Family and Parenting Support

Policy and Provision in a Global Context

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Mary Daly
Rachel Bray
Zlata Bruckauf
Jasmina Byrne
Alice Margaria
Ninoslava Pećnik
Maureen Samms-Vaughan

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UNICEF Office of Research – Innocenti
Piazza SS. Annunziata, 12
50122 Florence, Italy
Tel: (+39) 055 20 330
Fax: (+39) 055 2033 220
florence@unicef.org

Contents

Acknowledgements 4

Foreword 5

Part 1

Executive Summary 8

Introduction 11

Prevailing Policy and Provision 15

1.1 Forms and modalities of family support and parenting support 15

1.2 Underlying orientations, philosophies and rationales 21

1.3 Context and main actors 24

Analytical Framework and Future Work 30

2.1 Analytical framework and future work 30

2.2 Existing knowledge gaps and future research 32

Appendix: Methodological note 35

Part 2

Country Studies 41

Belarus 42

Chile 48

China 55

Croatia 62

England 69

Jamaica 76

The Philippines 84

South Africa 91

Sweden 98

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The financial support of the Swiss National Committee for UNICEF was critical to producing this document and is greatly appreciated.

1 The profiles and contributions of all the participants in the seminar as well as the meeting report are available at www.unicef-irc.org/knowledge-pages/Expert-Consultation-on-Family-and-Parenting-Support/

Foreword

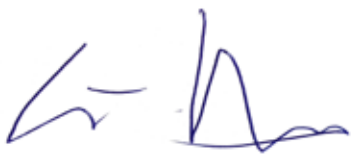
Families, parents and caregivers play a central role in child well-being and development. They offer identity, love, care, provision and protection to children and adolescents as well as economic security and stability. Families can be the greatest source of support for children but also – under unfortunate circumstances – the greatest source of harm. Children's well-being is therefore inextricably linked to parental well-being, and thus investment in all families, complemented by targeted support for the most vulnerable, is of paramount importance for realizing the rights of the child.

The United Nations (UN) Convention on the Rights of the Child (CRC) is clear: parents, legal or customary guardians have the primary responsibility for the upbringing and development of the child. But so do governments, non-governmental actors and community-based organizations. According to UN CRC article 181, states must 'render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children.'

In keeping with the spirit of the Convention, family and parenting support is increasingly recognized as an important part of national social policies and social investment packages aimed at reducing poverty, decreasing inequality and promoting positive parental and child well-being. Over the past 15–20 years different models of family-related services have evolved in different parts of the world. The benefits of different types of approaches, for both parents and children, have been documented through research, along with the analysis of social and economic/budgetary policies on family support programme financing. However, currently most evidence is coming from high-income countries and predominantly from Australia, Canada, the European Union (EU) and the United States. Much less documented is what drives the development of national policies and programmes in low- and middle-income countries and how the provision of family and parenting support impacts on child and adolescent well-being in these contexts.

This is why the UNICEF Office of Research has set out to develop a research agenda on family support and parenting support globally. Our main goal is to build the evidence base on what kind of family and parenting support works, under what conditions and for whom in order to promote child well-being in different national contexts. We take an integrated and life-course approach to children, considering their situation and a range of outcomes for them at different stages of their growth and development. In this initial piece of work we partnered with Professor Mary Daly and her team from the University of Oxford, Department of Social Policy and Intervention, and a number of other distinguished scholars and colleagues to produce a research compendium that encompasses a conceptual framework, an analytical paper and national case studies. We believe that the lessons from Chile, Jamaica, the Philippines and South Africa are equally insightful as those from high income countries such as England and Sweden. The global perspective allows us to see not only the role of national governments but also that of regional bodies and international agencies, as key players in promoting child well-being through supporting parents and families.

UNICEF places family support and parenting support at the core of its global social protection agenda. We at the Office of Research believe that a newly emerging global body of evidence will contribute to stronger policy, more efficient interventions and increased cross-country learning. In years to come we hope to see more emphasis on linking national and international family-related policy goals to positive results for children and adolescents.



