2006 with respect to the Réseaux d'Ecoute, d'Appui et d'Accompagnement des Parents (REAAP).

[39] Circular n° 2003-317 of 12 June 2003.

- recreational associations (e.g., sport, leisure, out-of-school activities);

- associations geared to young people; and

- community centres.

These groups offer a range of activities including:

- activities for parents and children together (13 projects);

- individual advice and guidance including face-to-face and, more often, telephone support (18 projects);

- group work with parents including discussion groups (30 projects); and
- lectures and debates (10 projects).

Discussion groups are the most common form of activity, and Milova (2008) notes that this is typical of developments in French parenting support over recent years, providing a good illustration of the REAAP 'philosophy'.The underlying principle is that parents meet to discuss questions they encounter in their children's upbringing, often focusing on discussions in relation to specific themes or concerns. Discussion groups may be facilitated by a professional such as a psychologist or social worker, or by non-professionals who are trained for the role. Box 4.4 illustrates one example of a discussion group within the Val de Marne REAAP network, providing an indication of the way in which the model enables the development of support that targets specific groups.

Another example highlighted on the REAAP Val de Marne website is a group to support parenting among parents of non-French origin. The support offered by the group includes group meetings for parents and for children, and support (*'accompagnement'*) and interpreting in relations with schools, to meet objectives including:

- supporting clear communication and mutual respect between families and schools;

- tackling isolation and supporting the development of parental competencies; and

- developing the social autonomy of families.

Box 4.4   Support for families with mental health problems

Within the Val de Marne REAAP network, the "National Union of Friends and Family of Mentally-Ill Persons" *(*Union Nationale des Familles et Amis de Personnes Malades et Handicapées Psychiques, *UNAFAM)* hosts a series of six meetings for groups of up to 12 parents of children (including adult children) with mental health problems[40]. The group is facilitated by two parents with personal experience of family mental health issues, who have specific training in coordinating and 'animating' the group. Through group activities and discussion, the network's organisers specify a range of objectives for their programme, including helping parents to recognise, and develop ways of coping with, stress, and to identify and access other sources of support or assistance.

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[40] See http://www.reseau-parentalite-94.com/actions-reaap94/groupes-parents/unafam-atelier-prospect.htm

The Val de Marne REAAP website does not mention any network activities directed specifically at fathers, raising the question of whether - as in England - the term 'parenting' support is often applied to refer to support primarily directed at mothers. Brief internet scoping of REAAP networks in other *départements* revealed some examples of services targeting fathers. For example, in Seine Maritime, REAAP projects included a project for fathers who were in prison, and another mainstream project, specifically targeting fathers, called *Atelier Bois,* which uses woodworking as an activity around which to support fathers in discussion of their parental role.

To date, there has been no national evaluation of REAAP provision. Roussille and Nosmas (2004) commented on the difficulty of evaluating the impact of REAAP networks, noting a need to develop an evaluation culture in parent support services but also acknowledging the relative insignificance ('*la petitesse*') of REAAP among the multiplicity of influences on parenting. Nonetheless, these researchers commented on the effectiveness of REAAP in a number of domains, including:

- highlighting little-known needs e.g. teenage mothers, disengaged fathers;

- helping parents to develop, and increasing their self-esteem;

- championing a 'strengths-based' approach to work with parents and influencing the approach of other professionals;

- making schools more open to parents; and

- raising the profile and value of parenting nationally and in 'civil society'.

4.2.4   *Point Info Famille* (Family Info Point)

A separate development from REAAP, but acting as a signpost to REAAP services across the country, *Point Info Famille* is a web-based information service for parents[41]. Set up in 2003, it provides links to sources of both national and local information to help parents in their daily life, and covers a wide range of topics including finance, work, accommodation, health, disability, childcare and so on.

4.3   Approaches to parenting support

4.3.1 Target groups

The discussion of service frameworks, above, indicates that targeting of parenting support in France is often informed by broader policy concerns about social cohesion and inclusion. Thus, services such as PRE and PMI are targeted at children and families who are potentially vulnerable or 'fragile', in relation to the child's education (in the broadest sense). This targeting may be based on identification of individual need (as in the case of PRE), or it may be achieved by offering open-access support for particular groups (as with REAAP), or by the development of services in socio-economically disadvantaged neighbourhoods (as in the case of the PRE and PMI initiatives). In line with the French social cohesion agenda, the research identified some examples of REAAP support aimed specifically at parents from immigrant backgrounds. Finally, although fathers are highlighted as a key target group for REAAP support, most parenting support provision did not distinguish between support for mothers and for fathers, and the research revealed few initiatives that directly targeted fathers.

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[41] http://www.point-infofamille.fr

4.3.2 Standardised parenting programmes

Our review of parenting support in France revealed little use of standardised parenting programmes. Given the diversity of REAAP activities, it is of course possible that isolated examples of the use of such programmes - including English language models - might be found in the course of further in-depth study. However, it is clear from Milova's (2008) review that standardised parent training is not an important part of parenting support in France. It is possible that the apparent unpopularity of standardised programmes in France may reflect a policy and practice emphasis on the development of services that promote and value parents' expertise as parents. An approach that explicitly values parents' own expertise, as a resource on which services should be built, arguably questions the assumed expertise of the professional parenting expert, and may not sit easily with the concept of a parent training programme.

However, as noted earlier, France has a highly professionalised child and family workforce (see Ward 2006), and so an approach that views parents as experts is potentially challenging , forcing professionals to recognise parents as full partners and as experts, a status which they had not previously been thought to possess. As the sociologist Benoît Bastard (2007, p102) pointed out, the approach of the REAAP networks, *'stops professionals from resting on their laurels simply, and discussing issues comfortably between themselves.'*

4.4   Summing up: France

Parenting support policy in France is prioritised within a broader agenda concerned with social inclusion and social cohesion. Across quite distinct policy areas (early childhood, delinquency, the national education system, child welfare, family policy) the intention has been *emancipatory*, aiming to build on the strengths and competences of parents themselves, in order to reinforce and develop their parenting roles. And, as in England, there is an emphasis on partnership working through interagency collaboration. Financing is often conditional on the creation of partnerships between different agencies who are already engaged - at least in part of their role - in the provision of parenting support. Such coordination is arguably critically important in France, where the voluntary sector has, for many years, played a predominant role in the provision of direct support services for children and families.

Another commonality with English policy is the emphasis of the *Educational Success Programme (PRE)* on school as a key service in the identification of need and the activation of support. The *Extended Schools* agenda (e.g. DCSF 2007b) has very similar objectives to the PRE programme, in aiming to ensure access to a core offer of services and activities which support and motivate children and young people to achieve their full potential, including swift and easy access (referral) to targeted and specialist services, and parenting support. As in Denmark, a key area of difference with England relates to the constitution of the children's workforce. French schools usually have specialist social workers *(assistantes sociale scolaire)* on staff, and often have a psychologist working in school one day a week (Boddy et al. 2008a). The routine presence of such expertise on-site in schools is currently exceptional in England, although isolated examples of social work in schools can be found (e.g. Wigfall et al. 2008; Wilkin et al. 2008).

In introducing this chapter, we commented that the French administrative system is both centralised and decentralised in its functioning. The three national frameworks for parenting support described here serve well to illustrate the tensions inherent in that observation, as central government delegates the detail of provision to local actors. That includes existing state and voluntary sector agencies, but also - if parent-led provision is prioritised, as it is, for example, by REAAP - to parents themselves. As locally determined parent-led services, REAAP networks inevitably vary in scale and in quality (Bastard 2007), much as Sure Start

Local Programmes did in England (Anning et al. 2007). Milova (2008) commented that, for a state such as France that has traditionally been very highly centralised, this shift to local autonomy challenges the constitutional principle that all citizens should have equal access to services financed by the state.

In England, recent policy has shifted towards the professionalisation (and arguably, the standardisation) of parenting expertise, for example with the National Academy for Parenting Practitioners and the introduction of expert parenting advisers in local authorities, and the extension of parent support advisers in schools. In that context, the French emphasis on empowerment and on locally determined parent-led support initiatives (such as REAAP) serves as a useful reminder of what Winnicott (1964) termed the 'ordinary expertise' of parents. Such observations are also relevant in light of Anning and colleagues' (2007) observation that *Sure Start Local Programmes* that achieved better outcomes (for example, in terms of maternal acceptance during home observations with nine-month-old infants) were those that were classed as 'empowering', showing mutual respect for the contributions of practitioners, parents, families and children.

5.   Germany

Parenting Support in Germany: An overview

German services are highly decentralised and so provision varies across the country (and in particular between East and West) within the overarching framework of federal law.

Key service frameworks include open-access counselling centres (*Beratungsstellen*) run by voluntary sector associations, with a professionalised workforce including psychologists and social pedagogues, and parent-led initiatives, such as 'multi-generational houses', which have a predominantly voluntary, part-time workforce.

Parenting support is conceived of as 'family education' and informed by social pedagogic theory. The primary modes of delivery are open-access counselling services, through parent-child groups, and parenting programmes.

5.1   Policy context

5.1.1   The German administrative system

Germany is a federal state, with a highly de-centralised administrative structure, comprised of a state parliament, 16 states (*Länder)* and 621 *Kreis* (districts). The *Länder* and *Kreis* are responsible for meeting the obligations set out in federal (state) law, but beyond that general principle, the *Kreis* have considerable autonomy: they control the budget for child and family services and determine the nature and levels of service provision. The state (*Land*) has limited responsibility, although, in principle at least, each state can make its own legislation (within the confines of federal law).

Another key feature of the German system is the principle of *subsidiarity*, which means that services should be as localised as possible and that state intervention should be as minimal as possible. Thus German service provision is characterised by the dominant role of voluntary sector agencies (*freie Träger*), which provide the main service framework for parenting support provision.

In understanding the context of family policy and services in Germany, it is critical to acknowledge the impact of *die Wende* (literally, the change) - the reunification of East and West Germany - in 1990. Although 18 years have now passed, there remain substantial differences between East and West - for example, in overall employment levels and rates of female employment, in birth rates and in rates of poverty.

5.1.2   Federal policy frameworks

At the level of national government, the *Bundesministerium für Familie, Senioren, Frauen und Jugend*[42] has responsibility for policy relating to parenting and family support. Garbers (2008) commented that the family is strongly emphasised in German culture, an emphasis established in the *Basic Law (Grundgesetz)* of 1949, which sets out core principles of protection for children, but also protection for families. Building on that foundation, German policy has emphasised the importance of family support for children's upbringing, through

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[42] The Federal Ministry for Family, Seniors, Women and Young People. For brevity, this federal office will be referred to as the Family Ministry (*Bundesministerium für Familie*) in the remainder of this report.

both targeted and universally accessible services. The 1991 Child and Youth Welfare Act[43] states that children have a right to assistance and support for their personal and social development, and to an upbringing (*Erziehung*[44]) that supports this development. Family support is thus the guiding principle behind child welfare legislation in Germany (Colla et al., 2006), and the Child and Youth Welfare Act sets out legislation in relation to both mainstream and targeted support provision.

As with the Service Act in Danish Law, this legislation implies continuity between different levels of intervention, and a common aim, of support for the child's upbringing (their education-in-the-broadest-sense). In practice, a distinction may be drawn between different sections in the law: *Allgemeine Hilfen* ('general measures of help') and *Hilfen zur Erziehung* ('measures of help with upbringing')[45]. Measures of *Hilfe zur Erziehung* are less relevant to our present focus on 'mainstream' parenting support, because they comprise interventions for families with significant difficulties in relation to upbringing. In terms of 'general' parenting and family support (*Allgemeine Hilfen*), a key German concept is *Familienbildung* ('family education'). The Family Ministry (*Bundesministerium für Familie* 2005) stated that the overall objective of *Familienbildung* is to promote parenting skills and the provision of a socialisation environment that promotes the development of children. The Child and Youth Welfare Act (Book Eight) defines this area of work as follows:

> *Mothers, fathers, other persons having parental powers and young people shall have access to the provision of general furtherance of education and upbringing by the family. Such provision is to enable mothers, fathers and other persons having parental power to exercise their educational responsibilities more effectively. Provision must also help to find ways and means by which situations of conflict can be resolved without resorting to force.*
>
> (Child and Youth Welfare Act 1991, Book 8, Paragraph 16)

Textor (2008, p1) described *Familienbildung* as educational provision that contributes to successful education (in the broadest sense) and upbringing by the family, and that encourages the use of support services 'for a positive joint development and cooperative partnership'. Wiesner (2006) summarised the following examples of intervention in this field:

- programmes of family education for parents in different family situations and/or living conditions;

- interventions to help equip families to cooperate with educational establishments, through self-help activities as well as neighbourhood support provision;

- interventions to prepare young people for marriage, partnership and life with children; and

- programmes of counselling relating to the education (in the broadest sense) and development of children and young people; and

- family leisure-time and recreation programmes.

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[43] In particular, Book Eight of the Act: *Sozialgesetzbuch (SGB) Achtes Buch (VIII) Kinder- und Jugendhilfe; KJHG*.
[44] The word *Erziehung* literally means upbringing, but can be understood in social pedagogic terms as 'education-in-the-broadest-sense'.
[45] Different paragraphs in law specify different measures of support, and were frequently referred to by practitioners in our earlier study of work at the 'edges' of care (Boddy et al. 2008), perhaps because, in specifying the measure of support, the paragraph also specifies the rate of payment from the Youth Office to the voluntary organisation providing the service.

Familienbildung, as defined here, is family support, but encompasses English understandings of parenting support too - for example in promoting the development of parenting skills. The examples cited by Wiesner also indicate some commonalities with the *heldsprincip* (entity principle) in Denmark, such that support for parents is conceptualised as support for the family as a whole.

A further consideration, in relation to the over-arching policy framework in Germany, is that the description of 'family education', and the remit of the Child and Youth Welfare Act, indicates greater confluence in German policy between 'general' preventive services (*Allgemeine Hilfen*) and targeted measures (*Hilfe zur Erziehung*) than is the case in England. Further research would be necessary to explore thresholds for accessing (and transitions into) *Hilfe zur Erziehung.* Nonetheless, it is interesting to note Textor's emphasis on encouraging the use of support services as an objective for family education - implying that intervention is aimed at enabling parents to make better use of support services, not simply aimed at removing the need for use of support services. Similarly, the government's *Seventh Family Report* (*Bundesministerium für Familie* 2006, p19) encourages families to 'activate their own resources', in the context of an 'enabling social welfare state'. Thus, in German policy - as in France - we see an emancipatory emphasis in parenting support policy, referring to the duty of the state to enable parents to fulfil their responsibilities.

5.1.3   Parenting support within the context of broader family policy

Garbers (2008) noted that changing family forms in Germany have necessitated a rethinking of traditional concepts of family life, and prompted a shift in German family policy. Family forms have become increasingly differentiated, female participation in the workplace has increased and the overall fertility rate has declined[46]. Such changes were addressed in the government's *Seventh Family Report*[47] (*Bundesministerium für Familie* 2006), in setting out a sustainable family policy that, the report argued, represents a paradigm shift in German family policy. The report proposes a re-orientation towards Scandinavian policy approaches, including the development of a childcare infrastructure that aims to extend and support maternal employment, and enable '*a better balance to be achieved between family and work'* (*Bundesministerium für Familie* 2006, p3). Support for working mothers - for example through the development of early years care and education provision - is prioritised because a lack of such support is seen as contributing to the low birthrate in Germany (op.cit. 2006, p 11):

> *'One reason for the low birthrate in Germany is the perception of motherhood. Whilst a working mother is regarded in Germany as a "bad" mother, for instance in France it is taken completely for granted that mothers work. Although the chronological identity of mothers' and women's roles which has applied for centuries today in fact no longer applies and is also no longer accepted by the young generation of women, many German mothers have no option whatever but to accept the traditional role.'*

5.1.4   The evidence base for German parenting support

Lösel (2006) commented on a 'significant lack' of systematic evaluation of preventive interventions in the field of *Familienbildung* (family education) in Germany, concluding 'it is not possible to make substantial statements about the effectiveness of open-door support services and common parent-child groups' (Lösel 2006, p 11). In a similar vein, Pettinger and Rollik (2005) observed that most evaluations that had been conducted focused on short-term impacts, and there was a lack of longer-term follow-up research.

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[46] With Italy, Germany had the lowest birthrate of the five countries in our study; see Table 3.1.
[47] The *Family Reports* are produced by an expert federal goverment commission every four years.

In part, the fragmentary nature of evidence of 'what works' in Germany reflects the extent of de-centralisation in the design and delivery of services for children and families, and the huge number of different voluntary organisations (*Träger*) providing parenting and family support specialising in particular areas of work with children and families (Boddy et al. 2008a). This variety means that it is inevitably difficult to collate information about service provision across Germany as a whole, let alone to compile evidence of effectiveness across such a diverse sector. Nonetheless, this situation may be changing. The federal government's recent *Family Report (Bundesministerium für Familie* 2006) advocated a move to establish interdisciplinary, nationwide research, 'along US lines', in order to provide better information about quality standards in relation to services for children and families.

5.2 Service frameworks

Embedded within the German system are various characteristics that give rise to diverse and individualised provision for parents and families. The over-arching principles of subsidiarity - the idea that services should be as localised as possible, and that state intervention should be as minimal as possible - and choice of provision for the user are intended, within the decentralised administrative structure, to allow the development of services designed to meet local population characteristics and needs. Thus, most parenting support provision is locally designed and delivered, with some exceptions such as the national telephone helpline for parents - *Elterntelefon*[48]. Public agencies at state or district level - in particular, the Youth Office (*Jugendamt)*, but also health boards - can be involved in direct service provision, but are primarily involved at the level of developing local policy and commissioning services. Voluntary agencies play the key role in service delivery, funded by the public sector. In 2005, public agencies across Germany funded almost 22,000 family support institutions (most of which would have been voluntary sector *Träger*), at a total cost of €80M. Garber's (2008) review did not reveal any role for private for-profit provision in parenting and family support in Germany.

5.2.1 Welfare associations

Large national voluntary agencies, or 'welfare associations', play a predominant role in German services for children and families[49], alongside other - large and small - voluntary sector providers. Notably, *Deutscher Kinderschutzbund* (the German Association for the Protection of Children), introduced the country's most popular parenting programme (Strong Parents-Strong Children, see below) and hosts telephone helplines for parents as well as for children and young people. As an indicator of the prominence of these agencies in German society, Garbers (2008) notes that approximately 4% of the German workforce is employed by welfare associations: in 2004, the six main agencies were running almost 100,000 institutions with 1.5 million staff. They are thus the biggest employer in Germany (Schilling 1997; Schilling 2002). These statistics do not, of course, mean that 1.5 million workers in Germany are engaged in parenting support. The work of the associations is diverse, and 'family education' (*Familienbildung*) services comprise only 8% of their activities (BAGFW 2004).

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[48] http://www.nummergegenkummer.de/
[49] Six associations play a dominant role: *Arbeiterwohlfahrt (AWO)* (Workers' Welfare Union); *Caritas (CAR)* (German Caritas Association); *Diakonie (DK)* (Welfare Association of the Protestant Church in Germany); *Deutscher Paritätischer Wohlfahrtsverband (DPWV)* (German Parity Welfare Association); *Deutsche Rotes Kreuz (DRK)* (German Red Cross); and the *Zentrale Wohlfahrtsstelle der Juden in Deutschland (ZWStdJ)* (Central Welfare Association of Jews in Germany). All six participate at national level in a federal association (B*undesarbeitsgemeinschaft Freier Wohlfahrtsverbände (BAGFW);* the Federal Association of Non-Statutory/Voluntary Welfare Agencies).

The majority (80%) of 'family education' provision delivered by welfare associations is based in *Beratungsstellen,* which are open-access counselling centres, based within local communities. In 2008, there were almost 12,000 of these *Beratungsstellen* counselling centres in Germany[50]. They provide counselling for single parents; marriage and family counselling; child guidance; and guidance for parents, children and young people. As with family houses in Denmark, they offer specialist and targeted support services (commissioned by social services) as well as open-access and mainstream parenting and family support. Accessible information about *Beratungsstellen* counselling services is provided on a Ministry-funded website, searchable by town, postcode, and by focus / area of concern[51].

5.2.2   Parent-led initiatives

Garbers (2008) reports the steady development of parent-led 'self-help' initiatives since the 1970s, to the point that they now comprise a significant part of voluntary sector provision in Germany, particularly in the former East Germany (Statistisches Bundesamt 2007). All are voluntary sector settings, and for most, their primary service is daycare provision (early childhood education and care). However, provision in this subsector also includes 'mothers' centres' *(Mütterzentren)* and 'multi-generational houses' *(Mehrgenerationenhaeuser),* institutions that have as one of their core objectives parenting and family support. Services offered by mothers' centres can include flexible childcare; support, counselling and advice in relation to family, including individual support and group meetings; and support for business start-up for women[52].

Multi-generational houses offer a similarly wide-range of services[53]. These centres form part of a national family support programme, funded by the Family Ministry (*Bundesministerium für Familie* 2006). Most staff in multi-generational houses work on a part-time, often voluntary, basis. These centres work with people of all ages: nearly 90,000 people use multi-generational houses every day (*Bundesministerium für Familie* 2008). Parenting and family support form a significant proportion of their service offer; the Family Ministry (op. cit. 2008) reports that one-quarter of provision is defined as 'family education', and a further 12% is centred on work with parent-child interactions.

5.2.3   Adult education

Adult education centres (*Einrichtungen für Erwachsenenbildung*) - again, most are in the voluntary sector - also play a role in the provision of parenting support, by offering programmes on parenting and pedagogy. In 2006, Garbers reports, almost 10,000 such programmes were offered by 1,000 centres across the country. Most programmes are targeted at particular groups - such as young parents and parents from migrant backgrounds.

5.3   Approaches to parenting support

5.3.1   Theoretical approaches

Garbers' (2008) review of parenting support in Germany identifies three distinct theoretical approaches to parenting support. The first is a social pedagogic paradigm called *Lebensweltorientierung* (Thiersch 1995, 1997; cited in Colla et al. 2006; Thiersch and Grunwald 2001, 2002). Literally meaning 'life-world' orientation, this concept can also be thought of as an 'everyday world orientation' (Colla et al. 2006). It requires that intervention should be based on supporting the individual's resources in relation to their everyday world,

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[50] Figures collated by the *Bundesarbeitsgemeinschaft für Jugend- und Eheberatung* (German working group on counselling services for young people and married couples).
[51] See www.dajeb.de
[52] See www.muetterzentren-bv.de
[53] See www.mehrgenerationenhaeuser.de

their individual situation and problems, and the social context in which they live. The approach is also emancipatory in intent, concerned with enabling the individual to participate fully in their life-world. As this description implies, there is an expectation that support should be tailored to the individual needs of the clients (the child and family) and adapted to local needs and circumstances, and should allow the clients to take an active role in decision-making, reducing the barriers between professionals and families.

Sozialraumorientierung (social-environmental orientation), the second theoretical framework highlighted by Garbers (2008), is a more recent development - a socio-political paradigm that builds on the principles of a life-world orientation. This approach has been very influential in Germany in recent years, in informing preventive work with children and families. It emphasises first, a local neighbourhood orientation and second, the mobilisation of the local residents, in the sense of community activation (e.g. Treeß 2002; Wolff 2002; Stock 2004; Kessl et al. 2005). This approach is informed by *Lebensweltorientierung,* but is community or locality-focused, whereas *Lebensweltorientierung* is concerned with the *individual's* 'life-world'. As befits the decentralised approach of Germany, the concept has been understood and developed differently in different areas of Germany: the aims claimed for *Sozialraumorientierung* range from counteracting disadvantage and extending equality of opportunity to more modest objectives in relation to supporting networking by professionals and capitalising on local resources (Hinte 2002; Tetzer, personal communication).

The third theoretical approach highlighted by Garbers (2008) has commonalities with strengths-focused approaches described in previous chapters on parenting support in Denmark and France. *Ressourcenorientierung* (resource-orientation) is a theoretical framework for intervention that aims to foster existing skills and competencies; to highlight and reinforce what parents do well, and thus to promote the strengths of parents. In this context, the word 'resource' refers to *personal* (not financial or material) resources. Garbers described this theoretical approach as contrasting with (even reacting against) deficit- or problem-oriented approaches to intervention, which focus on parenting difficulties rather than parenting strengths.

5.3.2 Target groups

Fathers

Given the historic emphasis on a traditional role for motherhood in German family life, it is not surprising that the majority of participants in parenting support provision in Germany are female. Writing in 2006, Lösel reported that only 17% of those using 'family education' services were fathers. However, this still represents a significant increase from 1998, when Schiersmann et al. reported that only 7% of all participants in family education were male. Garbers (2008) commented that this increase reflects the shift in family policy noted earlier, and specifically, the introduction of benefits (*Elterngeld*[54]) that enable fathers to take parental leave at 67% of salary within the first 14 months of a child's birth.

Support for fathers often takes the form of specialised *Väterbildung* (father-education), distinct from family education more generally. Garbers (2008) describes a range of father-education services, including fathers-groups and father-child weekends, and a father-expert-network (*Väterexpertennetz Deutschland,* VEND[55]). Garbers notes that father-education services normally comprise activities such as lectures, round-table discussions, and readings, and do not tend to target fathers in vulnerable or disadvantaged families.

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[54] See http://www.elterngeld.net/
[55] See http://www.vend-ev.de/index2.php

Child age

As in England, Lösel (2006) reports that most parenting support services in Germany have been designed for families with younger children, and Garbers (2008) reports that only 10% of provision is aimed at parents of children over 10 years of age.

Potentially vulnerable groups

Some services are targeted at groups such as lone parents, parents going through separation or divorce, or families in debt. However, Lösel observed that most parents who use *Familienbildung* (family education) provision are from upper- or middle-class socio-economic backgrounds. The challenges of ensuring that universally-accessible services are truly accessible to parents from diverse backgrounds echoes the difficulties that were faced by *Sure Start* providers in England (e.g. Anning et al, 2007). In Germany, this bias in service use is likely to be, at least in part, due to the fact that most family education services (63%) charge fees (albeit small)[56]. An exception to this pattern is *Beratungsstellen* (counselling centre) provision, 60% of which is offered free-of-charge - usually in the form of open-meetings and parenting groups.