Goran Holmqvist
Director, a.i.
UNICEF Office of Research – Innocenti

1 UN Convention on the Rights of the Child, article 18

1

Prevailing Policy and Provision

Analytical Framework and Future Work

Mary Daly
Professor of Sociology and Social Policy,
Department of Social Policy and Intervention,
University of Oxford

Executive Summary

This report examines and analyses policies and provision for family support and parenting support. The goals of the research are to identify relevant global trends and develop an analytical framework that can be used for future research and policy analysis. For these purposes, new evidence was gathered and existing evidence systematized and analysed. The report is based on general literature searches and evidence gathered from 33 UNICEF national offices, located in different parts of the world, and detailed case studies of nine countries (Belarus, Chile, China, Croatia, England, Jamaica, the Philippines, South Africa and Sweden). The focus was on the features and characteristics of interventions, the underlying rationales and philosophical orientations, and the factors that are driving developments.

The research was guided by four main questions:

- What are the forms and modalities of relevant policies and where are family support and parenting support located in national policy portfolios and provision?
- What are the theoretical underpinnings and guiding rationales of family support and parenting support?
- What are the key features of the policy background and the main actors involved?
- What are the gaps in research, knowledge and information?

FAMILY SUPPORT AND PARENTING SUPPORT IN PRACTICE

Concerns about the conditions and practices of child-rearing, and factors relating to children's well-being and development, are leading to a growth of measures oriented to family support and parenting support. In some cases this involves the introduction of new policies and provisions; in others it involves a re-orientation or reframing of existing policies.

Family support and parenting support vary widely in practice. In some regions of the world, for example in South-East Asia and sub-Saharan Africa, systematic, government-led support initiatives are rare. Regions where support seems to be developing strongly include Europe, the Central and Eastern European and Commonwealth of Independent States regions, Latin America and a few countries in Africa and Asia. Countries vary in the emphasis they give to one form of support over another.

The evidence suggests that, where it exists, family support is being developed in two main forms, through:

- services – especially social, health and psychological services to families
- the establishment or re-orientation of economic support to families, especially cash payments.

Parenting support, on the other hand, is primarily focused on imparting information, education, skills and support to parents in the form of health-related interventions for parents and young children, and educational support on child development and child-rearing for parents. While parenting support is much broader than educational parenting programmes, the latter play an important role and are one of the main ways in which parenting support is being developed within and across countries.

One of the key issues at the forefront of this research is the relationship between family support and parenting support. The results suggest that they are best regarded as related but distinct. Both have at their core a focus on the rearing of children, seeking to support or alter the conditions under which children are reared. Furthermore, they focus on this in a familial context (although neither is confined to a particular family setting). But family support and parenting support have distinct orientations and it is possible for each to exist without the other. Parenting support is the narrower of the two, being focused on parents and parental engagement and practices. It is therefore not necessarily oriented to the unit of the family or to wider familial considerations. Family support is broader, concerned with the family as a social unit and its ecological balance – the relationships and resource flows between members as well as how well the family is embedded within supportive networks. Hence, family support is oriented to family stability and general family functioning as against the more parent-centred objectives of parenting support.

Some of the key observations coming out of the research are related to the fact that family support and parenting support are providing a focus for innovation and policy development within and across countries. Policies are driven by many rationales and aims: most typically they combine a mix of objectives relating to children, parents and family. In relation to children

there are four main rationales: furthering children's rights, ameliorating child-related risks, enabling positive early childhood development, and addressing anti-social and aggressive behaviour, especially on the part of adolescents. In relation to parents, rationales driving policy and provision of services include improving parental competence, and increasing parental engagement with the development of their children. Among the family-related rationales are improving family functioning and child-rearing, preventing child–family separation, alleviating poverty, facilitating adjustment to demographic developments, and supporting the family as an institution and way of life.

The provisions can be universal and targeted, although targeted interventions, for example for parents of young children and/or families experiencing difficulties, are predominant. This focus on young children and their parents works to the relative neglect of older children and adolescents, an issue that emerged from the case studies as being of pressing concern and one of the key recommendations.

Conditional and non-conditional cash payments to families for children are playing a significant role in generalizing family support and parenting support. The evidence suggests that both types of cash payments to families are bringing about a change in behaviour, especially in regard to child-rearing. While mothers or female caregivers are the main targets and recipients of both family support and parenting support, including cash transfers, this can lead to the 'feminization' of programmes, which insufficiently target fathers or other male members of the household and reinforce traditional gender roles.

While family support and parenting support are being introduced in very different settings, they take account of context to varying degrees and in varying ways. Challenges have been noted in the transferability of existing pre-packaged parenting programmes because insufficient attention is paid to the context. The research has identified the following key contextual factors that have a major impact on the nature and progress of family support and parenting support: cultural and social factors, economic factors, and the institutional and political background (especially legislation, policy systems and the history of policy and public administration in relation to child protection, child welfare and family well-being, among other domains).

Key actors that stood out across contexts as playing a leading role in the introduction and running of family support and parenting support are state and other political actors, intergovernmental organizations and various community-level actors (including non-governmental organizations (NGOs), religious institutions and volunteers). Parents and children or young people are also important actors, although in most settings their capacity for influence and voice is modest and under-developed in policy and provision. Professional groups or individuals, market-based actors and employers are among other potential or actual actors associated with the growth and implementation of family support and parenting support.

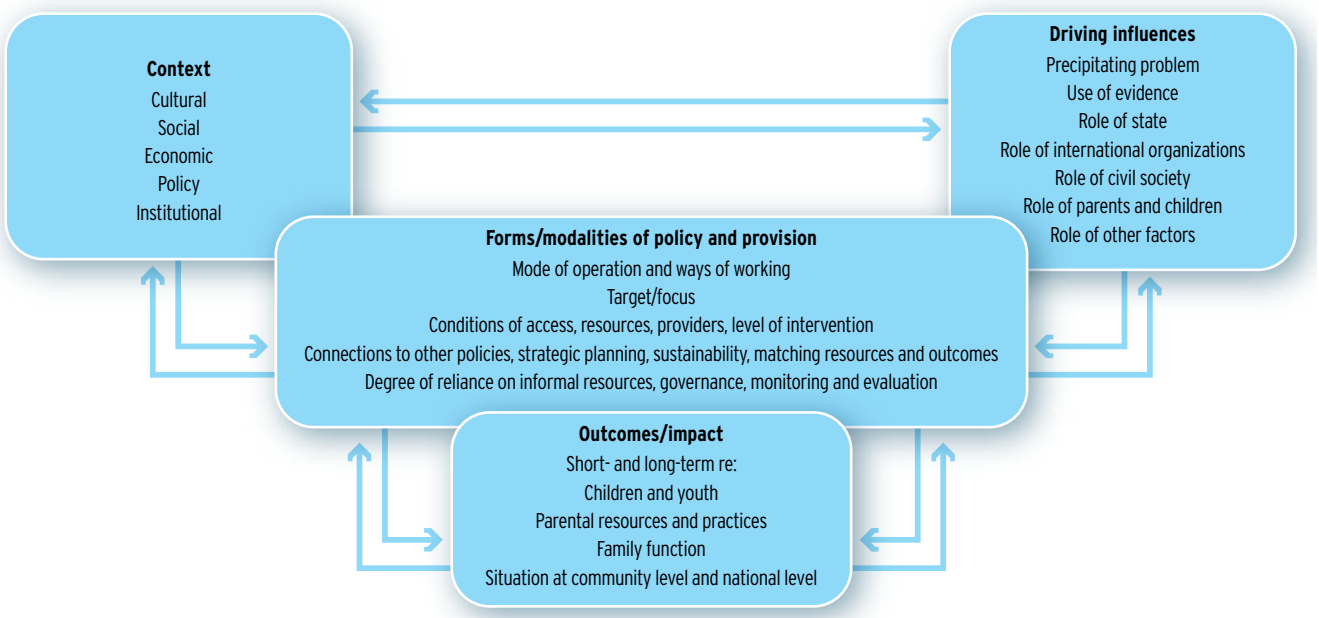
The research also looked briefly at gaps in information and evidence. Here the dearth of information and knowledge on outcomes is very striking. Most information comes from parenting programmes – standardized programmes typically delivered in packages of sessions to parents – in a high-income setting. Other prevailing information gaps include evidence about:

- what provisions are in place
- how they are being implemented
- the conditions necessary for sustainability or successful delivery
- the interaction between formal and informal support and their mutual consequences
- the connections between measures oriented to the behaviour of family and parenting and more structural support – such as anti-poverty and anti-inequality measures, as well as human rights and other measures to address discrimination and stigma
- how to change the political context.