In this context it is relevant to return to the role of *Hilfe zur Erziehen* - measures of 'help with upbringing' for families experiencing difficulties. Whilst, as noted earlier, our discussion of these measures is limited by our focus on mainstream provision, Garbers (2008) highlights their role in the provision of targeted parenting support for socio-economically disadvantaged families. Compared to general family education, Garbers writes that 'help with upbringing' (a) is more problem-oriented; (b) places a greater focus on counselling and discussions; (c) lasts longer on average; and (d) is free or inexpensive. In addition, Lösel (2006) distinguishes between services with a *Geh-Struktur* (literally, a 'go-structure') - whereby professionals *go* to the family, working with their everyday life situation (their *Lebenswelt*) - and those with a *Komm-Struktur* (literally, a 'come-structure') whereby service users *come* to the provider's setting to participate in the intervention. Perhaps not surprisingly, as a more intensive intervention with more vulnerable families, measures of *Hilfe zur Erziehung* (help with upbringing) tend to have a 'go-structure'.

5.3.3 Parent-child groups

The most common form of parenting support provision in Germany takes the form of parent-child groups (Tuschhoff and Daude 2004; Lösel 2006), most of which are aimed at parents of young children (aged 0-3 years). In common with the parent-child centres described in France, both parents and children attend. Lösel commented that while the intent of these groups is to enable the acquisition of parenting skills - through group discussion, sharing experiences and strengthening social networks - to date, there is little research on their effectiveness. Parent-child groups do not necessarily offer formal parenting programmes, but may focus on joint activities with parents and children, such as baby massage. However, Lösel (2006) reported that almost half of the 475 parent-child groups that took part in his survey (43.2%) used a programme called PEKiP, which originated in the Czech Republic, and is described in more detail below.

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[56] Indicative examples of the fees charged for parenting support services are provided below, in our discussion of standardised parenting programmes.

5.3.4   Standardised parenting programmes

Lösel (2006) surveyed over 6000 institutions providing parenting and family education services in Germany, and reported that, after parent-child groups, the next most common form of family education was parenting programmes. Of 302 settings offering parenting courses, the five most common programmes were: *Starke Eltern - Starke Kinder* (Strong parents - Strong children) (52.5%); Triple-P (18.2%); *KESS Erziehen* (KESS Upbringing) (6.6%); *Gordon Training* (5.5%); and *Familienteam* (Family team) (1.7%). The PEKiP programme, mentioned above, is a standardised programme, but is based on joint parent-child activity, rather than parent education per se. Another recent development in Germany is the introduction of an adaptation of the Israeli HIPPY programme (called Step-by-Step, *Opstapje*, in Germany, and discussed further in Chapter Seven on the Netherlands). In Germany, this has been targeted at families living in socially disadvantaged circumstances.

Lösel's (2006) survey indicates that standardised programmes to support parenting or upbringing (*Erziehung*) play an important role in German provision, delivered through a range of locally-based providers as befits the country's decentralised system of subsidiarity. With regard to our research aim of identifying gaps in English language knowledge, it is of particular interest to note that the two most widely used programmes in Germany - *PEKiP* and *Strong Parents-Strong Children* - originated in Czechoslovakia (as was) and Finland, although popular English-language models such as Triple P are also delivered. Whilst robust evidence of the evaluation of these standardised programmes appears to be limited, the popularity of their application in Germany suggests they may warrant further investigation, to explore their applicability to an English context. Moreover, the *Family Team* programme - while not yet widely used - has been designed to address issues that equally concern current English family policy (such as parental separation and divorce), and may also warrant further exploration to consider its applicability in England.

As befits the focus of this report, the summary information presented below is restricted to standardised programmes about which English-language information is not readily available. Thus, although popular in Germany, we have not included information about the *Triple P* programme, nor about *Gordon Training*[57].

Prague Parent–Infant Programme (PEKiP)[58]

In Germany, the PEKiP programme has been offered since 1973, and is the most popular programme for parents with infants up to one year: about 50,000 babies attend PEKiP courses with their parents every week. Höltershinken and Scherer (2006, p 21) described the programme as a 'tangible, practical parenthood qualification and an additional family support measure'; it draws on theoretical influences including research on socialisation, pedagogical theories of interaction, and the theory of the psychologist Carl Rogers. Box 5.1 summarises the key details of the PEKiP programme.

As might be expected from such a long-running programme, a range of research has explored the perceived benefits of the PEKiP intervention. This research does not comprise evidence of effectiveness (for example, lacking controlled comparison), but it does provide some promising indications of potential benefits. Ruppelt (1982, cited in Garbers 2008) surveyed parents taking part in PEKiP programmes during a two-year period, and reported perceived benefits, including mothers simply enjoying contact with other mothers. More recent observational research has reported that infant socialisation and exploratory

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[57] For information about these programmes, see Moran et al. (2004) or the programme websites: http://www.triplep.net/ and http://www.gordontraining.com/
[58] An internet search for English language information on PEKiP reveals that the programme operates in Hong Kong. See http://www.pekip.com.hk/

behaviour benefited from positive contact with other children in the first year (Rauh 1998), and studies of the parenting attitudes and behaviour of participating mothers have identified improvements over time in indicators such as recognition and interpreting of infant signals, and responding appropriately to child cues (Kubani 1997; Breithecker 2004, both cited in Garbers 2008).

Box 5.1   PEKiP (Prague Parent-Infant Programme)

The PEKiP programme is provided through family centres (including welfare association services and mothers' centres, see above), as well as by adult education services. Working in groups of up to eight adults, the programme targets parents of infants aged between four weeks and one year of age (programmes may also be offered to specific target groups).

The PEKiP method is based on social-pedagogical group work, combined with play and exercise activities with the children. The aim is to support children's physical and cognitive development, while aiding the development of the parent-child interaction. Activities including massage, and use of props such as balls, mirrors and paddling pools, take place in a warm environment (22-27°C). The intervention is based on weekly 90 minute sessions.

Fees for the course vary between providers, ranging from 60 to 200 Euros for a course. Some health insurance providers in Germany will partly cover the costs of participation.

Starke Eltern - Starke Kinder (Strong parents - Strong children)

The most popular parent-education programme in Germany, '*Starke Eltern - Starke Kinder'* derived from work conducted by the Finnish Child Protection Agency. The programme was introduced in Germany in the mid-eighties, and registered as *Starke Eltern - Starke Kinder* in 2000. The course is defined as a preventive programme, aimed at 'non-violent education and upbringing (*Erziehung)'* as set out in the UN Convention on the Rights of the Child. It is described as having a resource-orientation (*Ressourcenorientierung)* and life-world orientation (*Lebensweltorientierung*), as well as being children's rights-oriented, and family-oriented, in emphasising that the family is the primary site for child development (*Deutscher Kinderschutzbund* 2007). There are three core objectives for the intervention:

- to strengthen the rights of children (in line with the principles of the UN Convention)

- to promote parents' self-confidence in the education (in the broadest sense) and upbringing of their children; and

- to prevent physical and psychological violence in the family, by promoting alternative understandings of (and strategies for) parenting.

Box 5.2 describes the content of the programme. It has, to some extent, been evaluated (e.g. Honkanen-Schoberth 2005; 2007; Schnabel 2008). At the end of the course, parents completed standardised evaluation forms, and their responses were collated by regional *Deutscher Kinderschutzbund* associations, who reported that parents perceive benefits from their participation in the course. In addition, Tschöpe-Scheffler (2003) conducted an evaluation involving: written pre-and post-questionnaires for participating parents, in-depth interviews with individual parents, and interviews with children of different ages whose parents attended the course. This evaluation concluded that the course 'creates a great degree of awareness' for parenting behaviour that expresses respect and appreciation for the child, and improves understanding of child needs.

Box 5.2   Strong parents - Strong children

Strong Parents-Strong Children is provided through welfare association services and parent-led centres (see above), as well as by adult education services. Working in groups of 8-16 parents, the programme aims to work with couples whenever possible. Courses may be targeted at groups such as step-parents, adoptive parents, foster carers, and parents with a migrant background. It can include those with children aged 1-18 years
.
Programmes are delivered by a minimum of two course leaders, who must be certified, and have the following formal qualifications and experience: (i) a professional (Bachelors-level) diploma qualification in pedagogy or psychology; (ii) experience of work with parents in counselling, pedagogy, or therapy; and (iii) experience of running groups for adults.

Each programme comprises a minimum of 16 hours, based on eight to 12 sessions, each of two to three hours duration. Programme methods include a mix of presentations, small group work, self-learning exercises, discussions, role plays, and weekly tasks, in relation to five central questions: (1) What are my values and parenting goals? (2) How can I enhance the self-esteem of my child? (3) How can I help my child in overcoming difficulties? (4) How do I express my needs? (5) How do we solve family conflicts?

Fees vary to some extent between providers, ranging from 60 to 80 Euros for a course.

KESS Erziehen (Cooperative, Encouraging, Social, Situation-oriented Upbringing)

The KESS parent education programme was developed by a voluntary sector organisation (*Arbeitsgemeinschaft Katholische Familienbildung, AKF*). Summarised in Box 5.3, the course is based on the psychological theories of Alfred Adler and Rudolf Dreikurs, and aims to promote a 'democratic and respectful' parenting style, which takes account of child perspectives[59]. No published evaluation of KESS programmes was identified in the course of this review.

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[59] http://www.akf-bonn.de/kess-erziehen.html

Box 5.3   *KESS Erziehen (Cooperative, Encouraging, Social, Situation-oriented Upbringing)*

The KESS programme is delivered through family education centres and community-based counselling centres (*Beratungsstellen),* as well as by freelance practitioners. Available documentation does not provide details of the professional requirements of course leaders. The course does not target particular groups, but is aimed at parents of children aged two years or more.

The course consists of five weekly sessions, each of two hours and 25 minutes, with methods including lectures, and exercises and homework for participating parents. One aim of the method is to promote exchange of ideas and networking among parents. The five sessions cover defined topics, week by week, as follows:

Basic social needs: This session familiarises parents with the basic social needs of children and factors that promote the positive development of the child's self-esteem;

Understanding behaviour: This session introduces the 'IRIS-strategy', to equip parents with a guide on how to alleviate situations of difficult behaviour through four stages of response to a child's unwanted behaviour. The parent should stop him or herself from reacting immediately (**I**nterrupt); consider and respect the perspective of the child (**R**espect); ignore the unwanted behaviour in order not to reward (**I**gnore); and react - possibly much later - with a considered response to a potential problem (**S**elf-determined action).

Encouraging children: This third session is concerned with boundaries - the respectful setting of limits for children to encourage them to develop a greater sense of responsibility;

Alleviating conflicts: This session shows how to set effective limits that take account of the child's needs;

Promoting independence: This session deals with responsibility and cooperation as essential elements for coping with problems in upbringing.

Fees for the course range from 50 to 75 Euros.

Familienteam (Family Team)

The *Family Team* programme was developed in 2002 at the University of Munich, and aims to strengthen both parenting skills and parent child relationships. The approach is based on two existing German methods for couple-counselling, EPL (*Ein Partnerschaftliches Lernprogramm*) and KEK (*Konstruktive Ehe und Kommunikation*). Using different methods, both these programmes aim to teach couples to communicate and listen properly, and to be able to express feelings and problems. In this vein, and working from a resource-oriented approach (*Ressourcenorientierung),* the *Family Team* website states that '*All feelings are allowed, but not all forms of behaviour*'[60]. The programme is described in Box 5.4.

Recently developed, the *Family Team* method is not yet widely used in Germany - less than two per cent of settings providing parent training in Lösel's (2006) survey. However, the programme provides a useful example of a family-oriented approach to standardised parent training, in contrast to approaches that intervene with parents as individuals. In particular, the attention to relationships between parents, as well as to parent-child relationships, is relevant

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[60] See http://www.familienteam.org/

to current English policy concern about developing effective parenting support for those experiencing relationship difficulties or family breakdown, and the participation of couples enables attention to fathers' *and* mothers' parenting support needs. The *Family Team* programme has also been subject to positive evaluations, reported on the programme website[18], but without details of the evaluation methodology[61].

Box 5.4   Family Team

The *Family Team* programme is delivered through family education centres and community-based counselling centres (*Beratungsstellen),* as well as through early childhood care and education settings and schools. The programme is delivered to parents of pre-school or primary-aged children in groups of 8-12, and is delivered to mothers and fathers, including lone parents and couples (including step-families). Adapted versions of the course are targeted at specific groups including vulnerable 'multi-problem' families; families going through separation or divorce; and parents who are refugees or immigrants to Germany.

The course is delivered by two instructors, usually one male and one female. Instructors must have a professional qualification in pedagogy or psychology, as well as experience as a group leader (and possibly as an instructor for the EPL or KEK programmes on which *Family Team* is based). Instructors must also attend regular supervision sessions. The programme comprises eight three-hour sessions, with a varying programme structure including, for example, evening and weekend sessions. All sessions follow the same structure, beginning with a brief introduction to the topic, and then working through communication rules for that topic using video sequences. The training session also includes small group work, and is half instructor-led, and half participant-led. The eight session topics are as follows: (1) parenting objectives; (2) attention and observation; (3) responding to the child's feelings; (4) gaining cooperation; (5) setting limits; (6) dealing with acute conflicts; (7) solving problems permanently; and (8) maintaining partnership.

Fees for the course range from 60 to 190 Euros for individuals and 90 to 280 Euros for couples (2005 figures). However, participation may be part-funded (e.g. by the Youth Office) and the *Family Team* course is also offered free by some *Beratungsstellen* (community-based counselling centres), increasing the programme's uptake by socio-economically disadvantaged families.

5.4   Summing up: Germany

Garbers (2008) review of parenting support in Germany has highlighted much that is potentially relevant to English policy and practice, whilst also identifying concerns and issues that are common to English and German provision. One of the key criteria against which Germany was selected for inclusion in the main review was that of translatability. There are, of course, substantial differences between Germany and the UK. Table 2.1 shows differences in key indicators such as rate of live births outside marriage and overall fertility rate, with rates in Germany substantially lower than the UK on both indices. Germany also differs from the UK in its welfare model and administrative structure, and in its history - there remain substantial differences between East and West Germany, even 18 years after reunification. However, the two countries also have much in common, not least in their large and ethnically and socio-economically diverse populations. Garbers (2008) review also highlighted commonalities in policy concerns, for example, in relation to family breakdown through separation and divorce, and the need to develop a childcare strategy that enables maternal participation in the labour market. While the reasons underpinning these concerns

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[61] Within the scope of the present study it was not possible to obtain further details of these evaluations.

may differ, the common objectives of policy development highlight the potential for shared learning.

5.4.1 Service accessibility and 'reach'

Just as family policy concerns in Germany will be familiar to an English reader, so too will the challenges of 'reach' in support provision. The predominance of upper- and middle-class mothers in uptake of support services echoes the observation of a Sure Start worker quoted by Anning et al. (2007, p78):

> *'They have always been able to seek out good resources for their children and use them. They saw this brand new building and wanted to take advantage of what was on offer.'*

In Germany, the common practice of charging for parenting support services might well limit accessibility to families in socio-economically disadvantaged service[62]. Garbers (2008) review offered some indication that concerns about the constraining effects of charging on service uptake were being addressed, including examples of federal funding for services (through the Family Ministry (*Bundesministerium für Familie*), and also cited the example of community-based counselling centres (*Beratungsstellen*) offering the *Family Team* course free of charge.

In understanding service uptake and accessibility, the German conceptual distinction between 'come-structure' (*Komm-Struktur*) and go-structure (*Geh-Struktur*) provision seems very helpful. Sann and Thrum (2005) commented on the inaccessibility of 'come-structure' programmes to vulnerable families in Germany, and highlighted the need for preventive interventions to *go* to families, to work with them in their everyday environments. Garbers reports that, while still in its infancy, this 'go-structure' approach is being developed in Germany, with pilot initiatives supported by the Family Ministry (*Bundeministerium für Familie*).

A related issue, in terms of reach, is the under-representation of fathers among users of parenting support services, although Garbers noted an increase from 7% to 17% over the last ten years to 2008. A possible facilitating factor in Germany is that, rather than services being designed to reach fathers *or* mothers (although individual provision is available), some provision has actively targeted couples - including step-families and families going through separation or divorce. In England, similarly, the evaluation of the first year of the Family-Nurse Partnership programme (Barnes et al. 2008) highlighted the potential of working with couples: Family Nurses encouraged fathers/partners to be involved in visits from the nurse, whilst acknowledging that it could take time to engage fathers in the process. A couple-based approach seems useful both in extending reach to fathers and in addressing the wider context of the parent-child dyad.

5.4.2 Professionalisation

The prominent role of parent-led services such as multi-generational houses in Germany concords with the bottom-up approach of the REAAP programme of parent-led support networks in France. However, compared to France, Germany's greater use of standardised parenting programmes was associated with more emphasis on professionalisation in the practice of parenting support, and workers such as course leaders were often required to hold Bachelors-degree-level professional qualifications in psychology or pedagogy.

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[62] It should be remembered, however, that charges reflect costs for delivering the services; there is no private for-profit provision in the sector.

Pedagogy - as a theory and professional qualification - has evidently played a formative role in parenting and 'upbringing' support in Germany, informing policy, professional requirements, and the theoretical approaches that underpin parenting support services, including standardised programmes, but also group activities such as parent-child groups. However (and perhaps reflecting the wider context of a professionalised pedagogic children's workforce), Garbers (2008) also commented that many areas of *Familienbildung (*family education) are delivered by casual workers and volunteer staff, particularly within parent-led initiatives such as 'mother centres'. As in France, his comments serve as a useful reminder that debates about the appropriate balance between parent-led and professionalised parenting support services are not confined to England.

6.   Italy

Parenting Support in Italy: An overview

Italy has a range of legislation concerned with parenting and family support, but within a highly decentralised administrative system, services offered vary between regions.

Nationally, the two key service frameworks for parenting support are both open-access centres, with professionalised multi-disciplinary workforces:

- *Consultori familiari* - family counselling centres - primarily offer health-related interventions, but can also provide support for parents and families.

- *Centri per le famiglie* - family centres - combine information provision, parenting support, and community development activities.

There is an emphasis on locally developed services, including group work, one-to-one or couples-based support, and individualised family interventions. Standardised parenting programmes appeared to be used rarely, if at all.

6.1   Context

National government in Italy consists of two elected houses, and the country is further sub-divided into 20 administrative regions (*regione),* which, since 2001, have had increased autonomy in terms of the development of local policy and legislation. Each region is made up of a number of provinces *(provincia),* an intermediate administrative level, and each province consists in turn of a number of *comuni* (administrative subdivisions of the province). In large cities such as Rome, the *comuni* are further subdivided into municipalities. This range of levels of government means that Italian policy and service provision is highly decentralised, compared to England, and there is substantial local variation in service delivery, within the over-arching framework of national legislation.

6.1.2   National policy frameworks

In common with Germany and France, the family as a unit is protected within the 1947 Italian Constitution, which also notes that parents have a right *and* duty to bring up their children, and that public institutions should support families in carrying out their duties (Articles 29, 30, 31). The ChildONEurope Secretariat's (2007) review of support for parents in EU countries highlighted Italy as one of the few examples of countries where there is specific legislation to support parents. Legislation for the family is primarily within the remit of the Ministry of Politics for the Family (*Dipartimento per le Politiche della Famiglia*).

Legislation concerned with supporting parents and families was first established in 1975 (Law 405/1975), with the introduction of the "*consultori familiari*"[63] - a service framework that still operates today (discussed in detail below). However, it has been argued that the *consultorio* framework tended to focus on health and to intervene with established problems, rather than conducting preventative work with families (Moro 2005; Milani 2005). More recent legislation (Law No. 285/1997) aimed to address that concern, and made explicit reference to

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[63] The word '*consultorio*' derives from '*consulto*' and has its roots in the Latin verbs *'consulere'* and *'consultare'* – the same root as the word 'counseling'. The role of the *consultorio familiare* reflects these linguistic roots – the service is intended to combine 'counseling' and 'taking care'.

'support for parenthood' as a means of implementing the rights of children. This legislation established central government funding for local parenting support projects, extending the range and remit of parenting support provision in Italy, and increasing diversity in terms of the nature of provision, and also in service providers. New developments included mainstream parenting support as well as specialist or targeted projects, such as those supporting parent -child relationships in contexts of poverty or violence, and projects working with families going through separation and divorce, or with support through foster care and adoption.

Family policy has also been developed through the implementation, in 2000, of legislation on parental leave (*congedo parentale*), which extended existing provision, and aimed to increase the uptake of parental leave by fathers. At the same time, legislation concerned with the integration of social services (in the broadest sense) (Law No. 328/2000) placed a requirement on services to provide *livelli essenziali di assistenza* (essential levels of care) to families, by means of measures:

- against poverty; and to support for family income;

- to harmonise working time and family time;

- to support women in difficulties; and

- to support parenting responsibilities.

Debate about the meaning and implementation of 'essential levels of care' (Innocenti and Vecchiato 2007) has highlighted the concept of a *care pathway (percorso assistenziale),* concerned with the well-being of the family as a whole (and not merely its individual components), with a concomitant emphasis on multi-dimensional and multi-disciplinary approaches.

In considering the raft of legislative initiatives highlighted above, it is important to note that, of all the countries in our study, Italy had the lowest level of social expenditure directed towards children and families (see Table 2.1). Canali (2008) also noted that most expenditure on children and families consists of cash transfers (welfare benefits) rather than funding for service provision.

6.1.3   The evidence base for Italian parenting support

To date, evaluation in Italy has tended to focus on process or performance issues - for example, number of users, number of services delivered - and not on the effectiveness of interventions in terms of pre-defined outcome measures. For example, Pellicanò and Poli's (2007) evaluation of the impact of 1997 legislation (Law No. 285) monitored the range of services developed across the country, highlighting examples of 'good practice'. The authors did not measure the effectiveness of interventions, but defined good practice in terms of: innovation (although this was not an essential criterion); effectiveness in project implementation; participation; sustainability; transferability and reproducibility of the framework; and policy relevance.

Another factor in considering effectiveness is the highly localised nature of service development. Service-development is closely tied to both local needs and resources, and so local experience of 'what works' may not readily translate to other parts of the country (Canali and Vecchiato 2007). This caveat also applies when considering the transferability of Italian parenting support to an English context. However, there may be useful lessons for England from the Italian experience of developing parenting support provision that is locally led, and designed to meet local needs.

A further illustration of the growth in attention to the family in Italy over recent years is the establishment of a National Observatory on the Family (*Osservatorio Nazionale sulla Famiglia*[64]), sponsored by the Ministry of Politics for the Family (*Dipartimento per le Politiche della Famiglia*), and whose role includes publishing research, annual statistics, and examples of good practice, with the overall aim of building better knowledge about services for children and families.

6.2   Service frameworks

The relatively low level of central state funding for child and family services, together with a highly decentralised government administration, means that parenting support in Italy varies markedly across the country, with pockets of highly developed practice (mainly in the north of the country), and other areas where parenting support provision has been relatively little developed. Parenting support provision is often delivered by independent (voluntary) sector organisations contracted by the local authority. Another consequence of the heterogeneity of the Italian system is that services and interventions with different names, or delivered within different service frameworks, may in practice be very similar in content. The examples provided below are illustrative of innovative or well-established local parenting support provision, in line with the aim of this study to learn from experience in other countries, rather than being representative of Italy as a whole.

Canali (2008) describes a range of intermediate-level services that can be involved in the provision of parenting support. We focus here on two key examples - the *consultori familiari (family counselling centres),* established in 1975, and the more recently developed *centri per le famiglie (family centres)*, which arose from the more recent legislation discussed above, that prioritised support to meet the essential needs of ordinary families[65]. Also relevant to the focus of the present study are parent and child centres, local neighbourhood-based provision which is often linked to family centres.

6.2.1   Consultori familiari (Family Counselling Centres)

As noted earlier, *consultori familiari* were established by law in 1975, with the specific aims of the provision defined as follows:

- psychological and social assistance for preparing for responsible motherhood and fatherhood, and for problems of couples and families;

- support for, and dissemination of information about, sexual health and family planning; and

- protection of maternal health through pregnancy and childbirth.

Responsibility for delivering and regulating the *consultori familiari* was delegated to regional government, and consequently services have developed somewhat differently in each Region. Most *consultori familiari* are under the aegis of the regional health department, and Canali (2008) noted that this means they often emphasise health-related work in their service offer. However, she summarised the range of interventions that may be offered by these centres as follows:

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[64] http://www.osservatorionazionalefamiglie.it/
[65] There is potential for confusion to arise through translation here, as the distinctive terms *'consultori familiari'* and *'centri per le famiglie'* sound rather less distinct when translated as 'family counselling centres' and 'family centres' respectively. Thus, for clarity, we will use the term 'family centres' to refer to *centri per le famiglie,* but retain the Italian term *consultori familiari* to refer to family counselling centres.

- ***Socio-educational (social-pedagogic) interventions***

  Preventive work oriented towards supporting the education or development in-the-broadest-sense of individuals, couples, and families, which can entail intervention to address specific problems (such as relationship breakdown), or general preventive work with clients;

- ***Interventions oriented towards health, with social relevance***

  Preventive and diagnostic work, and treatment, to protect the health of women and children, including family planning and sexual health services, cancer screening, and support through the menopause;

- ***Socio-psychological interventions***

  Aimed at intervening with social and psychological dimensions of health, comprising social, psychological and psychotherapeutic intervention with individuals with specific needs, such as adolescents with psychological, socio-emotional, or behavioural difficulties;

- ***Social care interventions***

  Interventions such as counselling, concerned with risks related to poverty, social disadvantage and risk of social exclusion, including work with vulnerable and at-risk families, families with complex needs, and families with child protection issues.

Consultori familiari deliver both universally accessible and targeted services for families, across a spectrum of levels of need, ranging from primary health care to legally mandated intervention with families with significant social care needs. Thus, the centres' work is not focused on any one age group, but spans the life cycle; services are used by both individuals and couples, by people with and without children. The centres are staffed by multi-disciplinary teams, which usually include full-time professionals including a social worker, gynaecologist, midwife, psychologist, and pedagogue as well as a full-time manager, and part-time workers such as administrative staff, a nurse and other health workers. Other professional staff may be contracted to the centre for work in specific areas.

Grandolfo (2005) commented on the difficulty of evaluating the overall effectiveness of the *consultori familiari* framework, noting that potential for evaluation was limited by three key factors:

- the lack of measurable operational goals;

- the extent of variation across regions in:

  o service delivery models (the operation of the *consultori familiari*);
  o the density of provision and localisation of services;
  o the timing of service implementation (such that some centres have been established over many years, while others are recently developed); and

- in southern regions of Italy, instability in staffing structures, and a lack of professionally qualified staff.

Given the observations above, about variations in the provision offered by *consultori familiari* in Italy, it is useful to focus on one regional example, which - while not necessarily typical - illustrates the potential role of these centres in delivering parenting support.

Consultori Familiari (family counselling centres): the Veneto experience

Veneto is a large and relatively affluent region in North-Eastern Italy, which includes four large cities - Venice, Verona, Padova, and Vicenza - and has an overall population of almost five million.

There are 125 public sector *consultori familiari*[66] in Veneto, each serving up to 40,000 people. As noted above, the staffing profile of the centres reflects the multi-disciplinary services provided: of 700 *consultori* staff employed across the region, 26% were psychologists; 24% were social workers; 15% were midwives; and 14% were gynaecologists (Sinigaglia and Ferracin 2008). Most service users are female - 80% in 2003 - although data published by Veneto Region indicate a steady increase in the number of men, and the number of couples, accessing services[67].

Data from 2006 (summarised by Canali 2008) show that female reproductive health-related interventions formed a substantial proportion of the centres' work, accounting for 37% of individual or open access activities in 2006. This contrasts, however, with data from *consultori familiari* in a neighbouring region (Lombarda), where interventions by midwives and gynaecologists accounted for 70% of service provision. In Lombarda - and in many other regions - the *consultorio familiare* is primarily an open-access health-care provider, not an integrated service for supporting individuals and families.

Table 6.1   Focus of service provision, *Consultori Familiari* (Family Counselling Centres), Veneto Region 2006

Interventions in the area of…	N	%
Adolescence	7,752	7.68
Difficult relationships (individual interventions)	36,949	36.63
Difficult relationships (family interventions)	22,685	22.50
Difficult relationships (couple interventions)	13,656	13.54
Separation or divorce	8,573	8.50
Violence/sexual assault	2,517	2.50
Family mediation	2,646	2.62
Foster care support	6,079	6.03
Total	100,857	100.00

Table 6.1 summarises data from Veneto *consultori familiari* about interventions that could be described as psychological or social (rather than health-oriented) in their focus[68]. Relationship difficulties comprise the largest group of issues, including difficulties in family relationships, which account for over a fifth of interventions.

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[66] There are also *consultori familiari* run by independent sector (non-profit) organisations.

[67] See http://statistica.regione.veneto.it/Pubblicazioni/RapportoStatistico2005/index.jsp?sezione=capitolo14.html

[68] This table summarises data on interventions made on a voluntary basis. However, as noted above, social care interventions through *consultori familiari* may also be mandated by the court; data on these interventions are not presented here.

The Veneto example illustrates a model of single-site provision of primary health care, including information and preventive support for sexual and reproductive health, alongside social and psychological support for individuals, couples and families, for adults and for children and young people. It includes mainstream universally accessible support alongside targeted and mandatory interventions for children and families with significant identified needs.

This model seems to be highly relevant to the English concept of 'progressive universalism' in service development, in the range of services (and levels of intervention) on offer, while resonating with the English policy emphasis on integrated service provision. However, there has, to date, been little formal evaluation of the effectiveness of *consultori familiari*, and further research would be necessary to examine the potential of this service structure to meet these English policy objectives. Moreover, it must be remembered that the Veneto example is an illustration of well-developed practice, and other regions may not have achieved the same emphasis on social and psychological support services in their *consultori familiari.* The need to address this issue - and to develop frameworks that better addressed families' wider support needs - was a key driver for the development of *Centri per le Famiglie* (Family Centres).

6.2.2 *Centri per le Famiglie* (Family Centres)

There are commonalities between *consultori familiari* and *centri per le famiglie* (family centres)*.* Canali (2008) observed that the main difference between the two is that family centres in Italy mainly have social functions, whereas *consultori familiari* combine social and health interventions. Family centres are a universal service, offering counselling and psycho-social support. The centres are staffed by social workers, *educatori* (educators, equivalent to pedagogues[69]), and psychologists. There is no standard service offer within the centres, however, services offered include support for parents and parent-child relationships; support in relation to couple relationships; and services for young people (e.g. advising on sexual health and well-being). Services can include support through parental separation and divorce - with an emphasis on protecting the rights of the child in such situations - and counselling and support for family and parenting problems. Whilst the *centri* are universal service providers, they can also play a role in providing targeted support for groups with higher level needs, including targeted services for particular groups, such as foster families, or 'treatment' interventions for families at risk. A more concrete understanding of the *Family Centre* model may be achieved by focusing on the range and nature of family centre services in one region of Italy - Emilia Romagna.

Centri per le Famiglie (family centres): the Regione Emilia Romagna experience
Emilia Romagna is a large and relatively affluent region in North East Italy (Eurostat 2008), with a population of 4.3 million people, spread across a number of cities, including Bologna, the regional capital. Emilia has a history of well-developed services for children and families - most famously, the Reggio Emilia approach to early childhood education[70].

Family centres are well-established in Emilia Romagna: at the end of 2006 there were 21 centres, employing more than 200 professionals. Initially, these family centres were managed by the local authority, and were based in urban centres; those developed more recently covered more varied geographical areas within the region, including rural communities (Cambi and Monini 2006). The over-arching aim of the family centres is to support families in facing problems that can arise in their ordinary life, including difficulties deriving from the balance between working life and family life. Services are universally

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[69] The educator is a professional Bachelors-level degree akin to that of the pedagogue in Denmark or Germany. See *www.anep.it* .
[70]See: http://zerosei.comune.re.it/inter/index.htm

accessible, but may also be targeted at young couples, single parent families, families of immigrant origin, and families of disabled children. Generally speaking, activities offered by the centres fall into one of three broad categories:

(i) information provision:
- for example, information on services, resources and opportunities (institutional and informal) within the region for children and families (educational, social, health, school and leisure time);
- information oriented towards specific target groups, as noted above;

(ii) parenting support:
- group meetings and courses with experts;
- individual and family- or couple-based counselling and support aimed at intervening directly with family problems;
- family mediation (*mediazione familiare*) for couples that are separating or divorcing; and

(iii) community development activities:
- management of neighbourhood-level child and family centres that are aimed at building families' social networks;
- initiatives to promote 'family volunteer' work, foster care and adoption, in collaboration with voluntary associations; and
- involvement in projects that promote solidarity among generations and self-help, such as the time bank (*banca del tempo*).

As this list implies, the remit of family centre activities extends far beyond parenting support, and many of the activities and services offered by family centres are carried out elsewhere, for example in smaller local neighbourhood-based child and family centres. Family centres in Italy also play a strategic and coordinating role, in community activation and in offering services that are delivered through local neighbourhood child and family centres.

The coordinator of the family centre is a key person in the organisation of services, and not surprisingly, the role of coordinator is highly specialised. In Emilia Romagna, all family centre coordinators have at least Bachelors-degree level qualifications in relevant disciplines (pedagogy, psychology, sociology, social work or political science). Equal importance is attached to the formation of the professional team in the family centre, comprising a multi-disciplinary group of professionals who can develop a strong shared ethos and knowledge base, and engage in joint planning.

To illustrate in greater depth the functioning of a family centre, Box 6.1 describes the activities of the *Centro per le Famiglie di Ferrara* (the Family Centre of the city of Ferrara).

Box 6.1   The Centre of the Families of Ferrara[71]

The Centre has its own website, hosted by the city local authority (linking from the regional webpage) and providing information about a range of services and activities for parents, including the following:

- a series of ten weekly group meetings, on '*Becoming a Mother' (Diventare Mamma),* aimed at women in the second trimester of pregnancy (with a fee of €35); and an adaptation of this course for expectant parents from immigrant backgrounds (*Diventare Genitori Lontano da Casa; Becoming a Parent Far from Home);*

- a series of four meetings aimed at couples expecting a baby, 'Our Parents in Waiting' (*Noi Genitori in Attesa)* (with a fee of €25);

- a breast-feeding support service, primarily aimed at breast-feeding mothers, but also open to expectant mothers, fathers, and other family members (free-of-charge);

- courses and meetings for parents: '*Il Mestiere di Genitore'* (literally, 'The Work of the Parent') , and *'Il Pomeriggio dei Genitori'* (the 'Parent's Afternoon'), both of which address 'the multiplicity of the parental experience' (with a fee of €12 per person or €25 per couple);

- counselling for parents, aimed at families facing 'small or large difficulties', offering access to expert psychological, educative (in the broadest sense) or legal advice, and including support for adoptive parents and foster carers;

- family mediation for parents in the process of separation or divorce;

- support for parents balancing work and family*;* and

- activities to promote the work of local voluntary and family associations.

This range of work is delivered in local neighbourhood child and family centres, as well as in the family centre itself. The family centre has a staff of 12, including the centre co-ordinator (a pedagogue), a psychologist, an educational psychologist (*psicopedagogista*), lawyers, and family mediators. The centre is open 12 months of the year from 8.30am to 7pm on weekdays, and on Saturday mornings.

Within the constraints of the present study, it has not been possible to collect primary data that would illuminate the nature, or effectiveness, of these services in greater depth. Nevertheless, the example of the family centre of Ferrara is striking in several regards. Its range of activities resonates with many of the objectives of the English government's current policy for families, including objectives for services provided through Sure Start Children's Centres and the provision of extended services through schools. Support for parents - in a variety of forms - is evidently at the core of the family centre's work, through individual and group meetings, and structured courses. It is, however, of note, that the parenting courses offered by the centre are locally developed, and not standardised (or, to the best of our knowledge, independently evaluated) programmes. As in Germany, a small fee is charged for participation in most courses, but other services - including one-to-one support - are offered free of charge. Also noteworthy is the staffing profile of the centre - including

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[71] See http://www.ifb.fe.it/?id=36

psychologists, pedagogues, and lawyers amongst other staff, offering multi-disciplinary expertise in the provision of parenting support.

6.2.3   Child and family centres

As noted above, family centres cover a large area (a small city, in the case of Ferrara), and one way of ensuring their provision reaches local communities is by delivering services through neighbourhood-based provision such as child and family centres.
For clarity, we will continue with the example of the city of Ferrara, in Emilia Romagna (whilst remembering that this may not be typical of practice elsewhere). Alongside the family centre described above, are four settings (*Elefante Blu; Isola del Tesoro; Mille Gru;* and *Piccola Casa)* that each offer a range of services for parents of infants and young children, including baby massage courses, group activities for parents with children, targeted at particular age groups (e.g., one- to six-year-old children; six- to 12-month-old babies); and Italian language courses for immigrant parents. The centres require a small annual subscription (e.g. €45 for *Elefante Blu*), which allows access for all the family to all centre services for a year. The centres each have a small dedicated staff team of three to six workers, all the teams include pedagogues and an assistant; some have other staff.

6.3   Approaches to parenting support

6.3.1   Target groups

Canali's (2008) review revealed some evidence of provision that specifically targets particular groups of parents. Most commonly, such targeting was directed at families identified as potentially vulnerable, or whose circumstances indicated a need for support - for example, target groups for services in *consultori familiari* or *centri per le famiglie* could include adoptive parents, foster carers, families experiencing relationship difficulties or separation or divorce, or families with more significant social care needs (as part of a wider social care 'treatment' intervention). There was also some evidence of services targeting parents from non-Italian backgrounds, although these could be focused on, for example, Italian language learning, rather than supporting parenting per se. Services could also be targeted at parents of children in particular age groups; these examples predominantly relate to mothers, and to mothers of younger children. The research revealed little provision that explicitly targeted fathers, or parents of teenagers - although, it is important to remember our caveat that local examples cannot be considered typical of Italy as a whole.

6.3.2   Standardised parenting programmes

Innocenti (2007) proposed that interventions to support parents and families could be categorised within the concept of a 'family life-cycle', encompassing factors such as child age, but also key life events and changes, such as parental separation and caring roles within the family - indicating a broader perspective than the parent-child dyad. That life-cycle perspective was evident in the work of both the *consultori familiari* and family centres (*centri per le famiglie*). However, Canali's (2008) review identified very few courses that could be defined as parenting education or training. Those courses that were offered (e.g., in the Ferrara family centre) were locally developed, not standardised models, and the review did not identify any providers using parenting programmes based on English language models[72].

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[72] It should be noted that the review did not set out to gauge the prevalence in Italy of parenting support programmes based on English-language models, and the extent of local variation in service content means that standardised programmes may be used in some areas. Nonetheless, Canali's (2008) review indicates that their use is evidently not commonplace, and their use is not highlighted in any national documentation (as it is in Denmark, for example).

Canali (2008) commented that there is a strong debate in Italy regarding the meaning of parenting support. Milani (2004) suggested that parenting support is constructed in terms of the broad aims or responsibilities of parenting, which she defined as follows:

- to be able to welcome / make room for a child in their lives in a way that accepts the child as an independent person;

- to provide both reassurance (care, keeping safe) and set limits; and

- to help the child evolve and grow towards eventual independence.

Milani noted a concomitant emphasis on partnership working with parents, such that parents have become 'protagonists' in the field of parenting support, and are no longer simply the beneficiaries or objects of professional intervention. A related issue - highlighted in the above account of the work of the *consultori familiari* - is that support for parenting appears to be embedded in support for the family as a whole.

These understandings of parenting support do not readily lend themselves to the parenting programme model of parenting support (with standardised teaching of parenting to groups of individuals), and it is therefore perhaps not surprising that there was little evidence of such standardised programmes in Italy. The research here does not, however, permit us to draw any conclusions about the relative benefits of Italian approach, particularly given the lack of formal evaluation of effectiveness within the Italian framework. However, it does highlight the possibilities of a different way of conceiving and delivering parenting support, within service frameworks that resonate with many current objectives for English policy.

6.3.3 Promising developments

The localised nature of parenting support in Italy means that, alongside national frameworks such as the *consultori familiari* and family centres (*centri per le famiglie*), there are other locally developed parenting support initiatives that Canali (2008) noted can be considered promising. In particular, she highlighted two initiatives, which are discussed in more detail below: *Adozione Sociale* (Social Adoption) in Campania; and *Rete Famiglie Aperte* (the Open Families Network) in Vicenza.

Adozione Sociale (Social Adoption) in Campania Region

Campania is the most densely populated region of Italy, with 5.8 million inhabitants; Naples is the region's capital city. In common with other southern Italian regions, Campania is much less affluent than the northern Italian regions of Veneto and Emilia Romagna described above (Eurostat 2008). Table 6.2 summarises a range of potential risk (or disadvantaging) factors at birth in Naples in 2006, setting the context against which the Social Adoption programme was developed. The programme aims to address social disadvantage through intervention to support parents and families, beginning in the pre-natal period. Siani et al. (2003) reported that the programme was first developed in one district of Naples, before being extended across the whole city. Since then, the programme has been further extended, and now covers half of the region.

Table 6.2   Prevalence of risk indicators at birth in Naples in 2006 (%) (based on 5,101 live births)

Risk indicators	%
Mother's level of education (primary school or below)	11.4
Maternal age less than 20 years	4.4
Poor housing and/or shared housing	68.7
Low birthweight (< 2,500g)	6.9
Immigrant parent	4.1
Single parent family	10.5
Parent with chronic illness	7.0
Drug or alcohol addiction of parent(s)	1.7

Before going on to discuss the aims and content of the project in more detail, its name requires some clarification for the English reader. While *adozione sociale* literally translates as 'social adoption', the term 'adoption' in this context has a wider meaning than its common usage in English. In this case, it connotes support or sponsorship of the child and family through the wider social, health and educational network of service provision, the idea that the state is taking responsibility for helping these families, rather than taking over responsibility for the children.

Box 6.2   *Adozione Sociale* (Social Adoption)

The programme targets new families before the birth of their first child, with families identified for inclusion on the basis of the risk factors detailed in Table 6.2. Potentially vulnerable families are identified through primary care settings, and referred to *consultori familiari*. Canali (2008) reports that the programme intervenes with approximately 20% of families in the region, suggesting that - whilst targeted - this programme reaches families with lower levels of need than would access specialist support through English children's services.

Support begins in the pre-natal period, and continues over the first three years of the child's life, and is delivered by local integrated health and social care teams. A 'personalised care project' is developed for each participating family, and activities include individualised work, including home visits, breastfeeding support and regular visits to a paediatrician. In addition to this one-to-one work, parents are provided with reading material, and attend group sessions (with 10 families to one tutor).

Overall, Canali (2008) sums up the key tasks of the intervention as follows:

- to support the development of attachment between mother-child;

- to reinforce maternal self-esteem and competences for nurturing the child;

- to provide emotional support for mothers;

- to identify promptly situations that need more specialist interventions and activate input from social and health services; and

- to ensure that families have information about local services, and to facilitate their access to these services.

The Social Adoption programme has not been subject to formal outcome evaluation, but a range of specific indicators of effectiveness are recorded over the 36 month intervention, including: vaccination uptake; no smoking in house; infant sleeping supine ('back to sleep'); regular visits to the paediatrician; parents' social engagement and networks; and reading books appropriate to the child's age.

The aims of *Social Adoption* are concordant with the objectives of the English Sure Start Children's Centre programme, and at first sight, the programme has much in common with the *Family Nurse Partnership (FNP)* programme (see Barnes et al. 2008), in its aims and target group. Both also include support for maternal engagement in the workforce among their priorities. To varying degrees, both aim to be multi-dimensional in approach. The *Social Adoption* programme combines home visits with interventions including access to psychological and social work support through the *consultori familiari*, and group work with parents. The two interventions differ in their duration - 36 months for the *Social Adoption* model, compared to 24 months for the FNP intervention. Another key difference is that - whilst the target populations of the two programmes are similar overall - thresholds for accessing FNP support are higher than those for the *Social Adoption* programme, which supports 20% of first-time mothers in Campania[73]. Of course, such differences have cost implications, and within the scope of the present study it is not possible to gauge the availability or comparability of data, nor to comment on which model comprises the most effective - or cost-effective - approach to early intervention with vulnerable families[74]. Nevertheless, the model does appear to have some promise in informing discussions about the development of early intervention parenting support services in England, in the context of a wider debate about where thresholds for accessing specialist support should be set.

Rete Famiglie Aperte (Open Families Network)

Our final example, summarised in Box 6.3, returns to the north of Italy, to Vicenza, the capital city of Veneto Region.

Box 6.3 *Rete Famiglie Aperte* (Open Families Network)[75]

Established in Vicenza in 1995, *Open Families Network* is a parent-led voluntary organisation, established as an association of families that aim to support other, mainly vulnerable, families. This is a small, local organisation, with - at the time of writing - 146 members from 79 families in the city. Through this network of volunteers, the association has provided family-to-family peer support for over 200 families since 1995.

In common with *HomeStart* in England, families are trained to provide peer support, including help with practical and emotional support with children and with daily activities in the home, creating links with public services. However, a key feature of the association's work is the objective of creating, and maintaining *'una cultura solidale'* - strengthening community engagement and solidarity, both between families (for example, by sensitising volunteer families to issues of poverty through their training) and between families and public agencies such as family centres or *consultori familiari*.

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[73] Participation in the FNP programme is restricted to first-time mothers who are aged 20-24 years and are (a) not in education, employment or training (NEET) and have never been in regular paid employment, (b) NEET and with no qualifications or (c) does not have a stable supportive relationship with the baby's father.
[74] Canali (2008) reported the costs of the *Social Adoption* programme in Campania were €600,000 per year.
[75] See: http://www.retefamiglieaperte.it/index.php

6.4   Summing up: Italy

Canali's (2008) in-depth review of parenting support in Italy confirms the observations of the CHildONEurope Secretariat's (2007) cross-European overview, which noted that Italy has very few interventions that could be construed as 'parenting schools', or that offer services based on the assumption that parents can be taught 'pre-packed knowledge'. Her review also indicated that parenting support in Italy could not be easily distinguished from support for the family as a whole, often embedded within a multi-dimensional approach to intervention.

The relative lack of standardisation in parenting support interventions in Italy, compared to England, may in part be attributable to differences in the formation of the workforce. The professional formation of teams in the *consultori familiari* and the family centres (*centre per le famiglie*) - in their levels of qualification and combination of expertise - arguably enables a more differentiated and therapeutic approach to parenting support than could be achieved within the existing English workforce. With the introduction of professional Parenting Advisers in English local authorities, would it be possible (or desirable) to try to capture the multi-professional expertise of the Italian system?

There is much in the Italian approach to supporting parents that is potentially relevant to English policy concerns, in particular the extent of integrated multi-disciplinary working in family centres and *consultori familiari*, and the commonalities between the *Social Adoption* programme and the objectives of the English *Family Nurse Partnership* programme. Whilst the present study has not examined the functioning of Italian parenting support services in any depth, Canali's review highlights the potential of different approaches to common aims, and it is useful to consider what can be learned from the less structured, more individualised, approaches to intervention that characterised parenting support in Italy.

7.   The Netherlands

Parenting Support in the Netherlands: An overview

Parenting support in the Netherlands has many commonalities with English approaches, both in policy and practice. The *Every Opportunity for Every Child* agenda emphasises integrated service provision, setting targets for the development, in every local authority, of Youth and Family Centres, supporting families of 0-23 year-olds. There is also an emphasis on evidence-based practice, and the Netherlands Youth Institute has developed a database of effective youth interventions, which includes parenting support. Structured parenting programmes are the predominant route for delivery of parenting support, including models of English-language origin as well as those of Dutch, or other non-English, derivation.

7.1   Context

The final country covered by this report, the Netherlands, is one of the smaller countries in our study, but in common with England it has an ethnically diverse population. The population is concentrated in urban areas, predominantly in the west of the country, in major cities of Amsterdam, Utrecht, The Hague and Rotterdam. The country gained international attention when it was ranked highest of 22 OECD nations in UNICEF's (2007) analysis of child wellbeing. Key demographic features of the Netherlands include: low poverty rates (one of the lowest in the EU) and a high proportion of children growing up in families with two married parents. Historically, the Netherlands has had a low rate of female labour force participation compared with other Northern European countries, but in recent years the numbers have grown and now exceed the EU average. As in other countries in our study - including England, as well as Germany and Italy - recent central government policy has aimed to encourage, and facilitate, female workforce participation, for example through the 2001 *Work and Care Act* and the 2005 *Child Day Care Act.*

7.1.1   The Dutch administrative system

Administrative responsibilities in the Netherlands are decentralised. Central government is responsible for co-ordinating policy for children and families, known as 'youth policy', under the overall direction of the Ministry for Youth and Families (*Ministirie van Jeugd en Gezin)*, established in 2007. This new Ministry brings together all of the Ministerial departments concerned with youth policy and the bringing up of children - from the Ministry of Health, Welfare and Sport; Ministry of Justice; Ministry of Education, Culture and Science; and Ministry of Social Affairs and Employment. The objective of this change has commonalities with the creation of the Department for Children, Schools and Families in England - to integrate better the work of different areas of government concerned with services for children and families, and to achieve greater cohesion in policy.

The second level of government below central government consists of 12 provincial (regional) authorities, each of which has established a Youth Care Agency as the single point of access in its area for all youth care (including services for families). The main role of these Agencies is to provide an independent assessment of the needs of people who present themselves with problems, and to make appropriate referrals for general or specific support, as required. The third tier of government comprises 530 municipalities or local authorities, each responsible for implementing preventative youth care and youth policy at a local level, within the overarching framework of national policy.

7.1.2 National policy frameworks

The Netherlands has a strong welfare state, and policy is based on the premise that parents have primary responsibility for bringing up children, but that they have a *right*, without obligation, to help from the government in the field of parenting support (Doek, 2004[76]). Hantrais, in her 2004 cross-European review of family policy, observed that historically the Netherlands has not had an explicit family policy, and has spent a lower proportion of its GDP on services for children and families than many other European countries, including the UK. More recently, family policy has moved up the political agenda. One key recent policy development - the 2005 Youth Care Act - aimed to simplify the system for youth care in the Netherlands, aiming to make better care available for children and young people and their parents. Rather like the English 1989 Children Act, the Youth Care Act is concerned with children and young people in need, and their families - and so relates to more specialist and targeted support services than form the focus of our research. The Act established regional Youth Care Agencies as a single point of contact for parents and young people with significant developmental or parenting problems (Netherlands Ministry of Health, Welfare and Sport, 2005).

More recently, the Ministry for Youth and Families extended its legislative framework to support children and families with the publication of their Youth and Family Programme, *Every Opportunity for Every Child (Alle Kansen voor Alle Kinderen, 2007-2011).* Flett (2008) commented that - as the programme's name suggests - there are many similarities between this initiative and the English *Every Child Matters Agenda.* It sets out strategies for integrated youth services, focuses on prevention through early identification and intervention, requires multi-agency working, and sets five aims for all children, as follows:

1. **Healthy upbringing:** physical and mental well-being, healthy lifestyle, continuity of upbringing and care.

2. **Safe upbringing:** security: unconditional love, respect, attention, boundaries, structure and regularity, a safe home (free from violence, mistreatment and sexual abuse) and a safe outdoor environment.

3. **Contributing to society:** social engagement: contributing ideas and taking part, active involvement in the local community, positive attitude and citizenship.

4. **Developing talents and having fun:** being educated or trained, having the opportunity to pursue hobbies: sport, culture and leisure pursuits, and freedom to play.

5. **Being properly prepared for the future:** obtaining a qualification, finding employment, capacity to earn a living, access to a stimulating environment.