ANALYTICAL FRAMEWORK AND FUTURE RESEARCH

A second aim of the project was to test and develop a framework for future analysis and research purposes. The proposed framework, drawing from the initial framework used for the research and the insights yielded, is illustrated in Figure 1 (and detailed further in the body of the report and the appendix). It has four levels or clusters of factors: the context, driving influences and key actors, forms and modalities of policy and provision, and outcomes. The constituent elements and meaning of each of these, and a set of strategic questions and research frameworks to operationalize them, are outlined in the main report.

FIGURE 1 A comprehensive framework for the analysis of family support and parenting support



The research highlighted some key priority areas as being in need of further analysis or possibly a programme of research:

- identification and analysis of the policies and interventions being introduced in the name of family support and parenting support in a local context, and national and regional variations in these regards
- the implementation and operationalization of provision in practice, the principles and ways of working with children, adolescents, parents, families and communities that are being promoted, the strengths and weaknesses of provision, and the resources being deployed for the purposes of family support and parenting support (among other possible interventions)
- the distribution of interventions across age groups and the specificities and needs in this regard, especially interventions for adolescents (which is a very under-developed field)
- the outcomes and broader impacts associated with the two fields in general and particular programmes and interventions within them
- the nature and impact of interventions that use only parenting support as compared with those that combine a range of family support interventions.
- the extent to which a life course approach underpins the developments, the barriers to its wider usage, and the potential of such an approach to transform the fields of family support and parenting support
- the factors making for or detracting from sustainability and scale-up, especially from a social and cultural viewpoint, and the impact of more formal types of support on existing informal support and family life and child-rearing generally
- the links between developments in family support and parenting support and other social policy goals and objectives; of particular need of investigation are the extent to which the family support and parenting support measures are oriented to equality goals (such as those pertaining to gender, generation, race, ethnic group and religion), and how they interact with them (positively and negatively)
- the strengths and weaknesses of family support and parenting support in addressing problems that are structural in nature (e.g., poverty, inequality, unemployment, ill-health and poor education) and whether they represent a move away from unconditional and universal support for families, parents and children.

INTRODUCTION

Policies and provision for family support and parenting support are relatively under-researched, especially in a global setting, so there is an information gap. But there is also what might be thought of as a knowledge gap, as there is no analytical framework taking an integrated and global approach to both family support and parenting support. Aimed at providing such a framework, this report examines the main approaches being adopted in different locations in the name of supporting families and parents. It identifies the different modalities of policy and provision and links them to the underlying rationales and the contextual and other factors and considerations driving developments. The goals of this report are aligned with the broader research priorities of the UNICEF Office of Research, centred on building evidence in this rapidly expanding field. More concretely, this study aims to research and identify global trends in policy and provision on family support and parenting support and to provide an analytical framework that can be used for future research and policy analysis.

Family is a contested concept, with different cultural traditions and understandings of family prevailing within and across countries. This makes for complexity and variation. In this report, the variation and sensitivity around family are acknowledged from the outset. Policy and debate in this area are not purely technical matters but are interwoven with ideologies, values and culture in fundamental ways, and the provisions that are put in place reflect these.

The research undertaken centred on a scoping of policy and provision across a range of world regions. New evidence was gathered and existing evidence systematized and analysed to identify common trends and gaps in policy and practice. The evidence was analysed through four main lenses or research questions:

- What are the forms and modalities of relevant policies and where are family support and parenting support located in national policy portfolios and provision?
- What are the theoretical underpinnings and guiding rationales of family support and parenting support?
- What are the key features of the policy background and the main actors involved?
- What are the most outstanding gaps in research, knowledge and information?

The report is organized as follows. This introduction sets out the basic concepts, the analytic approach taken, and the data and evidence on which the research was based. From there on, the report proceeds in two main sections. The first section works systematically through the first three research questions, presenting the available evidence on each. It takes an overview of the main forms and modalities of the two types of provision as they are being implemented within and across countries and regions. It examines in turn the main rationales underlying provision, the factors which influence what is put in place, and the main actors involved. The second section presents the suggested analytical framework for future research and the evidence on the fourth question underlying the project – gaps in research, knowledge and information – using this to suggest future lines of research. An appendix presents a methodological tool for operationalizing the framework.