And, as in English policy, there is an emphasis on recognising the diversity of modern families (Daly 2007), and on support for ordinary families, with the everyday challenges for parenting. The document also emphasises the role of universal services in identifying need, highlighting:

(a) the key role of healthcare services in holding information about children below the age of four, and their families, and providing a route to support for families of children in this age group; and

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[76] Citations in this chapter that are not listed in the references list at the end of this report are cited in Flett (2008).

(b) the role of schools for children aged four and above, because the majority of children of this age attend school, and thus schools are well-placed to identify any problems.

In highlighting the importance of support for families potentially 'at-risk', the *Every Opportunity* programme includes families going through divorce, and 'ethnic minority families who are culturally isolated from the rest of Dutch society' (op.cit. p 19). This definition of 'risk' is somewhat surprising for an English reader more familiar with the 1989 Children Act focus on 'risk of harm'. However, Flett (2008) comments that it is typical of the generally pragmatic approach in the Netherlands, where a broader understanding of risk - for example, risk of cultural isolation - is applied as a means of activating services. This understanding of 'risk' serves as a useful reminder of the dangers of assuming equivalence in use of terms across countries. It also highlights an issue raised throughout this report, about the difficulties of distinguishing mainstream services given countries' varying approaches to definitions (such as risk, in this case) and to thresholds for accessing specialist services.

The definition of 'risk' in the Netherlands Youth and Family Programme also reflects a growing emphasis on developing services for families from minority ethnic backgrounds, a shift that has been driven by voluntary sector agencies, but is increasingly being developed by government agencies including the recently established Netherlands Institute for Youth (de Graaf 2006). The Ministry for Youth and Families, in conjunction with the Ministry for Living, Neighbourhoods and Integration, is developing a four-year plan on 'Diversity in Youth Policy', focused on developing support and improving services for migrant groups, and on developing the 'inter-cultural competencies' of professionals working with those groups. Another, related, objective set out in recent policy, is the development of targeted services to support families of young children in achieving school readiness - estimated to be necessary for about 200,000 children, primarily those from immigrant backgrounds and children of unskilled workers.

Legally, the provision of preventative parenting support is the responsibility of the health service within each municipality, as stipulated in the 2007 Social Support Act (*Wet Maatschappelijke Opvang*). This Act decentralised the provision of social services (in the broadest sense) to the level of the municipality. The *Every Opportunity* programme also set a target for the development, by 2011, of a national network of 'youth and family centres' providing universal services in every municipality[77].

7.1.3   The evidence base for Dutch parenting support

Reflecting the country's current emphasis on family policy, the Netherlands Youth Institute (*Nederlands Jeugdinstituut*) was established by national government to compile, verify and disseminate knowledge on child and youth matters, including parenting support. According to the Institute's own documentation (NJi 2008), the Netherlands has a rich tradition of practice expertise in relation to support for children and families, but it is only more recently that interest in evidence of effectiveness has grown. Reflecting that change, part of the Institute's remit is to promote evidence-based practice, 'by "translating" scientific results into practical advice and support', and supporting the implementation of evidence-based interventions[78]. The Institute has developed a database of 'Effective Youth Interventions', providing descriptive information about a wide range of individual projects and interventions, including parenting support interventions, and identifying those programmes which have been evaluated or assessed[79]. At the time of writing, this database is still being completed, and

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[77] Large municipalities will have more than one centre and less populous municipalities will share a regional centre.
[78] See http://www.nederlandsjeugdinstituut.nl/youthpolicy/docs/pdf/Database_of_effective_youth_interventions.pdf
[79] http://www.nji.nl/smartsite.dws?id=107520

has not therefore been used to inform the review that follows. However, some information is available about the criteria on which the database has been developed (NJi 2008).

Inclusion in the database depends on meeting four core 'recognition criteria': (i) theoretical foundations; (ii) soundness of methodology; (iii) practical implementation; and (iv) criteria for effectiveness studies. Based on those criteria, three levels of recognition are assigned to projects included in the database: (a) effective in theory; (b) demonstrably effective; and (c) cost effective. Flett (2008) notes that of 55 parenting support programmes that had been identified as eligible for inclusion in the database, only 19 were judged to be of a sufficient standard to be classified as demonstrably effective or cost effective. This pool of 19 programmes included English-language models such as Home Start and Triple P, which had already been evaluated before they were adapted for use in the Netherlands. However, the website of database also has a separate section ('Not Eligible for Inclusion') which lists interventions that have not met their recognition criteria, because they are inadequately documented or theorised, but may nevertheless be promising.

7.2   Service frameworks

7.2.1   Health services

Health services in the Netherlands are delivered locally (through GGD, *Gemeentelijke Gezondheidsdienst*), and include regular health checks and screening for children and young people aged 0-19 years. These services have an indirect role in parenting support - as discussed below in relation to the examples of *Kraamzorg* (maternity nursing care) and the *Consultatiebureau* (Mother and Well- Baby Clinics).

Kraamzorg (Maternity Nursing Care)

Kraamzorg is a universal framework for early postnatal care in the Netherlands, established as a right in law for several decades, and distinct from - and in addition to - routine midwifery care. *Kraamzorg* services are delivered by independent non-profit agencies, that (since January 2007) are required to follow national guidelines (Landelijk Indicatie Protocol, LIP[80]). The costs of the service are covered in part (or exceptionally, in full) by families' health insurance, but parents make an additional contribution of at least €3.50 per hour.

The service is not delivered by midwives but by trained maternity nurses called *kraamverzorgster*. Essentially, it aims to provide home-based support for parents in the immediate post-natal period - usually the first eight days after a child is born. The level of support is substantial, in comparison to UK midwifery support. The *Kraamzorg* nurse will commonly spend three to six hours a day with the family, supporting breastfeeding, and care such as bathing, as well as helping with care for older children, meal preparation and light household tasks such as laundry. Any strictly medical problems are referred to a health professional such as the GP or midwife. The nurse also keeps a diary of mother and baby health and progress in the eight day period (a *kraamdossier*), which is later used for reference by other professionals. The role of this maternity care service in supporting the establishment of breastfeeding was highlighted in Cattaneo and colleagues' (2005) review of breastfeeding support in Europe[81].

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[80]
http://www.kraamzorg.saysay.nl/_cc_kraamzorg/docs/protocol/Landelijk%20Indicatieprotocol%20versie%203%20maart%202008.pdf

[81] In common with the UK, breastfeeding practice in the Netherlands is characterised by high rates of attrition over the first months - in 2002, 80% of mothers in the Netherlands started by breastfeeding exclusively, but this figure had dropped to 35% by the time infants were three to four months of age (although 47% were still partly breastfed). However, in part, such attrition is likely to be attributable to wider family policy issues, such as female participation in the labour market (Cattaneo and colleagues, op. cit.), rather than reflecting the effectiveness of early parenting support through the *Kraamzorg* framework.

Consultatiebureau (Child Health Clinic)

When the period of *kraamzorg* support ends, postnatal support transfers to the *consultatiebureau*, a local authority health clinic that provides routine healthcare and developmental checks for children from birth until they start school aged four years. These clinics are a universal service, and Flett (2008) reports that they are used by 97% of families. Because of this high level of uptake, they serve a potentially important role in terms of early identification of support needs for families of young children.

7.2.2   *Brede Scholen* (Broad - or Community - Schools)

Prinsen (2008) highlights the *Brede* schools as an example of well-established integrated working in children's services in the Netherlands. These are 'community schools', but as Flett (2008) explains, they differ from the English definition of a community school (as a local authority-run school), and have more in common with the ethos of English policy for schools providing access to extended services, based on an integrated approach to provision of services, with the school as the lead provider. *Brede* Schools have been operating since 1998, and so precede the Dutch *Every Opportunity …* agenda*.* They developed as a result of policies in the 1980s that aimed to address educational disadvantage in priority areas, resulting in extra resources (including extra staff) for schools with high proportions of pupils from disadvantaged groups (including minority ethnic groups).

According to the Netherlands Youth Institute, in 2007, there were 1000 *Brede* primary schools (representing 13% of schools in 75% of the country's local authorities), and 350 *Brede* secondary schools[82]. Partner agencies in the *Brede* Schools vary according to local needs and parent and child preferences; Prinsen (2008) notes that the approach has a strong participatory ethos, emphasising the active involvement of children and young people. Similarly, a European Commission (2004) working group reported that in Rotterdam *Brede* schools, the curriculum was agreed by negotiation with stakeholders including parents and children. Partners in the school commonly include: early childhood education and care (kindergartens); social welfare services; sports; child public health (*consultatiebureau*, see above); community centres, and/or arts organisations such as theatre groups. Thus, the schools are used by a range of people in the local community, not just by children and families. Activities can happen during the school day, before or after the school day, or at weekends.

Support for parents, and for parenting, forms a core part of the *Brede* school approach. This can include direct parenting support interventions as well as activities to support parental engagement in schools, and services such as Dutch language classes (for immigrant parents) and computer classes for parents. The latter are not *parenting* support, per se, but arguably, they support children's upbringing (in the broadest sense) by supporting parents' engagement in education:

> *'The fact that parents are helped to achieve the literacy and language competences as well as life skills they need to be full members of the society at the same time when children are taught the local language in another classroom, is not only substantially contributing to the learning of their children but giving them a sense that learning is an everyday activity for all.'*
>
> (European Commission 2004, p 12)

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[82] http://www.nji.nl/eCache/DEF/50/818.html

Box 7.1   *Brede school - the example of Eindhoven SPIL Centres*

Prinsen (2008) described a *Brede* school framework in Eindhoven, a large and ethnically diverse city. Integrated services are linked directly to primary schools through SPIL[83] Centres, which combine consultation centres, childcare, playgroups and teaching, based on the premise that schools and early childhood settings are 'the best place with the best access to find children at risk and their parents' (Prinsen 2008, p 9), because professionals in those settings spend long periods with children on an everyday basis, and meet with parents both formally and informally. Prinsen reports that, in Eindhoven, more specialist services such as school - or neighbourhood-based youth care teams - had previously been unable to achieve this level of communication with parents.

SPIL Centre services are targeted at three distinct age groups of children (and their parents/carers): 0-27 month-old infants; 27 month-olds to six year-olds; and six to 12 year-olds. writes that Each SPIL Centre creates a 'child-time infrastructure' (Prinsen 2008, p9), including: pre-school daycare, primary education, play activities, after-school care, parenting support, child public health care and access to targeted youth care support. Parenting support provision through the SPIL Centres includes the following range: information meetings on parenting; lectures; parent training or parenting courses; and more specific interventions of parenting support, for example, in relation to child behavioural, developmental or emotional problems. The *consultatiebureau* (child health clinic) also forms part of SPIL Centre provision, and offers parenting support and advice.

Process evaluation of the development of the SPIL Centres (Prinsen 2008) indicated that that the development of cooperation and partnership working was viewed positively by stakeholders, although there were challenges - such as difficulties in co-ordinating the work of different agencies, and in working to common goals - that will be familiar to an English reader.

7.2.3 *Centrum voor Jeugd en Gezin* (Municipal Youth and Family Centres)

The *Every Opportunity …* programme prioritised the provision of accessible, locally available parenting support and advice through local authority Youth and Family Centres. At the time of writing, many of these centres are still being developed and progress is varied across the country, depending in part on the level of existing provision.

Within each local authority, the Youth and Family Centres are expected to provide an integrated service offer for parents and children and young people aged 0-23 years. Prinsen (2008) summarises the core functions of youth and family centres as follows:

  (i)   information and advice for parents and children in relation to early identification of need, early intervention, parenting support, and case management;

  (ii) children's public health care;

  (iii) co-operation with the Youth Care Agency (child welfare services); and

  (iv) co-operation with school Youth Care Teams.

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[83] SPIL stands for Spelen, Integreren en Leren - which can be translated as Play, Integration, and Learning.

In an approach reminiscent of the *Team Around the Child* model being developed in many English local authorities, or the Danish notion of a 'team around the family' (see Boddy et al. 2008a), the guiding principle of the youth and family centres is described by Prinsen (2008, p4) as 'one child, one family, one support programme, one support team' - such that professionals create a programme of help and support 'for all the children and the family as an integrated system'. Each family has a lead coordinator, responsible for management of the case and the integrated programme for the family, a role which has apparent commonalities with the English Lead Professional. Youth and family centres offer support at different levels of need, ranging from general information and advice to more specialist preventive services and interventions.

Youth and Family Centres - the example of the Oké Punt in Almere

The *Oké Punt* in the city of Almere is an integrated youth and family centre - the name can be translated as 'One Stop Shop'. Agencies working in partnership with the centre include children's mental health care; the Public Health Care Agency (GGD); the Youth Care Agency (equivalent to children's social services); schools; services for children with disabilities; day care and early childhood centres; social welfare neighbourhood centres; local police; and the local authority (municipality). Box 7.2 summarises parenting support services offered by the centre.

Box 7.2   Parenting support at the Almere *Oké Punt*

The Almere *Oké Punt* offers a combination of face-to-face, online and telephone support services for families of children and young people aged 0-23 years. Its universally accessible services include: information and personal advice; early detection of psychosocial and parenting problems; screening assessment and information about specialised professional help; parenting support and psychological help; and co-ordination of care in cases with complex or multiple problems.

Parenting support services offered in April 2008 included the following:

- telephone or face-to-face support with a pedagogic consultant (*opvoedadviseur*);

- *Peuter in Zicht* (Toddlers in Sight), a course for parents of children aged two to three years, intended for 'ordinary' families, or for those with parenting difficulties;

- *Opvoeden en Zo!* (Upbringing and So!), a course for parents of four- to 12-year-old children (primary-school-aged), which targets parents living in 'disadvantaged situations', such as low income parents and parents from immigrant backgrounds (see Box 7.4);

- *Drukke Kinderen* ('Busy' Children), targeting parents of four- to 12-year-old children with hyperactive behaviour;

- *Ouders van Pubers* (Parents of Teenagers), aimed at parents of children in their late teens who are having difficulties with their children's behaviour;

- *Ouders van kinderen geschieden ouders* (Separated Parents), a series of three meetings for parents whose children are participating in a group for children of separated parents; and

- Steifgezinnen (Step-families), a course for partners in step-families with concerns about their experiences of step-parenting.

Parents can attend courses individually, or as couples. Courses aimed at parents of young children are offered free, whilst those for parents of older children usually charge a fee (e.g. €40 for a series of 10 meetings for one parent, or €70 for a couple).

The centre also offers targeted parenting support, including *HomeStart* and other programmes such as *Stevig Ouderschap* (Strong Parenthood, see Box 7.8). Other examples include programmes to support the development of play and parent-child interaction; support for young mothers (aged up to 23 years); and family coaching for multi-problem families.

Prinsen (2008) cites evaluation of the *Oké Punt* centre (Van Leeuwen, 2007) that concluded that the service had succeeded in reaching parents, and in establishing partnerships with every school in the Almere area. This research also concluded that, whilst early identification of children at risk was sensitive, and of good quality, further service development was necessary to ensure the timeliness of identification. Within the constraints of the present review, it is not possible to comment on the overall effectiveness of the centre's services, nor to evaluate parenting support delivered through the activities described above. However, some general observations can be made. First, in the context of an English policy emphasis on developing extended services through schools and Sure Start Children's Centres, *Oké Punt* provides an interesting example of a similar service model - offering a single-site, universally accessible point of access for parents and families, across child age groups and levels of need. Another interesting feature is the potential to make links between services for parents and for children - illustrated by the 'Separated Parents' course, which links to a series of meetings for children whose parents are separating. The *Oké Punt* website advertises group meetings for children whose parents are going through divorce, for children who have witnessed domestic violence, and for children experiencing anxiety or depression. Such provision - and its co-location with services for parents - seems highly relevant to wider UK policy concerns about the well-being of children and young people.

7.2.4   Regional Youth Care Offices

Services for families and children with significant identified needs are dealt with by regional Youth Care Agencies under the terms of the 2005 Youth Care Act; about 5% of Dutch children and young people receive youth care services through regional Youth Care Offices (NJi 2007). Within the scope and focus of the present review, it is not possible to comment on whether thresholds for accessing Youth Care in the Netherlands are the same as thresholds for social services involvement in England, or whether - as in Denmark - social services may be involved in intervening with cases that would be within the remit of mainstream parenting support in England. In line with the present study's focus on mainstream parenting support provision, Youth Care services are not discussed further within the present report. Nevertheless, it is relevant to note that - as discussed in the example of *Oké Punt*, above - municipal youth and family centres are seen as a key access point for Youth Care provision, reflecting an emphasis on improving links between mainstream and targeted services that resonates with the English *Every Child Matters* agenda.

7.3   Approaches to parenting support

7.3.1   Target groups

Flett's (2008) review indicated some similarities between England and the Netherlands in terms of target groups for parenting support, although there appeared to be relatively less emphasis on support targeting fathers specifically, and it may be argued that - as in other countries - most 'parenting' support was primarily used by mothers. In part, this pattern reflects gender differences in participation in the labour market, as shown in Table 2.1. Whilst almost 70% of women in the Netherlands are in employment, three-quarters work part-time, compared to less than one-quarter of men.

A factsheet on parenting courses in the Netherlands (*Oudercursussen Factsheet,* NIZW 2005) distinguished between different target groups for parenting support. These included parents of children at particular ages or developmental stages, as well as parents in specific family situations - such as those going through relationship breakdown, lone parents, and parents of disabled children. In addition - and reflecting the policy priorities discussed above - support is also targeted at parents from minority ethnic backgrounds, and within that broad category, particular groups of immigrant parents or parents of immigrant descent (e.g. parents of Turkish origin).

7.3.2   Standardised parenting programmes

Flett's (2008) review indicated a prominent role for standardised interventions, including parenting courses, in parenting support provision in the Netherlands. Boon et al. (2004) noted that most parenting programmes in the Netherlands were based on social learning theory, encouraging parents to promote desired behaviour in their children by reacting positively, and to learn ways to set limits for undesirable behaviour. As noted earlier, many of the parenting programmes identified in the Netherlands are derived from programmes developed in English-speaking countries, including Triple P; Gordon Parent Effectiveness Training (called *Effective Relationships with Children* in the Netherlands); and Upbringing Matters (*Opvoeden en Zo*).

Parenting courses are offered by all the organisations detailed above - local authority health services; Youth Care Offices; youth and family centres; and *Brede* schools - as well as by voluntary sector organisations. According to Boon et al. (2004), a wide range of professionals may be involved in delivering programmes, including healthcare nurses, youth welfare workers (e.g. social workers, pedagogues); or parenting advisers from voluntary sector agencies. Training for course leaders has often been the responsibility of regional umbrella organisations, such as the pedagogic prevention departments of regional Youth Care Offices. The following summaries offer a brief overview of non-English language courses highlighted in the Netherlands Youth Institute's database of effective interventions.

Box 7.3 *Beter Omgaan met Pubers (Better Relationships with Teenagers)*

Developed in 2000, this course aims to provide an early intervention for parents of 12-18 year-olds. It targets parents with low levels of formal education, including parents from Dutch and from minority ethnic communities, and is delivered through a series of six group meetings (with three optional additional meetings), and is based on expert input, with sharing of experiences and practicing techniques and strategies. Course materials include DVDs for parents. The themes of the six core meetings are: changes in adolescence; positive attention and parenting strategies; preventing arguments - listening to your teenager; preventing arguments - talking with your teenager; solving arguments - consulting with your teenager; and setting limits and penalties.

Themes for the optional meetings are: alcohol and drugs; sex education; and teenagers and school. The Netherlands Youth Institute describes the programme as 'effective in theory'; whilst there is no recent evaluation evidence, an earlier version of the programme was evaluated positively. Adriaensens and Koopmans (2005) published a small local evaluation that compared 36 parents who participated in the course and 42 control group parents, based on parental report and information from course leaders. The authors reported high rates of satisfaction among participating parents, and some evidence of improvements compared to the control group - for example, in relation to parental report of management of their teenagers' behaviour, and improvements in relationships in the family home.

Box 7.4 *Opvoeden & Zo! (Upbringing and So!)[84]*

Based on social learning theory and developed by the Netherlands Youth Institute, *Upbringing and So!* is a long-established course that has been widely used in the Netherlands, and was revised in 2006. It aims to enhance parenting skills of parents with children of primary school age (4-12 years), by increasing their awareness of ways to positively influence their child's behaviour, and teaching them skills to achieve that change. The course comprises six group sessions using educational films; parents are given a copy of the DVD and have homework assignments relating to the sessions. Course materials are available in five languages (Dutch, Turkish, Moroccan Arabic, Berber, and Papiamento).

The programme is described as 'effective in theory' in the Netherlands Youth Institute's database of effective interventions, on the basis of findings from three evaluations, with mixed results. One reported that parents who had taken part in the programme had higher levels of self-confidence, gave more positive attention to their children, and were less likely to use harsh discipline including physical punishment. The other two studies reported less clear-cut effects, noting that the programme appeared to have greater benefits for parents of lower (than higher) socio-economic status. Boon and colleagues' (2004) described the work as 'highly promising', and further noted that the parents taking part in the course reported a high degree of satisfaction.

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[84] See http://www.opvoedenenzo.nl/

Box 7.5   *Opstap (Step-Up) Programme*

'Step Up' is a home-based parenting support programme based on the Israeli HIPPY model[85]. The programme is concerned with school-readiness, and works with families over a two-year period from four to six years of age. It aims to help parents stimulate children's cognitive and social-emotional development through home-based peer-support delivered by paraprofessionals known as 'neighbourhood mothers', who are trained and supervised weekly by recognised professional coordinators with backgrounds in professions such as pedagogy, social work, or teaching.

The paraprofessional visits the family once a fortnight, bringing a variety of early literacy activities that the parent will continue to use between visits. Activities are highly structured, to ensure that parents with low levels of literacy can follow instructions. Between home visits, parents attend fortnightly group meetings, organised by the professional co-ordinator, working in conjunction with the paraprofessionals. Group sessions aim to supplement and complement the home visits, while strengthening parents' social networks. Programmes can supplement these sessions with other activities, including joint meetings for parents and children together, group trips, and celebrations at the end of the programme.

The Netherlands Youth Institute highlights the programme's success in working with parents who speak little or no Dutch, many of whom have had little education themselves, and are unemployed. Van Tuijl and Siebes (2006) reported that the programme had succeeded in engaging families in Turkish and Moroccan communities, groups that services have tended not to reach. This success was attributed in part to the fact that the 'neighbourhood mothers' share the language and culture of families receiving the service, and work directly with the families. Perhaps most importantly, this evaluation reported significant benefits from the programme in terms of children's school performance. Compared to a comparison group, children whose parents were engaged in the Opstap programme were less likely to have to repeat a year in school, and there was evidence that the benefits of participation were sustained over time.

Box 7.6   *Peuter in Zicht (Toddlers in Sight)*

Toddlers in Sight is a well-established parenting course in the Netherlands, aimed at parents of two- to three-year-old children facing 'ordinary' parenting difficulties, as well as those with more challenging parenting problems. The intervention aims to improve parenting skills, in terms of parents' support for their children in day-to-day life. Over a series of between four and seven group sessions, the programme sets the following objectives:

- 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

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[85] Detailed English language information on the HIPPY programme can be found on:
www.hippy.org.il
Known as HAETGAR in Israel, HIPPY has been replicated in countries including Australia, Austria, Canada, El Salvador, Germany (see Chapter Five), Italy, New Zealand South Africa and the United States.

- parents build a social network of parents and toddlers in their local area.

Course materials include a manual for group leaders (who undertake specific training in the programme) and a DVD and brochure for parents. The Netherlands Youth Institute database of effective interventions describes the programme as 'effective in theory', on the basis of its widespread and well-established use. There have been no formal evaluations of the programme's effectiveness, but individual courses ask parents to evaluate what they have learned, and report positive feedback.

Box 7.7 *Staap voor Staap (Step-by-Step)*

The *Step-by-Step* programme is designed for parents of children aged from birth to four years with minor concerns about everyday issues of parenting and upbringing. Adapted versions of the approach have been developed for parents of four- to 12-year-olds (primary school-aged children) and for teenagers (12- to 18-year-olds), but the overall model is the same for all age groups.

The method is intended for use by professionals engaged in everyday work with parents (for example through local child health clinics, or youth and family centres), and provides a structured approach for individualised work with families. For parents of pre-school children, the overall structure is based around seven issues, highlighted in Dutch research (Kousemaker 1987, cited in Flett 2008) as being the most common areas of concern for parents of young children: crying, eating, sleeping, motor skills, playing, temper tantrums, stubbornness and toilet training. The programme entails a problem-solving approach, based on discussion with parents over a series of four steps:

(i) *'The picture':* The first stage of work is to clarify the nature of the parenting problems or concerns that parents have.

(ii) *'Insights'*: Second, the worker aims to develop understanding of the childrearing situation, through discussion and cooperation with parents, with a focus on identifying positive elements of the situation.

(iii) *'Treatment':* Through analysis of the situation and observation (e.g. of the child at play), the worker agrees with parents the steps they can take themselves, and - as necessary - makes onward referral to specialist services. The worker then develops strategies to work with parents to address the issues they can handle themselves.

(iv) *'Evaluation':* The 'treatment' phase is followed by discussion to review the extent to which changes have been achieved, and the steps agreed have been taken. If necessary, one or two steps can be retraced and a review of new possibilities for intervention can be developed.

Although the programme is well-established over many years, and widely used in the Netherlands, the Netherlands Youth Institute reports that, to date, there has been no formal evaluation of the effectiveness of the approach.

Box 7.8   *Stevig Ouderschap (Strong Parenthood)*

Strong Parenthood is a targeted intervention, aimed at families of newborn children who are judged to be at risk of parenting problems. It comprises six home visits, over the first 18 months after a child is born (at six weeks, and three, six, nine, 12 and 18 months), with a supplementary telephone call to the family between the 12- and 18-month visits. The intervention is carried out by a nurse trained in child health, and is offered in addition to routine child health contact. Each visit follows a protocol that covers the following areas: (a) parents' own developmental history; (b) their experience of parenthood; (c) their expectations of child development; (d) their support networks; and (e) onward referral where necessary. Alongside discussion of these core topics is a client-focused discussion, allowing mothers and fathers to discuss what is going well in their lives and what they would like to change or improve, and how changes can be achieved. Programme materials include a training programme (with DVD) for the nurses delivering the intervention; a home visiting diary; an intervention booklet for parents; and a key question list for use during visits.