KEY TERMS AND DEFINITIONS

At the outset it is important to note how key terms are used in the report. 'Child', 'parent' and 'family' are not interpreted in a prescriptive or singular way. The term 'child' is used to refer to those under 18 years of age[1] and therefore includes adolescents and younger children. However, in recognition that such a categorization is too broad to reflect specific age-related concerns and needs, and mindful of the fact that a life course approach underlies the work of UNICEF, the situation of older children and adolescents will be singled out for discussion as appropriate.

The second lead set of terms consists of 'parent' and 'parenting'. These are used to refer to the main caregiver of the child; they are not limited to biological or legal parents, or, indeed, even to parents. This breadth is especially important given that significant numbers of children are reared by people other than their parents. 'Family' too is used here in a broad way. It refers to the most significant intimate group, which can be defined either by kinship, marriage, adoption or choice. Hence, family is recognized to vary in composition and the nature of the relational tie between members, and is not understood exclusively as the nuclear family or connection by kinship.

1 In accordance with the UN Convention on the Rights of the Child.

Both family support and parenting support are still in the process of being developed and there is a lot of debate and many opposing views about how they should be defined (Frost and Dolan, 2012; Katz and Pinkerton, 2003). For analytic purposes, a precise conceptualization is essential.

Family support has a potentially large set of meanings. It obviously has a relationship to family policy, which is normally conceived to encompass income support, services and leave from employment for child-related and family purposes. Family support includes some of these functions but is more precisely defined as a service oriented to the relational well-being and functioning of children and families (Pinkerton, Dolan and Canavan, 2004). Applied in a social work or social problem setting, the overriding goal of family support is to promote the welfare of children and other family members by making available a range of supportive resources, including formal and informal support. Family support is underpinned by a systemic orientation in which internal and external family relationships are seen as closely linked.

It is possible from the existing literature to identify three defining features of family support. First, family support has developed as an alternative approach to initiatives targeting problems in individualized ways. In other words, it seeks to offer an alternative to approaches that deal with problems in ways that neglect or undermine the family's potential for change, e.g., removing the child from the family and other institutional responses to child maltreatment and problematic family behaviour (Dunst, 1995). Second, there is a strong ecological element to family support. Relationships, inter-dependencies, support networks and local setting comprise the framework within which it understands family life. With family isolation and lack of social support seen as a central concern, the perspective is especially oriented to integration of families into various social networks. A third defining characteristic of family support is a focus on the strengths as against the deficits of families and a recognition of families' capacity to define and respond to their own needs, provided they have the necessary support (Pinkerton, Dolan and Canavan, 2004).

Parenting support is narrower in focus than family support. Parenting is a functional term for the processes involved in promoting and supporting the development and socialization of the child (Richter and Naicker, 2013). In parenting support, the focus is on how parents and caregivers approach and execute their role. The intent is to increase their level of education, resources and competence for child-rearing. Parenting support, therefore, tends to focus on the relationship between parent and child as a caregiving and functional relationship and aims to better equip parents for this role by providing them with a variety of information, education, skills and support. A core objective of the interventions is to achieve better outcomes for children and young people by engaging with and strengthening the child-rearing orientations, skills, competencies and practices of their parents.

These insights and clarifications lead to the following definitions:

Family support is a set of (service and other) activities oriented to improving family functioning and grounding child-rearing and other familial activities in a system of supportive relationships and resources (both formal and informal).

Parenting support is a set of (service and other) activities oriented to improving how parents approach and execute their role as parents and to increasing parents' child-rearing resources (including information, knowledge, skills and social support) and competencies.