The Netherlands Youth Institute describes the intervention as 'partly effective', based on positive findings from a quasi-experimental evaluation (Bouwmeester 2006, cited in Flett 2008).

7.4   Summing up: The Netherlands

England and the Netherlands have many commonalities in their recent policies for parenting and family support, and in their objectives for service development. In particular, the *Every Opportunity for Every Child* policy document appears to have much in common with the English *Every Child Matters* agenda, and the target of developing youth and family centres in every Dutch municipality resonates with the objectives of the English agendas for Sure Start Children's Centres and extended services delivered through schools. Arguably, a further area of similarity between the countries lies in the growth in popularity in the use of standardised parenting courses as a key strategy for parenting support, and in their emphasis on evidence-based intervention.

One particularly relevant example for England - actually Israeli in origin - is the *Opstap* (HIPPY) programme which has been successfully implemented in the Netherlands and in Germany, as well as in a range of English-language countries. Using parent-to-parent peer support (a trained 'paraprofessional' model) to enhance school-readiness, and showing particular success in engaging parents from minority ethnic communities, this programme fits well with a range of English government objectives - for example, in relation to supporting children's transitions into education, and in community engagement and maternal employment.

In common with the other countries in this review, the Netherlands has a professionalised child and family workforce - including nurses, pedagogues, social workers and teachers. Moreover, universal service frameworks in the Netherlands are well-developed, and offer a range of universally accessible support - such as the *Kraamzorg* maternity care service – in addition to routine universal provision through early years, schools and health services. Indeed, Flett (2008) observed that some commentators have voiced concern about the developments set out in the *Every Opportunity …* programme, highlighting the risk that the decentralisation of national and regional service frameworks may undermine existing, well-established support systems, and local frameworks such as the *Brede* community schools. This issue is arguably specifically Dutch, because of the country's historically well-established provision, but the changes also pose challenges familiar to an English reader. As in England, and indeed in other countries such as France, evaluations of the development

of multi-agency working have reported difficulties such as problems in defining common goals, and in developing work across agencies, as well as the benefits of a more integrated approach to parenting support.

8. European perspectives on parenting support: Conclusions and messages for England

This review set out to build on existing English-language knowledge, by exploring parenting support in five non-English-language countries: Denmark, France, Germany, Italy and the Netherlands, and briefly reviewing parenting support in an additional seven European and non-European countries. The research has highlighted gaps in the English-language knowledge base, by identifying a variety of parenting programmes developed in other countries that might warrant further exploration in an English context. Beyond this, it has shown how cross-national research can

> *'prompt us to question the historical inevitability of existing practices in our own country and stimulate the formulation of new approaches, both conceptually and practically.'*
>
> (Baistow and Wilford 2001: 344).

The final chapter of this report looks across the five countries. It examines the nature of the evidence base, discusses conceptual and practical issues, and draws out similarities and differences between the five countries, while highlighting key messages for the development of policy and practice regarding parenting support in England.

8.1 Policy and service frameworks

There were many similarities between England and the five countries in policy agendas related to parenting support. Notably, parenting support had been accorded high priority in policies for children and families in all five countries, although the way in which it was embedded in policy and legislation varied across the countries. Striking commonalities included the following:

- the Dutch *Every Opportunity for Every Child* agenda has clearly been strongly informed by the *Every Child Matters* agenda in England;

- in many countries, policy priorities reflected issues of concern in England, including social inclusion, maternal working, and changing family forms (notably, increased rates of parental separation and divorce);

- all five countries prioritised integrated working through universally accessible settings as a key framework for parenting support, through the development of inter-agency frameworks or multi-disciplinary teams;

- all five countries promoted partnership with parents, although they differed in the extent to which this was emphasised in service delivery frameworks and approaches to parenting support.

Across the five countries, the Netherlands was perhaps the most similar to England, in its policy base and emphasis on evidence-based practice and on standardised parenting programmes. France and Italy arguably presented the most challenges to an English understanding of parenting support, with little if any evidence of standardised provision and substantial local variation in services. In Denmark too, formal parenting programmes were little used, and most parenting support, particularly in early childhood, was embedded in universal services. Parenting support in Germany was characterised by local differentiation and diversity; parenting programmes were used, including a range of programmes derived from non-English language sources.

As in England, all five countries included in the review had explicitly prioritised parenting support within national policy. The fact that policy makers in all five countries appear to be concerned about similar issues, despite different approaches to parenting support, suggests that these differences have the potential to illuminate new possibilities for tackling existing English concerns. That their policy frameworks had approached parenting support in different ways is not surprising, given their different populations and wider family policy contexts (e.g. in relation to parental leave; cash benefits for families; and childcare provision). However, some clear areas of commonality emerged from the review - not least, an emphasis on the development of integrated multi-disciplinary working, and the prominent role of healthcare policy and services in parenting support, particularly in supporting mothers of infants and young children.

8.1.1   Integrated working

All five countries had prioritised cross-agency collaboration and integrated working in parenting support and related services, and the country reviews revealed approaches to the development of joint working with much potential relevance to an English context (e.g. DfES 2004; DCSF 2007a,b). As in England, it appeared that, although multi-disciplinary working could take time to develop, and necessitate challenging culture shifts, there were evident benefits from a joined-up approach.

Differences in existing service frameworks between the countries meant that cross-disciplinary working had developed in different ways. In particular, the research highlighted a distinction between *cross-agency* working and work that was based in *multi-disciplinary teams.* In all countries - as indeed in England - provision included both models, although there were differences in emphasis and on the extent of service development.

In Denmark, for example, specialist local authority provision such as social services (child welfare), 'family houses', and the *Pedagogic Psychological Advisory Service (PPR)* commonly have multi-professional teams. For example, social services teams may include social pedagogues and psychologists as well as social workers (e.g. Boddy et al. 2008a)[86]. At the same time, the research revealed an emphasis on cross-agency partnership working - as with the *Schools, Social Services, Police (SSP)* collaboration.

Services in France also emphasised cross-agency collaboration. The *Protection Maternelle et Infantile* (PMI) framework - a universally accessible health service that functions in addition to universal early childhood public healthcare provision - provides a good example in that regard. PMI teams (in themselves multi-disciplinary) work in collaboration with hospitals, neighbourhood child health centres; child welfare services; and benefits agencies that deliver family allowances and other family-related benefits. The more recent Educational Success Programme (PRE) is based on the formation of a multi-disciplinary team around a child (and family), developed through inter-agency partnerships to include teachers, pedagogues, psychologists, child psychiatrists, social workers, and representatives of healthcare services.

In Denmark, the Netherlands, Italy and Germany, multi-disciplinary teams provided parenting support through a 'family house' model: 'family houses' in Denmark; 'youth and family centres' in the Netherlands'; 'family centres' and '*consultori familiari'* in Italy; and *Beratungsstellen* in Germany[87]. These settings were not childcare providers, but were specialist counselling and support services staffed by multi-disciplinary professional teams, and offering both targeted child welfare interventions and universally accessible support for

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[86] As discussed in Chapter Three, the Danish service model means that social services teams may have input in supporting families whose levels of need would not meet children's social service thresholds in England.
[87] Child and family reception centres in France do not offer similar specialist counselling services, but are also staffed by multi-professional teams, including, for example, psychologists and pedagogues (*éducateurs*).

parents (as individuals or couples, or in groups) and for children and young people Staff in these mainstream services often included psychologists, pedagogues, social workers, and / or health care professionals, and psychologists. Arguably, embedding this specialist expertise *within* a universally accessible service minimises the need for onward referral for specialist advice. The 'family house' model in other countries is wholly consistent with the emphasis in *Every Child Matters* on the reconfiguration of services around the child and family *in one place*, with the bringing together of professionals in multi-disciplinary teams.

Every Child Matters, launched in 2004, is a relatively recent agenda, when compared with legislation in Denmark (the 1998 Service Act) and Italy (with key legislation relating to parenting support in 1997 and 1975). A plethora of research in England has shown the potential of multi-disciplinary approaches, whilst observing that cross-disciplinary working is a significant culture shift, and takes time to develop (e.g. Brandon et al., 2006; Boddy et al., 2006a; Wilkin et al., 2008). Prinsen's (2008) account of the development of integrated working in the Netherlands, and Siani and colleagues' (2003) process evaluation of the *Social Adoption* initiative in Italy both highlighted challenges familiar to studies of joined-up working in England - such as the time needed to develop cross-agency trust and communication, and of common goals for the work.

This shared cross-national experience is reassuring and indicates that the challenges of developing multi-disciplinary working are not a peculiarly English problem. It also suggests that English initiatives to develop multi-professional teams in universal settings could learn from the longer experience of multi-disciplinary services in countries like Denmark or Italy, about how to form professional teams that address the multi-faceted nature of parents' support needs. This issue is discussed further below, in relation to the parenting support workforce.

8.1.2 The role of healthcare provision

Routine health visiting

In all five countries, universal public healthcare provision played a key role in parenting support, particularly through routine health visiting in infancy and early childhood. This provision usually had commonalities with health visiting in England. For example, in Denmark, a core part of the *community nurse* role is early identification of parenting difficulties, and when necessary, the community nurse can provide additional support, counselling and intervention through individual work with families or group work with parents. Similarly, in England, Cowley and colleagues' (2007) survey of health visitors described a range of 'restricted' support provision including additional home visits and group activities, that was available in addition to routine 'comprehensive' health visiting. However, these authors pose a question about the thresholds for accessing this additional support, noting that additional 'restricted' services were primarily focused on child protection and vulnerable families. They commented that their research *'calls into question the premise, upon which 'progressive universalism' rests, that all families receive a sufficient service for proactive health promotion, and for additional needs to be identified in a timely way'* (Cowley et al., p 878).

Cross-national comparison of thresholds for accessing additional health visiting support is beyond the scope of the present study, and would require further research. However, it is perhaps of note that the tensions about restricted access, described by Cowley and colleagues' discussion of health visiting in England, were not raised by our expert reviewers in the other countries - although the fact that concern was not identified does not mean that it does not exist. In relation to our comparison with Denmark, it could also be postulated that the Danish policy emphasis on continuity between 'general' and 'specific' preventive services

may mean that thresholds for accessing additional support are less sharply defined than in England.

Additional parenting support within the healthcare system

In France, Italy and the Netherlands (in different ways in each country), well-established health service frameworks operated *in addition to* routine postnatal care. Such experiences are relevant to English policy objectives concerned with developing services that go beyond universal health visiting, and building on the potential of health visiting for early identification of need. English policy for the development of parenting support through health visiting has often been concerned with what Cowley et al. (2007) described as 'restricted' provision, targeting families with identified need (e.g., Department of Health 2004b; Wiggins et al., 2005; Barnes et al., 2008). However, the development of early child healthcare services through the *Sure Start Children's Centre* programme (e.g., DCSF / Department of Health 2008) highlights universal, as well as targeted, provision. In other countries too, additional services were not necessarily targeted, and provide a good illustration of the range of ways in which health services may be used to activate or to deliver parenting support.

In the Netherlands, the health insurance system offer of postnatal care through the *Kraamzorg* system is not routinely delivered (parents must activate it themselves, although they are encouraged to do so by universal service professionals). However, Flett (2008) observed that the service is almost universally used, offering intensive parenting support from maternity assistants in the first eight to ten days after a child is born. Operating in addition to routine public health monitoring, these workers spend several hours a day with the family, providing general household assistance, but also support with key facets of early parenting - notably, the establishment of breastfeeding and the parent-child relationship.

In France, the *Protection Maternelle et Infantile (PMI)* system provides an example of a service that is both universal and targeted. Focused on families with children aged under six years, it is open to all (and its use is entirely voluntary), but the service as a whole is targeted at low-income neighbourhoods, and it is used by approximately one fifth of pregnant women and women with preschool children (50% of whom are less than one year old).

In Italy, *consultori familiari* (family counselling centres) are operated by local health authorities to provide a universally accessible source of support and advice to families. Although Canali (2008) notes that the services offered by these *consultori* vary across the country, and that many are more focused on family health than on social needs such as parenting support, there are examples (as in the region of Emilia Romagna) of centres with well-developed parenting support provision.

The *Social Adoption* programme - an initiative in the Campania region of southern Italy - provides an example of targeted parenting support provision for vulnerable families, activated through health services. It differs from similar initiatives in England (such as the Family-Nurse Partnership model) in setting a lower threshold for intervention. Canali (2008) reports that the programme intervenes with approximately 20% of families in the region, suggesting that - whilst targeted - this programme reaches families with lower levels of need than would access specialist support through English children's services. The *Social Adoption* programme is a relatively recent initiative, and had not, at the time of writing, been subject to formal outcome evaluation. However, in the context of debate about the development of early intervention parenting support services in England, its approach highlights the wider question of where thresholds for accessing specialist support should be set.

Message 1   The potential for shared learning

Approaches to parenting support in the five countries were in accord with the intent of English policy agendas including those concerned with Sure Start Children's Centres, with schools providing extended services, with support for parenting through primary health care, and with an overarching emphasis on the development of integrated working. The research indicates a strong basis for shared learning, and highlights the potential for future collaborative work, such as study visits by English policy advisers, or further in-depth research.

8.2   Finding out what works

Across all five countries in the review, we found relatively little formal evaluation of effectiveness. The review revealed much that is promising, and potentially applicable to England, in other countries' parenting support provision, but further research would be necessary to determine the effectiveness of these approaches in an English context.

In Italy and France, most evaluation research identified by the review comprised *process* evaluation, concerned with indicators such as the number and characteristics of service users, and the number of interventions delivered. But even in Denmark, Germany and the Netherlands, where the research revealed a stronger emphasis on evaluation of effectiveness (notably, with the Netherlands Youth Institute's database of effective interventions), it was apparent that most parenting support provision had not been subject to rigorous evaluation. There are a number of possible reasons for this.

Different historical traditions in relation to child welfare policy and practice have resulted in differences across the countries in their approaches to delivering parenting support. The different methods by which parenting support is delivered have implications for the ease with which they may be evaluated. In Italy, France and Denmark (and to a lesser extent, in Germany and the Netherlands), dominant approaches to parenting support provision were not readily amenable to quasi-experimental evaluation designs, because they did not comprise discrete, time-limited interventions. A discrete intervention, such as a parenting programme, is amenable to evaluation of effectiveness using a quasi-experimental research design - parents are in the programme, or they are not; there exists the opportunity to measure outcome indicators before, during and after participation in the intervention. Measurement of outcomes is less clear-cut when - as in the example of Danish early childhood provision - parenting support is not a discrete standardised intervention, but is embedded within the everyday practice of universal provision. There is no obvious comparison group, or start or end point, to provide data of change or effect. A further complicating factor for evaluation is the question of whether support targets the parent as an individual, or comprises part of a multi-dimensional intervention with the family as a whole (as was highlighted, in particular, in Denmark and Italy).

As well as such methodological considerations, different approaches across countries have valued formal outcome evaluation differently too. In particular, the review highlighted a distinction between evaluation as an assessment of progress within an individual case intervention (does it work for this family?) and service-level evaluation of the programmatic efficiency of a standardised model of intervention (does it work for most families?). Moss and Dahlberg (2008, p 8) spoke of the need for multi-lingual research to recognise 'different languages of evaluation'. In particular, they contrast the English-language definition of quality, measured against universal expert-derived norms, with the practice of pedagogical documentation in the early childhood settings of Reggio Emilia in Italy - a practice they

describe as 'meaning making', in valuing context and 'rigorous' subjectivity. Writing about early childhood, they describe pedagogical documentation as follows:

> *It requires, first of all, making practice visible through many forms of documentation: written or recorded notes, the work produced by children, photographs or videos, the possibilities are numerous. Then it requires a collective and democratic process of interpretation, critique and evaluation, involving dialogue and argumentation, listening and reflection, from which understandings are deepened and judgements co-constructed.*

<div align="right">Moss and Dahlberg (2008, p 6)</div>

Further research would be necessary to explore the application of such methods to the evaluation of parenting support. However, the notion of 'meaning making' raises a fundamental question that extends beyond the scope of the current review. Moran and colleagues commented that 'we tend to measure what is easily measurable, rather than what we really want or need to know' (2004, p 113). But does the English emphasis on evidence-based practice drive the *content* of provision, prioritising standardised parenting support interventions that are more readily evaluated using traditional methods than more individualised approaches to parenting support? Our research suggests that the countries that placed least emphasis on formal evaluation of effectiveness also placed greater emphasis on supporting parents through individual-family oriented counselling approaches.

To highlight such issues is not to question the value of evidence-based provision, nor of evaluation. Nor is it to say that more complex interventions cannot (or should not) be evaluated, nor to enter into debate about the relative merits of quasi-experimental designs versus qualitative interpretative approaches. Such issues have been well-discussed elsewhere (for example by Hantrais 2008). Rather, it is important simply to acknowledge that the countries in this study differ in their understandings of 'what works', and to understand why that might be. Glasby and Beresford (2006) warned that debates about research methods, and about what constitutes 'valid evidence', can obscure, rather than illuminate, understandings of service provision. Similarly, in the context of the present study, an English emphasis on evidence-based policy and practice should not constrain opportunities for learning from the different approaches of other countries. As Moran and colleagues' (2004, p25) observed in their review of *What Works in Parenting Support*:

> *'it is important not throw the baby out with the bath water by abandoning everything that does not yet meet the criteria for rigorous science'.*

Message 2   Extending approaches to evaluating 'what works'

The conceptualisation of parenting support in England could be extended by considering other ways of understanding, and measuring, 'what works'. Further research is needed to explore the potential applicability of techniques such as pedagogic documentation to the evaluation of parenting support, offering an alternative to evaluation against standardised pre-determined criteria that allows 'contextualised interpretations of actual practices and actual environments' (Moss and Dahlberg, op. cit., p7).

8.3   Access to parenting support

All countries in the study had encountered difficulties in engaging particular groups of parents, including groups that services in England often struggle to engage, such as fathers and parents from socio-economically disadvantaged and minority ethnic communities. Research in each country revealed strategies designed to extend the reach of parenting support provision, and several of these are potentially applicable to the English context, or have commonalities with existing English initiatives. Relevant examples include:

- in France, the PRE Educational Success Programme and the Protection Maternelle et Infantile (PMI) framework;

- in Italy, the *Social Adoption* initiative;

- in Germany and the Netherlands, the HIPPY programme (as noted above); and

- in all countries, parenting interventions that targeted couples, extending service reach to fathers.

The review of parenting support across the five countries illustrated the way in which service frameworks determined access to (and thus uptake of) support provision. Garbers (2008) discussion of parenting support in Germany offered a useful conceptual distinction between services with a 'go-structure' (*Geh-Struktur*), whereby professionals *go* to the family, and those with a 'come-structure' (*Komm-Struktur*) whereby service users *come* to the provider's setting to participate in the intervention. This distinction seems highly relevant to the English policy emphasis on developing outreach services to reach those who find it harder to access services. As Garbers observed - echoing the earlier experience of Sure Start Local Programmes in England (e.g. Anning et al., 2007) - universal services with a 'come-structure' have tended to have more difficulty in engaging parents from diverse backgrounds. The success of the HIPPY programme in Germany (where it is called *Opstapje*) and in the Netherlands (*Opstap*) in engaging parents from minority ethnic communities provides a good example of the potential of a 'go-structure' approach, as the programme's Israeli website observes:

> *'Since HIPPY is intended to reach parents who are not actively seeking parent education and support groups on their own, it starts where they are - at home. Bringing early literacy activities into the home reinforces the notion of parent as first teacher and the home as the first learning environment.'*[88]

The Danish example of parenting support embedded in services that are universally (or almost universally) used - such as schools and early childhood education and care settings - highlights another useful distinction in considering issues of access. While these services have a 'come-structure', in that families bring children to the setting, parents automatically 'access' the service because their child is already attending, allowing professionals in the setting to identify support needs, and to intervene. That premise is at the heart of the concept of 'progressive universalism', and can be seen in relation to initiatives in England, including the Sure Start Children's Centre programme and the development of extended services through schools, and specific initiatives that offer additional support linked to health visiting (e.g. Wiggins et al. 2005; Barnes et al. 2008). Similarly, initiatives such as the *Social Adoption* programme in Italy, and the *Educational Success Programme (PRE)* in France, use professionals in universal services to identify need, and to activate additional support with the universal service as the coordinating 'hub' of provision. The distinctive feature of Danish practice is that it is the worker *within* the universal setting (e.g. the early childhood

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[88] http://www.hippy.org.il/html/tour2.html

pedagogue) who is delivering the support - and thus there is no distinct service threshold to cross.

Katz and Hetherington (2006) drew a distinction between 'dualistic' and 'holistic' systems of child and family welfare, commenting that, historically, England has had a dualistic child-protection focused system. But recent English policy has sought to move away from that dualism. For example, Balls (2007) described the division between targeted and universal provision as a 'false choice'.

Message 3   A continuum of accessibility

Our research in continental Europe indicates the need for a more nuanced distinction between 'universal' and 'targeted' provision (or between 'mainstream' and 'specialist' parenting support). In reviewing services across the five countries, it was possible to distinguish a **continuum of accessibility** to parenting support, between universal and targeted services, as follows:

(a) Support embedded within universal services and delivered by workers in the universal setting;

(b) Support activated as part of the universal service (e.g. health or childcare), delivered by workers linked to the universal service (e.g. through multi-disciplinary or cross-agency teams);

(c) Universally accessible support - delivered through open-access services, whereby the service is open to all, but with a 'come-structure' that requires the parent or family to access the service;

(d) Targeted specialist support, whereby parents and families must be identified as meeting certain criteria and referred to access the service.

8.4   Approaches to parenting support

The five countries differed in the extent to which they had implemented, and prioritised, formal parenting programmes as a tool for delivering parenting support. Standardised programmes appeared to be most widely used in Germany and the Netherlands. In Denmark, standardised programmes were listed on a central government website, but Danielsen's (2008) review did not indicate that such interventions were commonly used in practice. Rather, as noted earlier, parenting support in Denmark has tended to be embedded within universal provision, and to be individually family-focused in its approach.

Canali and Milova's (2008) reviews of parenting support in Italy and France found little use of standardised interventions. Canali's account of a family centre in the city of Ferrara described programmes of activities, such as a series of 10 weekly group meetings on 'Becoming a Parent'. Within the constraints of the present study it was not possible to examine the nature of such provision in any depth, but it appeared that these activities were locally developed, and they did not comprise standardised interventions. The REAAP parent network model of parenting support in France - a national government initiative - is also based on locally-developed services. In both these countries, as in Denmark, there was also a strong emphasis on individualised approaches to support, including one-to-one or couples-based counselling services, an approach that was also found in Germany and, to a lesser extent, in the Netherlands.

Arguably, variation between countries in use of parenting programmes reflects a distinction between 'top-down' and 'bottom-up' approaches to parenting support - between standardised evidence-based expert-led programmes, and emancipatory approaches that are primarily parent-led.

8.4.1 Emancipatory approaches

'Partnership with parents is a unifying theme of this Children's Plan. Our vision of 21st century children's services is that they should engage parents in all aspects of their children's development, and that children's services should be shaped by parents' views and command parents' confidence.'

(DCSF Children's Plan, 2007a, p 57)

Parent-led approaches to support in France (through the REAAP network) and in Germany (through self-help initiatives such as 'multi-generational houses') resonate with several English policy objectives. These include the above-noted emphasis in the Children's Plan on partnership working with parents, but also wider agendas concerned with community engagement and promoting parental employment (e.g. Department of Communities and Local Government, 2008; Department for Work and Pensions, 2008).

In discussing emancipatory provision, a related issue is the extent to which approaches focus on parents' strengths rather than their weaknesses. Moran and colleagues' (2004) review was critical of an emphasis on weakness and deficits in parenting skills in the English language literature, rather than on recognising and developing strengths. Our review suggests that by learning from approaches to parenting support in countries such as France, Denmark and Germany, provision in England could rebalance that perspective, through a focus on parental strengths and competency building.

For example, in Germany, Garbers (2008) highlighted the social pedagogic concept of a *Resourcenorientierung* as a key theme underpinning a range of parenting support interventions, including standardised programmes. This approach is based on the identification and development of parental competencies - a strengths-based approach. That underpinning principle was also central to the *Parental Guidance Programme* in Denmark - a relationships and resource-oriented intervention, adapted from the International Child Development Programme (ICDP), first developed in Norway in 1985. Similarly in France, the REAAP approach could be said to have a 'resource-orientation'; government guidance on the framework emphasises parents' '*know-how, but also their capacity to help each other in order to regain confidence in their [parenting] ability*'[89].

Some non-English language parenting programmes are emancipatory in relation to children as well as parents, adopting a **children's rights based approach**. The *KOMET* parent management training programme, used in Denmark, provides an interesting example of an adaptation of an English-language approach to fit better with Scandinavian cultural norms. This programme is informed by English-language models of parent training - such as *Gordon Training* – but it places more emphasis on children's perspectives than English-language equivalents. Similarly, the most popular parenting programme in Germany - *Strong Parents, Strong Children (Starke Eltern - Starke Kinder),* which is Finnish in origin, is strongly informed by the principles of the UN Convention on the Rights of the Child, and strengthening the rights of the child is one of its core objectives. In the same vein, the German *KESS* programme aims to promote a 'democratic and respectful' parenting. These rights-based approaches contrast with the emphasis of some English-language programmes

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[89] Circular of 13 February 2006 with respect to the Réseaux d'Ecoute, d'Appui et d'Accompagnement des Parents (REAAP).

on child behaviour management, but are arguably very relevant to the development of English practice

8.4.2   Theoretical approaches

Boon et al. (2004) observed that most parenting support interventions in the Netherlands - such as the popular *Upbringing and So* course - are informed by **social learning theory**, encouraging parents to promote desired behaviour in their children by reacting positively, and to learn ways to set limits for undesirable behaviour. That theoretical approach has much in common with many popular English-language parenting interventions, such as Webster-Stratton or other parent management training (Barlow et al. 2008). By contrast, many parenting programmes in Germany were based on **social pedagogic theories**. Social pedagogy is a broad theoretical discipline dating back to the mid-19th century, which includes specific theoretical concepts such as that of the *Lebenswelt* (life-world), and it comprises the dominant qualification for work with children and families in most continental European countries (see, for example, Boddy et al. 2006b; 2008a). A useful working definition of social pedagogy is probably that of 'education in its broadest sense'; social pedagogic theory and practice is focused on participants' everyday lives, working through relationships, and emphasising individual rights and participation in decision-making, and the development of the whole child.