One of the key issues at the forefront of this project is the relationship between family support and parenting support. UNICEF's Social Protection Framework defines family support as activities to strengthen and preserve families, prevent separation of children from parents and ensure early intervention in families at risk (UNICEF, 2012). The activities listed include parenting education, family mediation, family legal advice, family and individual therapeutic support, and referral to other services. This is a helpful base from which to clarify definitions and identify the boundaries of and

interconnections between the two forms of support. The approach adopted for the purposes of the research was to treat family support and parenting support as related but distinct in some ways. They are related in that both have at their core a focus on the rearing of children, seeking to support or alter the conditions under which children are reared. Furthermore, both focus on this in a familial context (although neither is confined to a particular family setting). But they have different orientations and it is possible for each to exist without the other.

As mentioned, parenting support is narrower than family support, being focused on parents and parental engagement and practices. It is therefore not necessarily oriented to the unit of the family or family considerations (beyond parenting). Being broader, family support is concerned with the family as a social unit and its ecological balance – the general relationships and resource flows between members and how well it is embedded within supportive networks. Hence, family support is oriented to family stability and general family functioning as against the more parent-centred objectives of parenting support. The report returns to the question of how the two are related when the empirical evidence is presented in Part 1.

ANALYTICAL FRAMEWORK AND RESEARCH METHODS

For the purpose of conceptualizing and studying the nature of family support and parenting support and the variations involved, one of the principles underlying this project – and indeed the UNICEF research programme of which it is a part – is the need to adopt an integrated and comprehensive approach. What this means in practice is recognizing and being open to the interconnections between different types of intervention and between concepts or philosophies and the contexts in which they are discussed and implemented. A life course approach and ecological framework, both of which are core to the theoretical approach informing the project, rest on an integrated perspective.

Such an integrated perspective is interpreted here to mean treating family support and parenting support as being constituted by three main elements: the forms and modalities of provision, the theoretical rationales and underpinning philosophies, and the context and main or driving actors. This is the framework that guided the research and around which the results are organized and presented. Outcomes and impact are also relevant but were not specifically investigated here since they are to be the focus of a separate stream of research under the UNICEF Office of Research programme. However, later sections of Part 2 of the report will discuss outcomes because they have a core relationship to policy and provision, and constitute a major gap in knowledge and information.

Temporally, analysis is focused on the unfolding of the relevant policy and provision since 2000 or thereabouts. Four types of evidence were gathered and analysed as part of the research. First, existing policy and other documents describing and outlining policy and provision were analysed. These were mainly national-level policies, and some regional policy statements were also examined. Evaluations and other relevant research were included; in all some 120 documents were examined. These documents were sourced mainly by web searches but also in some instances through directly contacting informants in several countries.[2] The web searches were organized on the basis of a set of key terms, and ranged across policies relating to child welfare, child development, adolescence, family, parents, parenting, health, education and social protection. The search engines used to identify relevant material included: Ovid, Web of Knowledge, Social Science Abstracts, Zetoc and policy-specific databases (e.g., those of the Organisation for Economic Co-operation and Development (OECD) and UN).

A second source was evidence gathered specifically for the research project from UNICEF country and regional offices. Coordinated by the UNICEF Office of Research, information was obtained from 33 low- and middle-income countries and included a short survey with relevant offices, policy analysis and review of studies and evaluations obtained through UNICEF's

2 The project benefited from evidence and contacts made through existing work by the Oxford team. These are the Open Research Area-funded study 'Governing New Social Risks'. This is a four-country study focusing on parenting support in England, France, Germany and the Netherlands. The author is leading the English study (funded by Economic and Social Research Council research grant RES-360-25-0062). A second important source of information, albeit limited to Europe, is the EU peer review on parenting support hosted by the French Government in October 2011, in which 11 countries presented and discussed their parenting support policy. The author acted as the thematic expert for this event. The documents are available at: http://ec.europa.eu/social/main.jsp?catId=1024&langId=en&newsId=1391&furtherNews=yes.

databases.[3] These were selected on the basis of existing knowledge, suggesting that there were relevant developments to report. There are some qualifications to be noted in regard to this data, though.[4] A third source of evidence was an expert consultation meeting. The UNICEF Office of Research organized the meeting and its purpose was to consult about developments and obtain feedback on the analytical framework and early results of the study. The two-day meeting was held in Florence on 25 and 26 May 2014 and was attended by 22 international experts.[5] Fourth, the Oxford team conducted eight consultation interviews with national and international experts.[6] These were mainly for the purposes of compiling the national case studies.

Nine country cases were studied and examined: Belarus, Chile, China, Croatia, England, Jamaica, the Philippines, South Africa and Sweden. These countries were chosen using three criteria: regional spread and global representation; variation in background and policy positions on family; and variation in modality and approach to family support and parenting support. The discussion and analysis that follows draws centrally from these countries and is also informed by evidence on developments in other regions of the world (collected specifically for the project and from existing sources). The case studies written by the Oxford team and the UNICEF Office of Research (in association with national experts) are presented in Part 2 of this report.

The research faced several challenges and limitations, which should be noted. Constraints arising from available information imposed limits, not least because precise and comparable evidence across countries is not available for many family and parenting support policies or programmes. Furthermore, the global scope made it necessary to employ rather wide categories of comparison. Broad detail is emphasized over national and regional context and variation, and web searches and documentary analysis were more or less limited to English (with some use made of Spanish, Croatian and Russian language sources). Finally, with its focus on policy and practice in the public domain, the research may underestimate informal provision as it may not show up in official policy or national coordination documents. The same is true for private services, which in some countries may be extensive, but by their nature may not be part of the public policy system.

3 The geographical coverage here was as follows: 17 countries from Central and Eastern Europe and the Commonwealth of Independent States; two from the Middle East and North Africa; four from East and Southern Africa; four from East Asia and the Pacific; three from South Asia; and three from Latin America and the Caribbean.

4 First, global coverage varied with the Central and Eastern European and the Commonwealth of Independent States countries very strongly represented; second, the information provided varied in depth and detail; and third, the selection was tilted in favour of countries which were known to have relevant developments under way.

5 These included academics, independent researchers and specialists working for international organizations including UNICEF, Save the Children, Eurochild and the MenCare Campaign.

6 These were all undertaken for the purposes of compiling the country case studies. All of the respondents were experts on the particular countries. They were mainly academics but some were involved in policy provision.

Prevailing Policy and Provision

For the purpose of this analysis the key elements of family support and parenting support were conceptualized as forms and modalities, rationales, context and leading actors. The discussion that follows treats each of these in turn.

1.1 FORMS AND MODALITIES OF FAMILY SUPPORT AND PARENTING SUPPORT

FORMS AND MODALITIES OF FAMILY SUPPORT

Family support varies widely in practice. In some regions of the world – e.g., Central and West Africa – systematic, government-led family support initiatives are rare. Regions where family support seems to be developing strongly include Europe, the Central and Eastern European and Commonwealth of Independent States, Latin America and some parts of Southern and Eastern Africa and Asia.

The evidence suggests that, where it exists, family support is being developed in two main forms, through:

- services – especially social, care and psychological services to families
- the establishment or re-orientation of economic support to families, especially cash payments.

Of the two, services are more often considered to fall under family support than cash payments. This is mainly because services have a more exclusive orientation to family functioning than cash benefits or economic support, which typically have a broader set of goals than the practices around child-rearing. However, the differentiation between services and cash transfers is becoming increasingly blurred. Key factors here are the growth of conditional cash transfers (which typically require people to use services as a condition of receipt of the cash transfer) and the fact that anti-poverty and income supplementation initiatives aim to remove financial barriers to accessing key social services. This study will focus primarily on services, and economic support will be examined only in cases where there is an apparent link with services to families.

Family support in different countries most often takes the form of services targeted to families in particular types of situation. These include families considered at risk of social exclusion or in marginalized sectors of the population; those where the children have special needs (such as a disability of some kind); those where the children are considered to be subject to some kind of risk (such as violence, child neglect or abandonment); or where children are in need of kinship care due to orphanhood or HIV/AIDS. As a service or set of services, family support takes a number of forms. One is the equivalent of classic social casework services. These are most commonly services to deal with or avert child-related difficulties or problems, and in some settings to maintain children in the family home or environment. While these services are well developed in the high-income countries, they are relatively new in others (especially, for example, in countries with a history of child removal in the case of child protection risks or family problems, or where social services were under-developed and there was little or no precedent of state support for child-rearing in a family setting).