The most popular parenting support intervention in Germany - the PEKiP programme - was actually developed in the Czech Republic, although it has been operating in Germany over many years and has been positively evaluated there. It is an early childhood intervention that parents (usually mothers) attend with their infants. The approach combines activities familiar in the context of English provision - such as baby massage - with social pedagogical group work. Growing interest in the implementation of social pedagogy as a theoretical and professional model for the children's workforce in England (e.g., DCSF 2007c; 2008) indicates the potential applicability of interventions such as PEKiP in an English context.

However, social pedagogy is not the only theoretical influence on parenting support in Germany. Garbers (2008) described parenting support programmes that are informed by **psychoanalytic or psychotherapeutic** theoretical models of intervention, concerned with individual psychological change. For example, the *KESS Erziehen* programme in Germany derives from the theories of Rudolf Dreikurs and Alfred Adler, and the PEKiP programme is informed by the theories of Carl Rogers. Further research would be necessary to explore what these theoretical approaches bring to parenting support provision, or their potential applicability in an English context. However, there are examples of similar approaches in England, such as the *Raising Children* programme, which is informed by Adlerian theory. In highlighting the roots of behaviour, such approaches offer a different perspective to interventions based on behaviour change and child behaviour management - prompting the question of whether there might be benefits in moving beyond a behavioural model of parenting support.

8.4.3   Home-based support

Several of the parenting support interventions identified in the course of our review involved home visits to families - a strategy already used in interventions in England such as Home Start, Family Intervention Projects and the Family Nurse Partnership programme. Both Germany and the Netherlands had implemented a home visiting programme which was first identified in our preliminary scoping of Israel - the *HIPPY* programme (Home Instruction for Parents of Preschool Youngsters, called *Opstap* in the Netherlands, and *Opstapje* in Germany). HIPPY is a two-year intervention, aimed at supporting school readiness through trained peer support for parents of four- to six-year-old children, and combining home visits with group activities. Of particular interest, in terms of its relevance to an English context, is

the programme's success in engaging families from minority ethnic communities (in the Netherlands) and families from socio-economically disadvantaged backgrounds (in Germany). The intervention has also been subject to positive evaluation in a range of countries, including the Netherlands. Finally, and perhaps ironically given the present study's focus on non-English language sources, the availability of English language information about the programme makes it easier to gauge its potential to be trialled in a UK context.

Message 4   Parenting support within universal services

With an appropriately skilled workforce, family-oriented parenting support can be embedded in the universal services that support all families. The following approaches may have particular applicability within English universal service frameworks such as health visiting, Sure Start Children's Centres and schools providing extended services:

- in Italy, France and Denmark (and in Germany too) *family-focused, individualised interventions,* delivered through family counselling services and / or by multi-disciplinary teams;

- in Denmark, parenting support carried out by pedagogues working in universal settings such as early years; and

- in France and Italy, universal healthcare provision provided one of the main frameworks for accessing parenting and family support.

Message 5   Conceptual approaches to parenting support

Cross-country similarities in the conceptual approaches of parenting programmes and other parenting support interventions serve to highlight a range of areas (and programmes) that could inform parenting support interventions in England, including:

- interventions informed by social pedagogic theory (and often delivered by pedagogues);

- strengths-focused and emancipatory models of parenting support (described as a 'resource-orientation' in Germany, but characteristic of several countries); and

- children's rights-based approaches.

Two standardised programmes in particular may warrant further exploration in an English context:

- The Israeli HIPPY programme, mentioned above, which supports early literacy and school readiness through home-based support from trained local volunteers, has shown promise in Germany and the Netherlands. In the Netherlands, the programme has been successful in engaging families from minority ethnic communities.

- The Czech PEKiP programme, based on group work with parents and children in the first year of life, is the most popular parenting intervention in Germany (working with 50,000 families a week), and has been positively evaluated.

8.5   Target groups

8.5.1   What counts as 'mainstream support'?

All five countries in our study had less sharply defined boundaries between mainstream and specialist provision than is the case in England, a difference that was evident in law and in practice. For example, in Denmark, a single piece of legislation (the Service Act) applies a common set of principles to support for children and families that ranges from mainstream provision in universal settings to child welfare services including child protection and public care, and all Danish citizens nominally have a social worker. In Italy, support for adoptive parents and for foster carers was established in the same legislation that set out frameworks for parenting support (Law No 285/1997), and universal parenting support settings (*consultori familiari* and family centres) deliver targeted support for adoptive parents and foster carers alongside mainstream parenting support. In the Netherlands, the new youth and family centres are intended to provide specialist targeted support - including case coordination for children with significant or complex needs (disabilities or social care needs) - alongside general parenting support and advice, with a distinction drawn between 'front-office' (universally accessible) and 'back-office' (targeted) provision.

Historically, the English residualist approach to child welfare services has meant sharp boundaries between different levels of provision, whereby additional support is focused on those who are judged to need it most. One of the key features of recent policy in England has been an emphasis on the integration of mainstream and specialist provision. For example, the Children's Plan (DCSF 2007a, p144) states that:

> *'early years settings, schools and colleges must sit at the heart of an effective system of prevention and early intervention working in partnership with parents and families... If these services are not integrated with more specialist provision, by looking for early warnings that children might need more help and by providing facilities for specialist services to operate so they can be easily reached by children and families, we will be hamstrung in achieving our broad ambitions for children and young people.'*

The examples of work in other countries, noted in this report, are highly relevant to this key policy agenda, illustrating service frameworks that blur the boundaries between specialist and mainstream provision, by integrating services, not only across *agencies*, but across *levels of need*.

8.5.2   Socio-economic disadvantage and 'risk'

Priority groups for parenting support depend on country contexts - including factors such as female participation in the workforce, and the ethnic diversity of their populations. All countries had prioritised support for parents in families judged to be at risk of disadvantage, but definitions of risk, and the levels of disadvantage at which services were targeted, varied. In France, in particular, national policy has prioritised targeted support for socially disadvantaged families, against a broader policy agenda concerned with promoting social inclusion, and funded through national frameworks such as the PRE *Educational Success Programme* and *Protection Maternelle et Infantile* (early childhood support), as discussed above. In Italy, the socio-economic characteristics of the population vary markedly across different regions of the country and between north and south and levels of provision also vary within a decentralised system.

The Italian *Social Adoption* programme is an interesting example in a discussion of risk, because (like PMI in France) it includes 20% of the eligible population[90], a larger group than would be encompassed by many targeted interventions in England. Dutch national policy also offers a broad definition of 'risk', including families going through divorce, and 'ethnic minority families who are culturally isolated from the rest of Dutch society' (Netherlands Ministry for Youth and Families (2007, p 19). In discussing this definition of risk, Flett (2008) described it as typical of a generally pragmatic approach in the Netherlands, where a broader understanding of risk - for example, risk of cultural isolation - is applied as a means of activating services.

8.5.3 Family breakdown

In several countries, support for parents experiencing family breakdown had emerged as a priority over recent years, reflecting increasing rates of relationship breakdown and divorce, with concomitant increases in the diversity of family forms. In the Netherlands, one intervention linked group meetings for children whose parents were separating or divorcing with a separate series of meetings for parents in those families. In Italy, family centre and *consultori* services included family mediation and legal advice, and this area of work accounted for almost 10% of voluntary provision in one of the case study centres included in Canali's (2008) report. In Germany, Garbers (2008) described the *Family Team (Familien Team)* parenting programme, a relatively recently developed but promising initiative, which has been adapted to offer courses that specifically target parents going through separation or divorce. In Denmark, the law requires that each local authority provides free expert counselling services for all parents and children at the time of divorce, through group and one-to-one sessions, or anonymous consultation. Such provision is often delivered through the 'family houses' mentioned earlier.

In England too, recent policy has prioritised support through family breakdown. For example, the recent *Kids in the Middle* campaign is funding *Relate* and *One Plus One,* and promoting the development of local support for separating couples who are parents. Given this policy priority, the examples above illustrate the potential role of locally-based parenting support provision (such as Sure Start Children's Centres or extended services provided through schools in England) to support parents *and* children through the experience of separation or divorce.

8.5.4 Supporting fathers

In introducing this report, we highlighted a range of evidence that points to the relative lack of support for fathers in their parenting role, and the need to develop services in this area (e.g. Moran et al. 2004; Lewis and Lamb 2007; Page et al. 2008). Indeed, the development of services for fathers has been prioritised by DCSF through the *Think Fathers* campaign launched in 2008. In the five countries included in our review, interventions that targeted fathers in particular were not widely identified, although support for fathers was often prioritised in policy, and isolated examples of provision that targeted fathers were described.

In France, government guidance on themes for REAAP activities include involvement of fathers, and scoping of REAAP provision in one region of France identified a project for fathers who were in prison, and another mainstream project, specifically targeting fathers, called *Atelier Bois,* which used woodworking as an activity around which to support fathers in discussion of their parental role.

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[90] First-time mothers, in the case of the *Social Adoption* programme.

In Germany, support that targeted fathers in particular has grown substantially over the last ten years (Lösel 2006). Garbers (2008) commented that this increase reflected a shift in wider family policy, and specifically, the introduction of benefits (*Elterngeld*[91]) that enable fathers to take paid parental leave within the first 14 months of a child's birth. Danielsen (2008) also highlighted the importance of paid parental leave in Denmark (parents can share 52 weeks parental leave on full pay).

Working with couples

Although our review found limited evidence of services that aimed to target fathers as a distinct group, a variety of provision - including parenting programmes and less structured support - had included fathers by working with *couples.* Examples included antenatal parenting courses in Italy and Denmark, and the *Strong Parents-Strong Children* and *Family Team* parenting courses in Germany, which both actively target couples, although parents (mothers or fathers) may attend individually. In Germany and the Netherlands, parenting courses had also been designed (or adapted) for couples in step-families, in order to work with family relationships and step-parenting issues. Elsewhere, in Denmark and Italy, services such as family houses (family centres and *consultori familiari* in Italy) offered individualised counselling services for couples, which could address parental relationship difficulties, as noted above, or could work with couples on difficulties in parent-child relationships. In England, too, there is evidence of the potential value of work with couples in parenting support interventions (see, e.g. Barnes et al. 2008; Barlow et al. 2008).

This range of examples highlights both the potential - and the apparent acceptability - of couple-based approaches to parenting support. Moreover, work with couples seems useful both in extending reach to fathers and in addressing the wider context of the parent-child dyad within the family system. Moran and colleagues' review (2004) highlighted a need for more research to determine whether the potential benefits of parenting support interventions were maximised when both care-givers (when there are two) participate. However, they also highlighted anecdotal evidence from practitioners participating in Ghate and Ramella's (2002) research that intervention targeting one parent in a couple could increase household conflict.

8.5.5 Supporting parents or families?

As noted in introduction to this report, research and policy in England has sometimes drawn a conceptual distinction between parenting support and family support (e.g., Barlow et al., 2007), although this is changing to some extent. Arguably, this distinction was less clear-cut in the countries included in our review, where approaches to parenting support were often embedded in a broader emphasis on work with the family as a unit.

In Danish law, the *helhedsprincip* specifies that intervention should address the whole family (and not merely its component parts). Similarly, in Italy, legislation sets out the concept of a *care pathway (percorso assistenziale)* that is concerned with the well-being of the family as a whole. In German law and service provision parenting support is encompassed within 'family education' (*Familienbildung*), such that support for parents is conceptualised as support for the family. The Educational Success Programme (PRE) in France also takes a family-based approach, combining work with parents and children within a family-focused intervention. And, in the Netherlands, Prinsen (2008) described the guiding principle of the youth and family centres as concerned with work with the family as an integrated system.

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[91] See http://www.elterngeld.net/

An emphasis on work with the family in these countries did not, of course, preclude interventions that focused primarily on parents. Nonetheless, such emphasis is noteworthy in relation to Moran and colleagues' (2004) observations about the importance of recognising the family context and the bi-directionality of parent-child relationships. These authors make reference to Bronfenbrenner's ecological model of parenting (e.g. 2005), which distinguishes between socio-cultural ('macro system'), community ('exo system'), family ('micro system'); and individual ('ontogenic') influences on child development, and highlight theoretical models such as Belsky and Vondra's (1989) model of the multiple determinants of parenting. Recent conceptions of parenting are dynamic process models which focus on the 'agency of both parent and child' in understanding parent-child relations (Kuczynski, 2003). These theoretical perspectives are consistent with the family-focused approaches of other European countries, and highlight the need to think beyond intervention with the individual parent. Parenting is a dynamic process that happens in families, and it is important to account for wider influences on parenting *and* child development.

In making such observations, we are not seeking to argue that support directed specifically at parents is irrelevant or ineffective - indeed, a plethora of English-language research has highlighted the potential benefits of parent-focused interventions (Moran et al., 2004; Barlow et al. 2008). Rather, we would highlight the potential benefits of approaches in other countries that embed support for parents within an intervention that addresses the family as a whole. Moran and colleagues' review also highlighted examples of effective family-focused English-language approaches, such as PIPPIN.

In Denmark, the government's overview of parenting support interventions includes intensive approaches such as Multi-Systemic Therapy (MST) and Family-Focused Therapy. In England, these models are used in work with families with significant identified needs, not for 'mainstream' parenting support, in part because they are relatively costly interventions. But there may be qualities in such approaches that would translate cost-effectively to intervention with families with lower-level needs. Bourdin et al. (2000) attributed the benefits of MST to the flexibility and intensity of its approach, in tackling multiple factors simultaneously and adapting to the needs of individual children and families - qualities that are characteristic of work in family-oriented counselling approaches in Denmark, Germany and Italy, and the PRE Educational Success Programme in France.

One potential benefit of a family-focused approach is that it enables a wider level of analysis, in terms of theoretical models such as Belsky and Vondra's account of the multiple determinants of parenting. A good example of that multi-dimensional perspective in an English context is the Common Assessment Framework (CAF), which can be seen as consistent with the Danish 'entity' principle (*helhedsprincip*), aiming to provide a rounded picture of the child's strengths and needs that takes account of (i) child development; (ii) parents and carers; and (iii) wider family and environmental factors. However, the CAF is not designed for use with all children, only for those with additional or complex needs (CWDC 2007), raising the question of how its holistic approach to understanding child and family needs might inform the provision of mainstream parenting support.

Message 6   Couple- and family-focused approaches

Other countries face similar challenges to England in targeting services at groups of parents such as fathers and parents from minority ethnic communities. The popularity of couples-focused interventions in other European countries suggests that this is an area of work that could be extended in England, and warrants further exploration, whilst noting the need for care not to develop services that are less accessible for couples without access to childcare, or for lone parents. Moreover, the research suggests that there may be benefits to family-oriented approaches that embed support for parents within an intervention that addresses the family as a whole - an emphasis that seems highly relevant to the ongoing cross-government *Think Family* initiative in England.

8.6   The parenting support workforce

In the five countries in our review, a holistic approach was enabled by multi-disciplinary expertise, in line with an emphasis on integrated working, as discussed above. Indeed, the review found many commonalities between England and the other countries in their experience of the development of integrated approaches to service provision. But it also highlighted the difference between England and the other countries in the professional formation of their parenting support workforces.

In England, the children's workforce tends to be less highly professionalised than is the case elsewhere in Europe. Research in England has reported that family support workers often have no relevant qualification for their work (e.g. Brannen et al. 2007; Carpenter et al. forthcoming), and recent analysis of the Labour Force Survey found that only a third of youth and community workers, and only 5% of childcare workers, had degree-level qualifications (Simon et al. 2008). Cowley and colleagues (2007) noted that health visitors often delegated parenting support activities to workers with sub-degree level training. Lindsay and colleagues' (2008a) evaluation of the first year of the pilot implementation of Parenting Support Advisers, whilst positive overall, also raised some questions about professionalisation, commenting on the risk of Parenting Support Advisers *'taking on work that is too challenging for their level of training and experience'* (p53). The development of the role of parenting practitioners in England, with training from the National Academy of Parenting Practitioners (discussed further below) is aimed at addressing such concerns.

8.6.1   Social pedagogy

Elsewhere in Europe, Bachelors degree-level or three-year vocational qualifications in (social) pedagogy are the predominant qualifications for direct work with children and families (e.g., Korintus and Moss, 2004; Petrie et al., 2006; Ward 2006; Boddy et al., 2008a). Pedagogues are employed in settings including early years; schools (alongside teachers); out of school childcare; family support; residential care; and foster care support[92]. Pedagogues' education combines theory and practice placements, and in our previous research these professionals have described their work as being especially about relationships and work with client's everyday lives (e.g. Boddy et al. 2006b). In this context, it is perhaps not surprising that pedagogues (*éducateurs* in France*, educatori* in Italy) play a key role in parenting support provision in all five countries in our review.

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[92] Indeed, in Germany and Denmark, it is said that the pedagogue's client group ranges from 0-100 years, and pedagogues also work in adult services such as substance misuse; mental health; disability; and elder care (see Boddy et al. 2006a).

In Denmark, the professional base of pedagogy appeared to enable support through universally (or almost universally) used settings such as schools and ECEC provision. Pedagogues in early years settings were seen as qualified to intervene *themselves* with parenting and parent-child relationships, within the setting, enabling parents' support needs to be met whilst minimising the need for onward referral to specialist or targeted services. Arguably, it would be difficult to achieve this model of universal preventive intervention given the current qualifications-base of the English childcare workforce. However, the qualifications base is changing, with the ongoing professionalisation of the early years workforce and, notably, the implementation of the Early Years Professional framework. In this context, and in line with the policy objectives of the Children's Plan, it is relevant to consider how the children's workforce in England might develop to support parents and families through early identification of need, and early intervention. The prominent role of social pedagogy in other countries suggests that this workforce model warrants attention. Elsewhere (Boddy et al. 2008a), we have argued that the pilot implementation of social pedagogues in residential care in England might usefully be extended to targeted family support and social pedagogy has begun to be explored in relation to other areas of policy and children's workforce development in England (DCSF 2007c, 2008; Cameron and Boddy 2008; Smith and Whyte 2008). The research reported here indicates the potential of a pedagogic approach to mainstream parenting support.

8.6.2 Professional differentiation

Despite the predominant role of social pedagogy in work with children and families elsewhere in Europe, our review showed clearly that pedagogues are not the only professionals delivering parenting support. One of the most striking features of the parenting support workforce in the five countries was the extent of professional differentiation among staff doing the work, either through inter-agency working, or through multi-disciplinary teams. Professionals engaged in parenting support included pedagogues, but also psychologists, social workers, lawyers and family mediators, and medically qualified staff including maternity and public health nurses and doctors. In part, such differentiation is likely to be attributed to the emphasis on professionalisation noted above; our earlier study of work at the 'edges' of public care found a similar array of professionals supporting young people and their families (Boddy et al. 2008).

However, this earlier research was concerned with young people with significant identified needs. What is particularly noteworthy about the findings of the present study is the role of specialist professionals, such as psychologists, lawyers and social workers, in the provision of mainstream parenting and family support. In England - despite developments in integrated working such as the deployment of social workers in Sure Start Children's Centres and schools (e.g. Boddy and Wigfall 2007; Wilkin et al., 2008) - high thresholds for specialist services such as CAMHS, Educational Psychology and children's social services mean that it remains unusual for psychologists and social workers to have a role in mainstream parenting support.

The National Academy for Parenting Practitioners (NAPP) in England has proposed a role for professionals such as social workers and psychologists as parenting practitioners. For example, the NAPP programme of training for parenting practitioners states that prospective trainees should be qualified 'in a helping profession such as social work, nursing, teaching, family therapy or clinical psychology' (NAPP 2008b, p4[93]), although training is not restricted to these groups, and can be done by people with lower level qualifications who have sufficient relevant experience. The experience of other countries in this study suggests that professionals such as psychologists and social workers could play a valuable role in mainstream parenting and family support in England, just as they do elsewhere in Europe.

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[93] http://www.parentingacademy.org/UploadedFiles/Training_Support_Offer_Nov08.pdf

8.6.3 Parents as experts

As discussed above, the five countries in this review had highly professionalised workforces in relation to services for children and families in general, and parenting support specifically. However, as in England, there is ongoing debate in other countries about the relative value of professional and experiential knowledge for parenting support.

Writing about France and Germany respectively, Milova (2008) and Garbers (2008) both highlighted a growth in parent-led services, including peer support. In France, the REAAP network is explicitly driven by parents - this is a requirement of central government policy - although professionals can be engaged to provide specific skills or expertise. In Germany, Garbers (2008) noted that many areas of *Familienbildung (*family education) are delivered by casual workers and volunteer staff, particularly within parent-led initiatives such as 'mother centres' and 'multi-generational houses'. Moreover, the HIPPY programme, highlighted as promising in our reviews of Germany and the Netherlands, is based on peer-support by trained paraprofessionals from the local community, albeit supported by professional supervisors.

These examples reflect an emphasis on emancipatory approaches to parenting support, but they also highlight a question about the place of parental expertise in a professionalised parenting workforce. That question is highly relevant to emerging parenting support frameworks in England, where policy documents such as the Children's Plan, above, have prioritised both partnership working with parents and the implementation of expert parenting advisers in local authorities and in schools. Milova (2008) commented that France's highly professionalised children's workforce has found it challenging to recognise parents as full partners and as experts - a status which, she writes, they had not previously been thought to possess. Her comments serve as a useful reminder that debates about the appropriate balance between parent-led and professionalised parenting support services are not confined to the UK.

Message 7 A professional multi-disciplinary workforce

The research highlighted the following considerations for workforce development in England:

(i) The potential role of social pedagogy as a graduate-level qualification for parenting support warrants further exploration.

(ii) Social workers and psychologists are, by contrast to social pedagogy, long-established professions in children's services in England, but by and large, social workers and psychologists work in specialised targeted services, accessed only by families with significant and complex identified needs. Our cross-national research points to the potential benefits of extending these professional roles from targeted to universal services for children and families, in line with existing English policy agendas.

(iii) Examples of successful parent-led approaches in other countries highlight the need to account for parents' own expertise in developing the parenting workforce, and are highly relevant to an English emphasis on partnership working with parents.

8.7 In conclusion

In closing, we return to our earlier point about similarities and differences. The different approaches of the five countries included in this review offer fresh perspectives on English approaches to parenting support, throwing light on difficult issues such as professionalisation of the parenting support workforce, and raising questions about the English emphasis on standardised programmes, on measurable outcomes, and on intervening with parents as individuals rather than with families. However, the similarities with England were also striking. In this sense, cross-national perspectives can be reassuring, because they highlight the common challenges faced by countries across Europe in developing and delivering parenting support policies. There is clear potential for shared learning, in considering how different countries have tackled similar issues. The research has identified gaps in the English knowledge-base, including parenting interventions that could be trialled here. Although it is not possible to conclude which continental European approaches *will* work in England, many aspects of parenting support in the five countries have potential applicability in an English context.

References

Adriaensens, L., and Koopmans, L. (2005) *Evaluatie cursus 'Beter omgaan met pubers'.* GGD Westfriesland.
http://www.ggd.nl/ggdnl/uploaddb/downl_object.asp?atoom=33619&VolgNr=257

Anning, A., Stuart, J., Nicholls, M., Goldthorpe, J., and Morley, A. (2007) *Understanding Variations in Effectiveness amongst Sure Start Local Programmes.* DfES Research Report: NESS/2007/FR/024. Nottingham: DfES

Arts, W.A., and Gelissen, J. (2002) Three worlds of welfare capitalism or more? A state-of-the-art report. *Journal of European Social Policy,* 12, 137-158.

Baistow, K., and Wilford, G. (2001) Helping parents, protecting children: Ideas from Germany. *Children and Society,* 14, 343-354.

Balls, E. (2007) *Childcare and Child Poverty - Delivering Solutions.* London: Daycare Trust Conference. 13 June 2007. Accessed 16 September 2008: http://www.hm-treasury.gov.uk/newsroom_and_speeches/speeches/econsecspeeches/speech_est_130607.cfm

Barlow, J., Kirkpatrick, S., Wood, D., Ball, M., and Stewart-Brown, S. (2007) Family and Parenting Support in Sure Start Local Programmes. *Sure Start Research Report* NESS/2007/FR/023. London: The Stationery Office. Accessed 2 August 2007: http://www.dfes.gov.uk/research/data/uploadfiles/NESS2007FR023.pdf

Barnes, J., Ball, M., Meadows, P., McLeish, J., Belsky, J. and the FNP Implementation Research Team (2008) Nurse-Family Partnership Programme: First Year Pilot Sites. Implementation in England. Pregnancy and the Post-partum Period. Nottingham: DCSF.

Bastard, B. (2007) Les REAAP, l'accompagnement des parents au plan local. Institutions, professionnels et parents : partenaires, in *Informations sociales* 2007/3 - N° 139 pp. 94-105. p. 103.

Belsky, J. and Vondra, J. (1989) Lessons from child abuse - the determinants of parenting. In D. Cicchetti and V. Carlson. *Child maltreatment: theory and research on the causes and consequences of child abuse and neglect.* Cambridge: Cambridge University Press.

Beynier, D., Tudoux, B., and Momic, M. (2005). Les métiers du travail social. *Etudes et Résultats,* 441. Paris: DREES.

Biehal N. (2005) Working with adolescents: Supporting families, preventing breakdown. London: BAAF

Binet E. (1999) Françoise Dolto (1908-88), originally published in *Prospects:the quarterly review of comparative education* (Paris, UNESCO: International Bureau of Education), vol. XXIX, no. 3, 1999, p. 445-454.
www.ibe.unesco.org/fileadmin/user_upload/archive/publications/ThinkersPdf/doltoe.PDF

Boddy, J., Potts, P., and Statham, J. (2006a) *Joined-up assessment for children with significant and complex needs.* DfES Online Report No. RW79.
http://www.dfes.gov.uk/research/data/uploadfiles/RW79.pdf

Boddy, J., Cameron, C., and Petrie, P. (2006b) The professional care worker: The social pedagogue in Northern Europe. In Boddy, J., Cameron, C., and Moss, P. (eds) *Care Work: Present and Future.* London: Routledge.

Boddy, J., McQuail, S., Owen, C., Petrie, P., and Statham, J. (2008a) *Supporting families of young people entering public care: European models.* Final unpublished report to Department for Children Schools and Families. London: Institute of Education.

Boddy, J., Wigfall, V., Hauari, H., Statham, J., Smith M., and Ghate, D. (2008b) International perspectives on parenting support: Non-English language sources. Initial report to DCSF. London: Institute of Education.

Boddy, J., and Wigfall, V. (2007) Re-discovering Community Social Work? An Evaluation of a Social Worker Based in Children's Centres. *Community Care*, 14 June.

Boon, B., Jansen, J., and Rikken, M. (2004) Information and communication network concerning health-related prevention projects for young people in the European Union. The country report of the Netherlands. Woerden: NIGZ. http://www.programmajeugd.nl/Youthpolicy/docs/word/countryreport%20Health%20related%20prevention.doc

Borduin, C., Heiblum, N., Jones, M. and Grabe, S. (2000) Community- based treatments of serious anti-social behavior in adolescents, in W. E. Martin & J. L. Swartz-Kulstad (Eds.), *Person-environment psychology and mental health: Assessment and intervention.* Hillsdale, NJ: Erlbaum.

Børns Vilkår (2005) *Your Child Lives in Denmark.* Copenhagen: Børns Vilkår. Accessed January 2008: http://www.bornsvilkar.dk/upload/dit_barn_bor_i_danmark_engelsk.pdf

Brandon, M., Howe, A., Dagley, V., Salter, C., Warren, C., and Black, J. (2006) *Evaluating the Common Assessment Framework and Lead Professional Guidance and Implementation in 2005-6.* DfES Research Report RR740. London: DfES. http://www.dfes.gov.uk/research/data/uploadfiles/RR740.pdf

Brandon, M., Belderson, P., Warren, C., Gardner, R., Howe, D., Dodsworth, J., and Black, J. (2008) The preoccupation with thresholds in cases of child death or serious injury through abuse and neglect. *Child Abuse Review*, 17, 5, 313-330.

Bronfenbrenner (2005) Making Human Beings Human. Bioecological perspectives on human development. London: Sage.

Bundeministerium für Arbeit und Soziales. (2008): *3. Reichtums- und Armutsbericht.* http://www.sozialpolitik-aktuell.de/docs/Dritter_Armuts-_&_Reichtumsbericht.pdf (16.06.2008)

Bundesministerium für Familie, S., Frauen und Jugend,. (2005): *12. Kinder- und Jugendbericht. Bericht über die Lebenssituation junger Menschen und die Leistungen der Kinder- und Jugendhilfe.* http://www.bmfsfj.de/RedaktionBMFSFJ/Abteilung5/Pdf-Anlagen/zwoelfter-kjb,property=pdf.pdf (20.06.2008)

Bundesministerium für Familie, S., Frauen und Jugend (Hrsg.) (2006): Familie zwischen Flexibilität und Verlässlichkeit. Perspektiven für eine lebenslaufbezogene Familienpolitik. Siebter Familienbericht. http://www.bmfsfj.de/Kategorien/Forschungsnetz/forschungsberichte,did=75114.html

Bundesministerium für Familie, S., Frauen und Jugend, (2008): *Starke Leistung für jedes Alter. Erste Ergebnisse der Wirkungsforschung im Aktionsprogramm Mehrgenerationenhäuser*.
http://www.bmfsfj.de/bmfsfj/generator/Kategorien/Publikationen/Publikationen,did=110330.html

Burmann, A, de Groot, K, van Dijk, B and Hilhorst, A (2001) *Children and Youth Policy: A View on Children and Youth.* The Hague. Ministry of Health, Welfare and Sport

Burney, E., and Gelsthorpe, L. (2008) Do We Need a 'Naughty Step'? Rethinking the Parenting Order After Ten Years. *The Howard Journal,* 47, 5, 470-485.
Cabinet Office (2007) *Reaching Out: Think Family. Analysis and themes from the Families At Risk Review.* London: Cabinet Office.

Cabinet Office (2008) *Think Family: Improving the life chances of families at risk.* London: Cabinet Office.

Cabinet Office Strategy Unit/Department for Children, Schools and Families (2008) *Families in Britain: An evidence paper.* London: Cabinet Office.

Cambi I., Monini T. (2006), *I centri per le famiglie*, in *Genitorialità e infanzia tra famiglie e territorio*, Gift ottobre 2006 Centro per le Famiglie, Ferrara, pp. 4-58.

Cameron, C. and Boddy, J. (2008) Staff, recruitment and training: International comparisons. In Kendrick, A. (Ed.) *Research Highlights in Social Work. Residential Child care: Prospects and Challenges.* London: Jessica Kingsley.

Canali, C. (2008) Parenting Support in Italy. Unpublished report for International Perspectives on Parenting Support. Padova: Fondazione Zancan.

Canali C., Vecchiato T., Whittaker J.K., a cura di (2008), Assessing the "Evidence-base" of Intervention for Vulnerable Children and Their Families, Fondazione Zancan, Padova.

Cattaneo, A., Yngve, A., Koletzko, B., and Guzman, L.R. (2005) Protection, promotion, and support of breastfeeding in Europe: current situation. *Public Health Nutrition,* **8**, 1, 39-46.

ChildONEurope Secretariat (2007) Survey on the role of parents and the support from the Governments in the EU Firenze: Instituto degli Innocenti

Colla, H.E., Tetzer, M., Jansen, A., Renk, F., and Sieburg, J. (2007) Supporting families of young people entering public care: European models. Unpublished Report on Germany for *Supporting Families of Young People Entering Public Care: European Models.* Lüneberg: Intitüt für Sozialpädagogik, Universität Lüneberg.

Cowley, S., Caan, W., Dowling, S., and Weir, H. (2007) What do health visitors do? A national survey of activities and service organisation. *Public Health,* 121, 869-879.

CWDC (2007) *Common Assessment Framework for Children and Young People: Managers' Guide.* Accessed 30/07/08:
http://www.everychildmatters.gov.uk/_files/C90390EA0078D3E9721C7C1A8F04DDBE.pdf

Daly, M (ed) (2007) *Parenting in contemporary Europe: a positive approach.* Strasbourg: Council of Europe Publishing.

Danielsen, I. (2008) *Parenting support in Denmark.* Unpublished Report on Denmark for International Perspectives on Parenting Support project. Copenhagen: Københavns Socialpædagogiske Seminarium.

Department for Children, Schools and Families (2007a) The Children's Plan. Building Brighter Futures. Nottingham: DCSF. Accessed 10 October 2008: http://www.dcsf.gov.uk/childrensplan/downloads/The_Childrens_Plan.pdf

Department for Children, Schools and Families (2007b) *Extended schools: Building on experience.* Nottingham: DCSF

Department for Children Schools and Families (2007c) Care Matters: Time for Change. London: DCSF. Accessed 2 August 2007: http://www.dfes.gov.uk/publications/timeforchange/index.shtml

Department for Children, Schools and Families (2008) Aiming High for Young People: A Ten Year Strategy for Positive Activities. Implementation Plan. London: DCSF. http://www.everychildmatters.gov.uk/youthmatters/aiminghigh/implementationplan /

Department for Children, Schools and Families/Department of Health (2008) *The Child Health Promotion Programme. Pregnancy and the first five years of life.* London: Department of Health.

Department of Communities and Local Government (2008) *Communities in Control: Real People, Real Power.* London: The Stationery Office.

Department for Education and Skills (2004) *Every Child Matters: Change for Children*. London: Department for Education and Skills.

Department for Education and Skills (2006) *Care Matters: Transforming the Lives of Children and Young People in Care.* London: DfES. Accessed 18 February 2007: http://www.dfes.gov.uk/publications/carematters/index.shtml

Department of Health (2004a) The National Framework for Children, Young People and Maternity Services. London: Department of Health.

Department of Health (2004b) The Chief Nursing Officer's review of the nursing, midwifery and health visiting contribution to vulnerable children and young people. London: Department of Health.

Department for Work and Pensions (2008) *Raising expectations and increasing support: reforming welfare for the future.* London: The Stationery Office.

Doek, J E (2004) *Parents and the Rights of the Child*, Paper presented at Council of Europe, Committee of experts on Children and Families, Strasbourg, December 2004

Doumit-El Khoury, A., et al, Les stages parentaux à la PJJ, Réflexions critiques, in : *Vie sociale et traitements*, n° 87 2005/3. http://www.cairn.info/resume.php?ID_ARTICLE=VST_087_0106

Esping-Andersen, G. (1990) *The three worlds of welfare capitalism*. Cambridge: Polity Press.

Esping-Andersen, G. (1999) *Social Foundations of Post-Industrial Economies.* Oxford: Oxford University Press.

Esping-Andersen, G. (2003) Towards the good society, once again? Paper presented at Social Security in a Long Life Society, 4th International Research Conference on Social Security, *International Social Security Association.* Antwerp.

Evans, J.L. and Stansbery, P.A (1998) *Parenting programs designed to support the development of children from birth to three years of age.* United Nations Consultative Group on Early Childhood Care and Development. Washington: World Bank.

European Commission (2004) Working Group on Basic Skills, Foreign Language Teaching and Entrepreneurship. Study visit to the Netherlands, 16-17 February 2004 Report 10/03/04. Brussels: European Commission.
http://ec.europa.eu/education/policies/2010/doc/visit_nl.pdf

European Commission (2007) *Joint Report on Social Protection and Social Inclusion 2007.* Luxembourg: Office for Official Publications of the European Communities.

Eurostat (2008) Regional GDP per inhabitant in the EU27. *Eurostat News Release*, February 2008.

Flett, M. (2008) Parenting support in the Netherlands. Unpublished report for *International Perspectives on Parenting Support.*

Freymond, N. and Cameron, G. (Eds) (2006) *Towards positive systems of child and family welfare.* Toronto: University of Toronto Press.

Gaarde, V. (2004) *The Danish SSP Co-operation - Crime prevention juvenile crime.* UrbAct Youth and Security Thematic Workshop. The Hague, March 2004. Accessed January 2008: http://www.urbact.eu/fileadmin/subsites/securcity/doc/Presentation_Copenhagen_background_information.doc

Garbers, S. (2008) *Parenting support in Germany*. Unpublished Report on Germany for International Perspectives on Parenting Support project. Lüneberg: Institüt für Sozialpädagogik, Universität Lüneberg.

Ghate, D. and Ramella, M. (2002) Positive Parenting: the national evaluation of the Youth Justice Board's Parenting Programme. London: Youth Justice Board.

Gilbert , R., Kemp, A., Thoburn, J., Sidebotham, P., Radford, L., Glaser, D., and MacMillan, H.L. (2008) Recognising and responding to child maltreatment. *The Lancet,* 373, 9658, 167-180.

Glasby J and Beresford P (2006) Who knows best? Evidence-based practice and the service user contribution, *Critical Social Policy*, 26(1), 268-284

Glasman, D. (2006) Le Programme Réussite Educative : mise en place et perspectives, Report by the Délégation Interministérielle à la Ville.

de Graaf, F(2006) *Onderzoek Divresiteit en Ouderbetrokkenheid in Kindercentra, Eindrapport.* Utrecht: Nivel

Grandolfo M. (2005), I consultori familiari, Evoluzione storica e prospettive per la loro riqualificazione, Istituto superiore di sanità, Roma)

Grevot, A. (2006) The plight of paternalism in French child welfare and protective policies and practices. In Freymond, N. and Cameron, G. (Eds) (2006) *Towards positive systems of child and family welfare.* Toronto: University of Toronto Press.

Hantrais, L. (2004) Family Policy Matters. Responding to family change in Europe. Bristol: Policy Press.

Hantrais, L. (2008) International Comparative Research. Theory, Methods and Practice. London: Palgrave Macmillan.

Hendrick, H. (Ed) (2005) Child Welfare and Social Policy. An essential reader. Bristol: Policy Press.

Henricson C, Roker D. (2000) Support for the parents of adolescents: a review. Journal of Adolescence 23: 763-783.

Hinte, Wolfgang (2002): Fälle ,Felder und Budgets. Zur Rezeption sozialraumorientfierter Ansätze in der Jugendhilfe. In: Merten, Roland (Hg.): *Sozialraumorientierung. Zwischen fachlicher Innovation und rechtlicher Machbarkeit.* Weinheim: Juventa-Verl., S. 91-126.

Hirasing, R A , van Zaal, M A E, Meulemeester, J F and Verbrugge, H P (1997) *Child Health in The Netherlands.* Leiden: TNO Prevention and Health

HM Government (2008) *Youth Crime Action Plan 2008.* London: COI.

HM Treasury. (2004) *Choice for parents, the best start for children: a ten year strategy for childcare.* Norwich: HMSO.

Höltershinken, D./Scherer, G. (2006): PEKiP. Das Prager-Eltern-Kind-Programm. Theoretische Grundlagen, Ursprung und Weiterentwicklung. projekt verlag. Bochum und Freiburg

Home Office (1998) *Supporting Families.* London: Home Office.

Honkanen-Schoberth, P. (2005): *"Starke Eltern - starke Kinder": Elternkurse des Deutschen Kinderschutzbundes - mehr Freud, weniger Stress mit den Kindern.* In: Tschöpe-Scheffler, S. (Hrsg.): Konzepte der Elternbildung - eine kritische Übersicht. Barbara Budrich Verlag. Opladen, S. 41-50.

Honkanen-Schoberth, P. (2007): Starke Kinder brauchen starke Eltern. Der Elternkurs des Deutschen Kinderschutzbundes. Urania Verlag. Stuttgart.

Innocenti E., Vecchiato T. (2007), Servizi per le famiglie con figli e livelli essenziali: prove di fattibilità e sostenibilità, in Guerzoni L., Le politiche di sostegno alle famiglie con figli, il Mulino, Bologna.

Jack G. (2006) 'The area and community components of children's well-being', *Children and Society* 20, 334-347

Jensen, C. (2008) Worlds of welfare services and transfers. *Journal of European Social Policy,* 18, 2, 151-162

Jones, J. (2007) What Really Matters in Integrated Working. Report of a Qualitative Evaluation of Telford &Wrekin and Shropshire ISA Trailblazer 2004-2006. Telford and Wrekin and Shropshire County Council.

Jourdain-Menninger, D., Roussille, B., Vienne, P., and Lannelongue, C. (2006) *Etude sur la protection maternelle et infantile en France. Rapport de synthèse.* Rapport No. RM2006-163-P. http://lesrapports.ladocumentationfrancaise.fr/BRP/074000139/0000.pdf

Katz, I., and Hetherington, R. (2006) Co-operating and communicating: A European perspective on integrating services for children. *Child Abuse Review,* 15, 429-439.

Kendall, S., Straw, S., Jones, M., Springate, I. and Grayson, H. (2008). *A Review of the Research Evidence* (Narrowing the Gap in Outcomes for Vulnerable Groups). Slough: NFER.

Kessl, F., Reutlinger, C., Maurer, S., and Frey, O. (2005) *Handbuch Sozialraum* Wiesbaden: VS Verlag.

Korintus, M., and Moss. P. (2004) Work with Young Children: A Case Study of Denmark, Hungary and Spain. *Care Work in Europe: Current understandings and future directions. Workpackage 7 Consolidated Report.* London: Thomas Coram Research Unit, Institute of Education.
http://144.82.31.4/carework/reports/WP7%20final%20consolidatedreport.feb04.pdf

Kuczynski, L. (2003) *Handbook of Dynamics in Parent-Child Relations.* Sage: Thousand Oaks, CA.

Lamoureux, M. (2007) *Le contrat de responsabilité parentale est resté dans les tiroirs.* 29/03/2007 http://www.la-croix.com

Leeuwen, M. Van (2007) *Eindrapport pilot Oke punt (concept).* Almere: Zorggroep Almere

Lewis, C., and Lamb, M.E. (2007) Understanding Fatherhood: A review of recent research. York: JRF.

Lindsay G., Cullen M., Band S., Cullen S., Davis S. and Davis H. (2008a) Parent support advisor evaluation: 2nd interim report. DCSF-RR037. London: DCSF.

Lindsay, G., Davies, H., Band, S., Cullen, M.A., Cullen, S., Strand, S., Hasluck, C., Evans, R., and Stewart-Brown, S. (2008b) *Parenting Early Intervention Pathfinder Evaluation.* DCSF-RW054. London: DCSF.

Livheim, F. (undated) *KOMET (A communication method) A guide for parent child interaction.* Powerpoint presentation on KOMET Sweden website, accessed January 2008: http://www.fhi.se/upload/BestPractice/FR5104_FredrikLivheim.ppt

Lösel, F. (2006): Bestandsaufnahme und Evaluation von Angeboten im Elternbildungsbereich: Abschlussbericht.

McAuley, C., Knapp, M., Beecham, J., McCurry, N., and Sleed, M. (2004) *Young Families under Stress: Outcomes and Costs of Home-Start Support.* York: Joseph Rowntree Foundation.

Milani P (2004) 'Il sostegno alla genitorialità nel lavoro con le famiglie' (Supporting parenting by working with families - synthesis paper from a seminar held in 2003) *Studi Zancan 4/2004 48-65* Padova: Fondazione Zancan.

Milani P. (2004) Lo sviluppo dei consultori familiari a sostegno della genitorialità, Studi Zancan 4/2005, pp. 9-34.

Milova, H. (2008) *Parenting Support in France.* Unpublished Report on France for Supporting Families of Young People Entering Public Care: European Models. Paris: University of Paris X, Nanterre.

Moran P., Ghate D and Van der Merwe, A. (2004) What works in parenting support: a review of the international evidence, London: DfES RR574

Moro A.C. (2005) I consultori familiari: evoluzione giuridica, operativa e culturale, Studi Zancan 4/2005, pp. 35-60.

Moss, P. (2005) Making the narrative of quality stutter*. Early Education and Development,* 16 (4), 405-420.

Moss, P., and Dahlberg, G. (2008) Beyond Quality in Early Childhood Education and Care - Languages of Evaluation. *New Zealand Journal of Teachers' Work,* 5, 1, 3-12.

NAPP (2008) National Academy for Parenting Practitioners Strategic Plan 2008-2010. London: NAPP.

NAPP (2008b) Training and Support Offer 2008-2010. Briefing - November 2008. London: NAPP.

Nédélec, S. (2007) Le PRE d'Aubervilliers dix huit mois après sa mise en place, http://www.ac-creteil.fr/zeprep/dossiers/07_reussite_pre_auberv_3.pdf

NJi (Netherlands Youth Institute) (2007) *Youth Policy in the Netherlands.* Utrecht: NJi.

NJi (Netherlands Youth Institute) (2008) *Database of Effective Youth Interventions.* Utrecht: NJi.

OECD (2002) Babies and bosses: Reconciling work and family life. Paris: OECD

OECD (2005) Economic Survey of Brazil - 2005. Paris: OECD.

OECD (2006) Society at a Glance: OECD Social Indicators - 2006. Paris: OECD.

OECD (2008) Growing Unequal? Income Distribution and Poverty in OECD Countries. Paris: OECD.

Page, J., Whitting, G., and McLean, C. (2008) A Review of How Fathers Can be Better Recognised and Supported Through DCSF Policy. DCSF-RR040. London: DCSF.

Pawson, R. (2003) *Social Care Knowledge: Seeing the Wood for the Trees.* ESRC UK Centre for Evidence Based Policy and Practice: Working Paper 12. Accessed January 2008: http://www.evidencenetwork.org/Documents/wp12.pdf

Pellicanò E., Poli R., a cura di (2007), *Esperienze e buone pratiche oltre lalegge 285/1997. Dalla ricognizione alla segnalazione*, Questioni e Documenti n. 45, Istituto degli Innocenti, Firenze.

Petrie, P., Boddy, J., Cameron, C., and Wigfall, V. (2006) *Working with Children in Care: European Perspectives.* Maidenhead: Open University Press.

Petrie, P., Boddy, J., Cameron, C., and Wigfall, V. (2007) *Fostering in Europe.* Unpublished report to DCSF. London: Thomas Coram Research Unit, Institute of Education.

Pettinger, R./Rollik, H. (2005): Familienbildung als Angebot der Jugendhilfe: Rechtliche Grundlagen - familiale Problemlagen - Innovationen.

Pioli, D. (2006) Le soutien à la parentalité: entre émancipation et contrôle, in *Sociétés et jeunesses en difficulté*, n°1 : http://sejed.revues.org/document106.html

PriceWaterhouseCoopers (2007) DfES Children's Services: Review of capacity in the parenting support market. Final report.
http://www.dcsf.gov.uk/research/data/uploadfiles/RW105.pdf

Prinsen, B and Lim, J (1999) *Partners in Opvoeden en Vezorgen*. Utrecht: Nederlands Instituut voor Zorg en Welzijn / Landelijk Centrum Ouder - en Kinderzorg

Prinsen, B. (2008) Dutch Design. Integration of Family Support Services. Utrecht: Netherlands Youth Institute.
http://www.youthpolicy.nl/youthpolicy/docs/pdf/Integrationfamilysupportservices.pdf

Raccomandazione R (2006) 19 *del Comitato dei ministri agli Stati Membri relative alle politiche di sostegno all genitorialità - Rapporto esplicativo* Council of Europe:
www.minori.it/down/pdf/Rapporto_esplicativo_genitorialita.pdf

Rauh, H. (1998): *Frühe Kindheit.* In: Oerter, R./Montada, L. (Hrsg.): Entwicklungspsychologie. Psychologie Verlags Union. Weinheim, S. 167-248

Rispen, J, Hermanns, J M A, Meeus, W H J (eds) (1996) *Opvoeden in Nederland*. Assen: Van Gorcum

Rousille, B. and Nosmas, J-P (2004) *Evaluation du dispositive des Reseau d'Ecoute, d'Appui et d'Accompagnement des Parents (REAAP) Vol 1/11.*Paris: IGAS (L'Inspection Generale des Affaires Sociales)
http://lesrapports.ladocumentationfrancaise.fr/BRP/044000156/0000.pdf

Sann, A./Thrum, K. (2005): *Opstapje - Schritt für Schritt*. www.dji.de/opstapje (16.06.2008)

Schilling, J. (1997): *Soziale Arbeit*. Luchterhand Verlag. Neuwied.

Schilling, M. (2002): *Die Träger der Sozialen Arbeit in der Statistik*. In: Thole, W. (Hrsg.): Grundriss Soziale Arbeit. Ein einführendes Handbuch. Leske + Budrich Verlag. Opladen, S. 415 - 430

Schnabel, M. (2008): *Elternkurs: Starke Eltern - starke Kinder*.
http://www.familienhandbuch.de/cmain/f_Fachbeitrag/a_Familienbildung/s_1139.html
(19.06.2008)

Schouten, E (undated) *Ouders Betrokken: Ouders in het gemeentelijk onderwijsachterstandenbeleid*. Amersfoort: CPS

Sellenet, C. (2007) *Essai de conceptualisation du terme "Parentalité".* Reseau Enfance Parents Professional, 27/9/2007. http://documentation.reseau-enfance.com/spip.php?article338

Siani, P., Esposito, S., Attademo, G., Giacci, O., and Cirillo, G. (2003) Il Progetto "adozione sociale" a Napoli: tra illusioni e delusion. *Quaderni* vol X n° 3: 12-14

Simon, A., Owen, C., Moss, P., Petrie, P., Cameron, C., Potts, P. and Wigfall, V. (2008) Working Together: Volume 1. Secondary Analysis of the Labour Force Survey to Map the Numbers and Characteristics of Occupations Working within Social Care, Childcare, Nursing and Education. DCSF Research Report: TCRU-01-08

Sinigaglia M., Ferracin M. (2008), *Il servizio sociale nei consultori familiari: spunti di riflessione*, paper presented at the research seminar on "Consultori familiari e possibili sviluppi" organised by Fondazione Zancan in Malosco (TN) July 6-9 2008.

Smith, M. (2006) Early interventions with young children and their parents, in the UK. In C. McAuley, P. Pecora and W. Rose (eds.) *Enhancing the well-being of children and families through effective interventions. International Evidence for Practice.* pp 46-57. London: Jessica Kingsley.

Smith, M., and Whyte, B. (2008) Social education and social pedagogy: reclaiming a Scottish tradition in social work. *European Journal of Social Work*, 11, 1, 15-28.

Smith, P., and Bryan, K. (2005) Participatory evaluation: Navigating the emotions of partnerships. *Journal of Social Work Practice,* 19, 2, 195-209.

Statistisches Bundesamt. (2007): *Statistisches Jahrbuch 2007*. http://www.destatis.de/jetspeed/portal/cms/Sites/destatis/Internet/DE/Content/Publikationen/Querschnittsveroeffentlichungen/StatistischesJahrbuch/Jahrbuch2007Download,templateId=renderPrint.psml

Stock, L. (2004): *Sozialraumanalysen als planerische und diagnostische Verfahren*. In: Heiner, M. (Hrsg.): Daignostik und Diagnosen in der Sozialen Arbeit. Ein Handbuch. Eigenverlag des Deutschen Vereins für öffentliche und private Fürsorge e.V. Berlin, S. 375 - 386.

Styrelsen for Social Service (2006) *Klar til barn. Afsluttende rapport.* Copenhagen: Socialministeriet. http://klartilbarn.servicestyrelsen.dk/wm145884

Swinnen, H. (2006) France 2006. Social Inclusion cross cutting policy tools - "Document de politique transversale (DPT)" Synthesis Report. European Commission: Peer Review and Assessment in Social Inclusion. Accessed January 2008. http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2006/pr_fr_en.pdf

Tausz, K. (2006) *Hungary: Trends, Recent Developments, Active Inclusion and Minimum Resources. First Semester Report 2006.* European Commission: Peer Review and Assessment in Social Inclusion. Accessed January 2008. http://www.ec.europa.eu/employment_social/spsi/docs/social_inclusion/experts_reports/hungary_2006_en.pdf

Textor, M. R. (2008): *Familienbildung als Aufgabe der Jugendhilfe.* http://www.familienhandbuch.de/cms/Familienbildung-Jugendhilfe.pdf

Thiersch, H./Grunwald, K. (2001): *Lebensweltorientierung*. In: Otto, H. U./Thiersch, H. (Hrsg.): Handbuch Sozialarbeit/Sozialpädagogik. S. 1136 - 1148.

Thiersch, H./Grunwald, K., et al. (2002): *Lebensweltorientierte Soziale Arbeit*. In: Thole, W. (Hrsg.): Grundriss Soziale Arbeit. Ein einführendes Handbuch. Leske + Budrich Verlag. Opladen, S. 161-178

Thorgaard, C. and Vinther, H. (2007) *Rescaling Social Welfare Policies in Denmark. National Report.* Social Forsknings Institut. Working Paper 10: 2007.

Tolani, N., Brooks-Gunn, J., and Kagan, S.L. (2006) Parenting Education Programs for Poor Young Children: A Cross-National Exploration. Paper presented at UNICEF / New School International Conference. Accessed January 2009:
http://www.unicef.org/policyanalysis/files/Parenting_Education_Programs_for_Poor_Young_Children.pdf

Treeß, H. (2002): *Prävention und Sozialraumorientierung.* In: Schröer, W./Struck, N.et al (Hrsg.): Handbuch Kinder- und Jugendhilfe. Juventa Verlag. Weinheim und München, S. 925-941

Tschöpe-Scheffler, S. (2003): *Elternkurse auf dem Prüfstand: Wie Erziehung wieder Freude macht.* Leske + Budrich Verlag. Opladen.

Tuschhoff, A./Daude, R. (2004): *Das Grundkonzept von Eltern - Kind - Gruppenarbeit in Familienbildungsstätten.*
http://www.familienhandbuch.de/cmain/f_Fachbeitrag/a_Familienbildung/s_881.html

Tunstill, J., Allnock, D., Meadows, P. and McLeod, A. (2002) Sure Start National Evaluation. Early experiences of implementing Sure Start. Nottingham: DfES.
UNICEF (2007) Child poverty in perspective: An overview of child wellbeing in rich countries. *Innocenti Report Card 7.* Florence: UNICEF Innocenti Research Centre.

Van Tuijl, C., and Siebes, R. (2006) *Het Rendement van Opstap in de basisschoolperiode.* Utrecht: Nederlands Juegd Instituut / Nji.
http://www.nji.nl/publicaties/ontwikkelingsstimulering/RendementvanOpstap.pdf

Ward, J. (2006) Three Decades of Social Work in France: from Security within the Welfare State to a State of 'Disembedded Modernity'. *Social Work and Society*, 1, 6. (online journal accessed 12/09/08) http://www.socwork.net/2006/2/articles/ward

White, C., Warrener, M., Reeves, A., and La Valle, I. (2008) *Family Intervention Projects: An Evaluation of their Design, Set-up and Early Outcomes.* DCSF Research Report RW047. Nottingham: DCSF.

Wiesner, R. (2006): *SGB VIII. Kinder- und Jugendhilfe. Kommentar*. Verlag C.H.Beck. München.

Wigfall, V., Hollingworth, K., and Boddy, J. (2008) *Evaluation of the social care in schools pilot.* Unpublished report to the London Borough of Islington. London: Institute of Education.

Wiggins M, Oakley A, Roberts I, Turner H, Rajan L, Austerberry H, Mujica R, Mugford M, Barker M (2005) Postnatal support for mothers living in disadvantaged inner city areas: a randomised controlled trial. *Journal of Epidemiology and Community Health,* 59, 288-295.

Wilkin, A., Murfield, J., Lamont, E., Kinder, K. and Dyson, P. (2008). *The Value of Social Care Professionals Working in Extended Schools.* Slough: NFER.

Wolff, M. (2002): *Lebenswelt, Sozialraum und Region.* In: Schröer, W./Struck, N.et al (Hrsg.): Handbuch Kinder- und Jugendhilfe. Juventa Verlag. München und Weinheim, S. 1071-1084.

Appendix One - Initial scoping review

A1.1   Methods

Before beginning the search process for relevant material on parenting support, a list of potential countries was drawn up by the research team based on: their knowledge of international work in the field of parenting support; their international collaborations with other research centres and academics; and consultation with other academic colleagues requesting relevant information or potential contacts. This resulted in a 'long list' of 22 countries: 14 from Europe and eight non-European. It had been agreed when the research was commissioned that Phase 2 work - the in-depth review of five countries - would focus on European countries in order to make best use of available resources, but that this first phase of the work would include at least two non-European, non-English speaking countries. The initial selection was as follows:

Europe: Belgium, Czech Republic; Denmark; Finland; France; Germany; Hungary; Italy; Netherlands; Norway; Poland; Switzerland; Spain; Sweden

Rest of the world: Brazil; Chile; China; Hong Kong; India; Israel; Japan; Mexico.

Figure A1.   Countries scoped for Phase 1 report*

*Initial information was gathered about countries highlighted with a purple star, but only those highlighted with a red star were included in the initial scoping report.

Criteria for selection of 12 countries from this long list of 22 were purposely flexible, to address the risk of excluding potentially interesting or innovative practice at this early stage of work. The primary criteria against which scoping information was considered were as follows: relevance to English policy and practice development in parenting support; translatability to a English service context; evidence of effective practice or indications of promising practice in parenting support; and/or evidence of well-developed policy frameworks for parenting and family support.

The criterion of translatability to the English context was of key importance in selecting countries for the scoping review, and thus the research focused primarily on economically advanced countries. However, at this early scoping stage, a cautious approach was warranted to avoid pre-judging, and wrongly discarding, potentially relevant or useful material. As Tolani and colleagues (2006) have observed, parenting programmes designed for developing countries may be relevant to work with families living in poverty in economically developed countries. Accordingly, it was decided that economic advancement should not be the sole or essential criterion for a country's inclusion in the initial report. Nevertheless, the criterion of translatability remained important. Some countries that had interesting parenting support strategies were judged by the research team to differ too strongly from England in their culture or population demographics to justify inclusion in the 'short list' of 12 countries included in the scoping review.

China was one such example, India another, despite interesting examples of parenting support such as 'parent schools' in China and *Anganwadi ('garden courtyard')* workers in India. The latter are paraprofessionals, trained members of the local community, whose responsibilities include parenting education through home visiting and community support. These often took place in courtyards in village homes. Although such parenting support has been evaluated positively (see Evans 1998), the strategies, delivery mechanisms and some specific service objectives (e.g. promoting the nutrition and survival of children and mothers) reflect their focus on the most impoverished communities and so their work may not readily translate to an English cultural context. Similarly, China's one-child policy, system of government and particular population demographics (e.g. the differences between its rural and urban populations) mean that the parent schools work within very different organisational structures - and with very different groups of service users - than would be the case in England, again limiting the extent to which specific lessons could have been drawn for developing policy or practice in this country.

The 'short list' of 12 countries aimed to achieve a balance between the different inclusion criteria. For example, considerations about translatability - and the extent of difference in population demographics - could have been applied to exclude Central and South American countries from the short list. Countries such as Chile, Brazil and Mexico include communities living with extremes of poverty that are not comparable with life in England, particularly in rural areas and urban slums. However, these countries are recognised as having responded to the challenges of addressing social disparity in their populations (see, e.g. OECD 2005) and this can be related to the prevalence of non-governmental organisations focusing on child and family welfare, and / or the presence of sustained government policies and social investment aimed at addressing disparity in population social indicators. In Brazil, social spending is high, relative to other countries, and OECD has highlighted 'unquestionable' improvements in social indicators such as education (OECD 2005). In addition, our early scoping work showed evidence of innovative and interesting parenting support programmes or strategies in this country. Accordingly, it was decided that Brazil should be included in the short list of 12 - recognising that translatability of work in less developed countries was a limiting factor, but at the same time, acknowledging the potential insights that could be drawn from innovative work in a country where considerable investment and attention has been focused on developing services and service infrastructures to support parents and families.

Other countries excluded from the short list of 12 had fulfilled the translatability criterion, but were discarded in order to ensure sufficient variation - for example in terms of political and welfare systems and geographical spread - to provide a robust basis for selection of five countries for the main review. Thus, for example, while some evidence emerged of interesting frameworks for parenting support in Belgium, this country was not included in the 12, but its immediate neighbours - France and the Netherlands - were. Equally, to avoid weighting the study's focus too strongly towards Scandinavian countries (while acknowledging that family services are generally very well-developed in these countries), it

was decided that Denmark, Norway and Finland would be included in the shortlisted 12, but not, on this occasion, Sweden. Such decisions inevitably mean that evidence of interesting and innovative practice is lost from countries excluded at such an early stage, and undoubtedly arguments could be made for a different 12. But no study has unlimited time and resources. Such hard decisions are a necessary part of the process, in ensuring that the focus on the shortlisted countries had sufficient depth to inform decisions about the final selection of five. Accordingly, after careful consideration and discussion within the research team, the following 12 countries were selected for inclusion in the initial scoping report: Brazil; Denmark; Finland; France; Germany; Hungary; Israel; Italy; Netherlands; Norway; Poland; and Spain.

Identifying relevant information

Scoping work for these 12 countries drew on online resources and published material (in English and in languages spoken by members of the study team), and included:

- national and a small number of local government policy information, accessed through internet searches of national and local government websites in each country;

- publicly available national statistics on parenting and family support services (where available) and on key social indicators (e.g. as presented in the European Commission's annual report on social Protection and social Inclusion in its member states);

- academic literature (identified through searches on international and, where possible, country specific bibliographic databases, with reference to existing reviews, as noted above); and

- 'grey' literature relating to parenting and family support in each country, including on-line documentation and publications that describe and / or evaluate services, identified through internet searches.

Search terms

Searching for literature in the English language meant that conventional search terms used in the field of parenting support in England were adopted in the first instance. Such terms included "parent* support"; "parent* education"; "parent* training"; "parent* program*"; "parent* evaluation"; and "parent* intervention". When possible, country specific key terms such as "socialisation" (as used in China) and "help with upbringing" (used in Germany) were used, when identified in materials written in English. Key terms in the local language relevant to parenting support were also identified where possible, and included as search terms in internet search engines (see below).

Searching the literature

The scoping review drew upon online resources and published material, primarily in the English language. Non-English materials were included where members of the research team had sufficient language skills to read them (France, Italy) or to understand key terms and phrases (Germany), or where contacts were able to extract key information on our behalf (Poland, Netherlands). Information regarding parenting support in some countries was also accessed through contact with colleagues in leading organisations in the field of parenting and family support in those countries. These contacts were often able to provide us with an overview of the policy framework, to identify key terms in their own language and to signpost us towards relevant published and unpublished materials.

Because of the difficulties in accessing country-specific literature in the English language, much of the literature gathered was "grey literature" relating to parenting and family support policy and services in a specific country. These were often not very detailed and did not always provide an overview of family support in each country. In general, searches generated various documents regarding a country's welfare state policy; the legislative framework; children's rights; and international collaborations that related to, or included, parenting support. Such literature included reports written by or for international organisations such as UNICEF, European Commission, and ChildONEurope; government policy documents; and presentations given at international conferences or fora.

Internet search engines were the predominant search tools (e.g. Google) as this enabled searching of web pages from specific countries. English language electronic databases such as the International Bibliography of the Social Sciences were used at the outset of the exercise, but it quickly became apparent that these would not yield fruitful results because many of the countries being scoped had published little in English language journals. Access to country-specific bibliographic databases was limited to open-access resources in languages spoken by the research team.

A1.2   Key findings from the initial scoping review

Information for each of the 12 countries was reported in more detail in the scoping overview (Boddy et al., 2008b). The intention here is both to provide a wider reference point for other internationally-focused work on child and family policies, and to make transparent the basis for selecting the five countries for Phase 2 of this study. The countries are presented in alphabetical order, with a final section reviewing the nature of the evidence available.

Brazil: not included in main review

The scoping overview of parenting support in Brazil indicated much that was relevant to the aims of the present study. Brazilian policies emphasise the family as a unit, entitled to protection, with a corresponding move away from assistance targeted at individuals. The social inequalities and political history of Brazil undoubtedly raise questions about the translatability of the country's policies and services to a UK context. Many initiatives are focused on meeting the most basic survival needs of children and families, and, for example, on vaccine uptake (*Bolsa Família Programme*). Moreover, and reflecting the relative recency with which family policy has been established in Brazil compared to other countries in the review, preliminary scoping revealed little critical analysis of Brazil's parenting and family support provision (see CIESPI 2007).

Within a larger study than the present research, strong arguments might be made for the inclusion of Brazil in an in-depth review, as an example of recently developed and strongly prioritised family policy. However, it had been agreed by the project steering group that in-depth research would focus on European countries. Moreover, the early stage of development of many programmes, along with an over-arching concern about the translatability of the Brazilian experience to England, meant that Brazil was not included in Phase 2 of the study.

Denmark: included

Denmark is a small country relative to England, but has well-developed child and family services and our previous research has found it to be a useful case study of the Nordic welfare model (Petrie et al. 2006, 2007; Boddy et al. 2008). Its size, along with well established research and monitoring services and good availability of English language information, makes it relatively easy to gain a coherent national picture of provision. Moreover, the predominance of social pedagogy as a professional qualification means that

Denmark can provide a useful example of a professionalised parenting support workforce, enabling a discussion of issues such as the skills required for the work, and the role of parenting support work alongside other professional roles such as social work. The initial scoping also suggested that Danish practice was not restricted to adaptations of English language models or on developing its own frameworks for practice, but has also drawn on work in other non-English language countries (including other Scandinavian countries).

Finland: not included

Finland, like Denmark, provides a good example of a Nordic welfare system in a country that has consistently been highly rated on cross-national indicators such as child wellbeing and education. The scoping review identified a strongly developed family policy, which places particular emphasis on reconciling work and family life - a focus that reflects the high proportion of mothers in full-time employment in Finnish society. The key features of the Finnish welfare system are clearly relevant to policy and practice development in England, for example their focus on child well being measurement and regular monitoring, along with a highly developed system of child indicators and statistical capacity building. An emphasis on early intervention to prevent social exclusion is another shared theme between Finnish and English policy, as is an interest in assessing the impact of policies on children. However, the scoping also indicated the difficulties of gaining a clear national picture in Finland, because of the variation noted by the Ministry of Social Affairs and Health in local policies and service provision across the country's 432 municipalities.

France: included

France has greater commonalities with England in its population demographics than many of the other countries reviewed in the scoping exercise. It differs in some ways (such as rates of poverty and unemployment), but shares many well-known challenges and policy objectives with England in relation to social inclusion and social cohesion: for example, in tackling social inequalities; in working with hard-to-reach groups and minority ethnic communities; and in the distinct challenges of urban and rural service provision. France scored highly on our criterion of translatability. It also provides an example of a country where the development of parenting support frameworks has been a national priority for some years, and where there is a growing emphasis on formal evaluation. The scoping exercise also suggested there is an academic literature that questions concepts of *parentalité*, offering a fresh standpoint from which to examine the assumptions about 'good parenting' that underlie many frameworks for parenting support.

Germany: included

Germany met a number of criteria for selection for more in-depth review. Although larger than England, the two countries share a number of common characteristics, including ethnically diverse populations. Socio-economic differences between East and West mean that German policy and services are informed by the challenges of reaching vulnerable or hard-to-reach groups, including the long-term unemployed and minority ethnic groups. Policy and services, developed over many years, reflect the combination of a professionalised (predominantly social pedagogically trained) workforce with legislated principles including the legal right of parents to help with upbringing and to a choice over the form of help provided. At the same time, the prominent role of the voluntary sector in parenting support seems highly relevant to England's mixed economy of service provision. Finally, members of the research team had previous experience of researching children's services in Germany and a case study could capitalise on that existing understanding of Germany's complex and decentralised system (Petrie et al. 2006, 2007; Boddy et al. 2008).

Hungary: not included

This initial scoping exercise has identified a comprehensive raft of developments in child and family policy in Hungary, aimed at reducing inequalities and promoting social inclusion and child wellbeing. The focus of these initiatives reflects the particular needs of the Hungarian population, as government continues the substantial task of developing policy and service frameworks following the transition from state socialism at the end of the 1980s. Although these developments have led to pockets of very interesting practice, such as the work of the Children's Centre of the National Institute for Family and Social Policy, few examples of projects or services that were specifically aimed at parenting support were identified. Greater policy emphasis has been placed on access to childcare and benefits and on supporting women's return to work after having children - issues that arguably are more pressing within Hungary's national context at the present time. Together, these observations suggested that Hungary would provide a less useful case study than some other countries where parenting support has been a more explicit focus of family policy, or where parenting support services are more firmly established.

Israel: not included

Preliminary scoping unearthed a variety of interesting and innovative initiatives in Israel that aim to support children and their families through direct work with parents. It seems probable that more material would be identified through further in-depth review encompassing the Hebrew literature that was inaccessible to our initial work. English policy interests in community engagement and family support, and in the ongoing children's centre programme, could perhaps learn from Israeli use of community-based initiatives and of trained peer-counsellors, and of daycare centres for work with vulnerable families. Common ground might also be found in the challenges of developing work that engages families from minority ethnic groups.

Israel has developed parenting programmes such as HIPPY (the *Home Instruction Programme for Preschool Youngsters),* which has been successfully translated and used in other cultural contexts. However, scoping indicated that Israel's approach to parenting support appears to have much in common with US models; the HIPPY programme, for example, has been implemented in the US. Given the present study's aim to learn from non-English language models of parenting support, it was decided that other countries may provide more relevant case studies for our purpose.

Italy: included

The initial scoping of parenting support in Italy offered something of a dilemma in terms of a decision about whether it would provide a useful case study for the in-depth report. On the one hand, the local nature of service design, along with a concern to avoid 'pre-packaged' knowledge-based approaches or mono-cultural models of 'good parenting' made it difficult for a preliminary scoping to capture in any depth the nature of services, and thus to judge how much could be learned for the English context from further in-depth study. Yet these very features hold great appeal in terms of the primary objective of the research - to gain a fresh perspective on parenting support, and thus to learn from different ways of looking at the challenge. Milani's (2004) analysis of the responsibilities of parents carried echoes of the key principles of social pedagogy that have been identified in research in Northern European countries (see Petrie et al., 2006). The idea that parents must 'make room' in their lives for the child, as an independent person, resonates with the Danish social pedagogic concept of *rummelighed* (which literally means roominess or spaciousness). At the same time, both perspectives emphasise rights and empowerment for parent *and* child. Such understandings highlight much broader questions - about what constitutes 'good parenting', or the sort of 'good childhood' that parenting support seeks to promote or protect.

It was decided that an Italian case study could potentially contribute a great deal to debate in England about future directions for parenting support - both in challenging embedded understandings and ways of working, but also in providing practical illustrations of the development of services designed to meet specific local needs.

The Netherlands: included

Parenting and family support appeared to be a well-established priority for policies and services in the Netherlands. The more recent policy emphasis on prevention, and early identification and intervention resonates closely with government priorities in England, suggesting that the Netherlands' experience would offer a highly relevant case study for the English context. While the country is smaller and has lower rates of poverty than England, it faces similar challenges in engaging hard-to-reach groups such as non-native language speakers, and our preliminary scoping suggests some success in this regard. As a case study of welfare models, the Netherlands presents an interesting hybrid - traditionally classified as a 'corporativist' conservative welfare state like Germany, but influenced by its Nordic neighbours, and - with political shifts in recent years - a growing policy interest in the neo-liberal approaches of countries such as England. In line with its continental and Nordic neighbours, the Netherlands also has a professionalised workforce, although the scoping exercise also indicated the success of projects using peer support from trained parents.

Norway: not included

Norway offers an excellent example of the Nordic welfare state, with well-developed universal services to support children and families, through parental employment rights and leave policies; high quality subsidised early childhood care and education; and universally accessible low-threshold family counselling services. The country's 'generosity of public policy support for families' (Hantrais 2004: 177) is long-established and systemic. It is reflected in low levels of social inequality as well as in Norway's highly ranked position on cross-national indicators (such as UNICEF's 2007 analysis of child wellbeing). On the one hand, such strengths argue for Norway's inclusion as a case study in our research, on the other, the presence of strong frameworks for childcare and parental leave challenge comparability with the English context. This argument also applies to the other Scandinavian countries included in the scoping review, but in addition the scoping exercise revealed widespread use of English language models of support (such as Webster-Stratton programme and the Parent Management Training Oregon model), and relatively less about Norwegian-led programmes or initiatives in parenting support. This situation may reflect our reliance on English language material, and more limited knowledge about Norwegian service frameworks than is true for other countries such as Denmark, where we have better knowledge of key terms and service models. Within the timescales for the work, it was decided that Denmark would provide greater opportunity for obtaining useful information than would Norway.

Poland: not included

Poland's parenting support needs and services reflect its current social and demographic situation, and in particular, concern about high rates of poverty among certain groups in society - notably, children and families. While the Polish focus on poverty-reduction is clearly relevant to English policy audiences, such priorities are relatively recent and any parent support initiatives set up to address them are unlikely to have been established for long enough to be adequately evaluated. A further consideration was that the preliminary scoping - albeit restricted in depth and breadth - identified relatively few programmes and initiatives in Poland, although it is likely to have missed smaller local initiatives (Wojtas, personal communication). Accordingly, while Poland's work on parenting support may provide useful

lessons in years to come, at this point in time it was decided that the aims of the study would be better met by focusing on other countries.

Spain: not included

The preliminary scoping of Spanish parenting support policies and practices was limited by reliance on English language literature, but nevertheless indicated well-developed practice, including a focus on areas of interest to UK government such as school-family relationships. Services and policies appeared to be well-documented, but mostly in Spanish. On the criterion of translatability, Spain differs from England in some important demographic characteristics such as the relatively low proportion of women in employment (suggesting the country faces a lesser challenge in targeting support at working mothers) and a particular focus on school-family relationships (perhaps reflecting the relatively high rates of early school leaving in Spain). Both factors could have implications for the transferability of parenting support programmes to England. A case could have been made for Spain to be included in Phase 2 of the study, but when choosing between Italy and Spain, the research team's access to Italian-language literature and country contacts meant that Italy was the preferred choice.

Appendix Two - In-depth review of parenting support in five European countries: methods

Selection of five countries

Decisions about which five countries to include in Phase 2 of the study were based on four core criteria:

- relevance to UK policy and practice development in parenting support;

- potential translatability to a UK service context;

- indications of effective, innovative *or* promising practice in parenting support; and/or

- well-developed policy frameworks for parenting and family support.

These criteria were viewed holistically, reflecting the overarching aim of selecting a group of five countries that together would offer a range of perspectives and approaches to parenting support. An additional criterion was to maximise the potential for learning from difference, and thus we avoided the temptation to select only those countries that seemed to fit most readily with existing UK conceptions of parenting support. Instead, the five countries selected included those that, on the basis of the scoping review, were judged to have the potential to challenge or offer fresh perspectives.

A final consideration was feasibility. Within the relatively short timeframe available for the main study, it was critical to ensure that reviews could be completed to schedule by partners in the countries selected. While feasibility was not the driving force behind the selection of countries, there were some benefits (all else being equal) to suggesting case studies where the research team had existing knowledge and professional contacts. This experience was judged to be likely to confer advantages both in terms of feasibility but also in adding depth of contextual understanding to the final report, on the part of both the TCRU research team and the overseas partners.

In light of these considerations, the five countries recommended for in-depth review were Denmark, France, Germany, Italy and the Netherlands. This selection was agreed with the DCSF project steering group.

The international research team

Key contacts in each of the five countries were commissioned to prepare a national review of parenting support for their country. These research partners were identified through the existing knowledge of the TCRU research team, from experience collaborating on previous collaborations (in Denmark and Germany); on the advice of known experts in the field of parenting and family support (France); and through knowledge of contacts linked to institutions with established expertise in parenting and family research (Italy, the Netherlands). In each country, one partner was contracted to act as a key contact, and to lead on preparation of a knowledge synthesis report for their country. In four of the five countries (Denmark, France, Germany, Italy) the contact was a native language speaker and resident in the country; in the fifth country (the Netherlands) the partner was currently UK-based, but with long-standing experience of living in the Netherlands, and of working as a consultant and researcher for the Bernard Van Leer Foundation, ensuring the necessary country- and topic-specific knowledge, local contacts and language expertise.

Knowledge synthesis reports

In each of the five countries, partners were asked to prepare a knowledge synthesis report of about 5000 words. The Danish, Dutch, and Italian reports were prepared in English; the French and German reports were prepared in those country languages, and translated into English. These reviews are not reproduced in this project report, but provide the information on which this report is based.

In order to ensure comparability of information, a detailed structured guide was agreed in consultation with the overseas partners, through circulation of drafts and discussion at a meeting of the international team (see Figure 1.1). The structured guide for the country reports covered the following areas:

- Overview of background and current policies;

- Descriptive overview of parenting support provision;

- Overview of evidence:

- descriptive information on interventions / services ; and

- available evidence of effectiveness;

- Concluding discussion of current issues, innovations and proposed developments:

  - barriers and facilitators; and
  - strengths and weaknesses in the current system;

- Glossary of key terms in native language with English definitions.

Preliminary drafts of the five country reports were circulated among the international team, and discussed at a second whole-team meeting. Following this second meeting, the country reports were revised, and final drafts submitted to the TCRU research team. The final stage of the work was to prepare the country reviews in a comparable format, to facilitate cross-country comparison, and to analyse the material for messages that could inform policy and practice development in England.