Family support services tend to be problem-oriented rather than preventive, although there are increasing moves towards a preventive orientation. The precipitating 'problem' varies widely: for example, in East and Southern Africa and South-East Asia countering violence and abuse of children tends to dominate as a precipitator of child welfare service interventions. These risks also prevail in the Central and Eastern European and Commonwealth of Independent States countries, but the momentum is also around reducing and preventing institutional care and increasing the numbers of children being reared in a family environment.

While casework is especially focused on strengthening family relationships, there is evidence also of the

development of a type of family support service that is more generic and is as concerned with familial behaviour as familial relationships. One example is the kind of services offered as part of the conditional cash transfer programme Chile Puente (Chile Bridge). Set within the general social protection system (Chile Solidario), it is a form of personalized intervention targeted on particular families. Cooperating with such intervention is a condition of receiving the conditional cash transfer (another part of Chile Solidario). Chile Puente involves the family cooperating with a social worker as part of an agreed plan aimed at creating or restoring the family's capacities and basic functions (Hardy, 2011). The family's participation and rights and obligations are formalized through a family contract signed for a period of 24 months. This sets out mutual responsibilities on the part of the state and the family to work towards improving the family's conditions of living. A family counsellor ('support worker') assists the family in seven key areas: family life, personal identification, health and education, family dynamics, housing conditions, employment and income. Work with the family starts with an intensive phase involving 14 home visit sessions, which are thematically structured and delivered through discussion and a 'board game' with visual and other communication aids. This is followed by eight more sessions spread over a longer period (not exceeding two years). The goal is to motivate and mobilize the family through a custom-made plan of action to tackle the family's perceived social exclusion and relational issues.

The second main form through which family support is being developed is cash payments to families for children. While these have long existed in the highly developed countries, they are not only new in some settings but are also being introduced specifically for the purpose of influencing child-rearing. In some respects, the highly developed welfare states are different in this regard. This is not just because they have long had such child-related transfers or income subsidies (Gauthier, 1996) but because the history of benefits in these states has generally been to support child-rearing rather than to influence how it is carried out. Hence, the motivations for introducing cash benefits for families with children were not so much to affect child-rearing practices directly but instead to offer solidarity with parents and families, encourage natality, or as an anti-poverty measure (Daly, 2014). These objectives, especially the former two, favoured a universal approach, so in many countries, especially those in western Europe, the cash benefits were paid to all families and had no conditions attached. The approach taken in other parts of the world to supporting families is very different from that of the high-income countries of western Europe.

One could speak of a new generation of cash payments to families – these are instrumental in orientation and pinned closely to bringing about a change in behaviour, especially in regard to child-rearing. In essence, the new generation of cash benefits is being used more explicitly to target and change aspects of familial functioning around child-rearing. In some countries, this is a motivation to introduce cash payments to families for children, whereas in others a reframing or 'rebranding' of cash benefits to orient them more explicitly to support child-rearing is taking place.

Conditional cash transfers are especially popular in the Latin American region – the UN has indicated that some 25 million households (equivalent to some 133 million people) in 18 countries of Latin America and the Caribbean receive conditional cash transfers (United Nations, 2012, p. 4), which combine direct financial assistance to households or families with prescriptions around service use by the recipients (Chopra, 2013). In most countries, the conditions relate to school attendance and/or health-related progress on the part of the child, or indeed the parents' attendance at a parenting programme. But conditions can also extend to general familial behaviour. It is mostly low-income families which are targeted. In addition, the programmes typically select women (usually the mother or the woman responsible for children in the household) as the primary recipient of the transfer. It is a policy option said to be "based on the assumption that the money spent by women tends to be invested in goods and services more likely to positively affect the well-being of the children" (Soares and Silva, 2010, p. 7). Conditional cash transfers have been the subject of both positive and negative research and commentary.[7]

Unconditional cash transfers for children are also being instituted as a form of family support, although their intent may not be directly focused on child-rearing practices as compared with conditional cash transfers. There is evidence to suggest that unconditional cash transfers have had an impact on multiple child-related outcomes, by enhancing the capacity of families and

7 See Milazzo (2009) for a broad-ranging regional overview of research results on conditional cash transfers.

households to take care of their children.[8] Favoured in the high-income countries of Europe, such transfers are also popular in other parts of the world, especially southern Africa and parts of Asia. The child support grant which was introduced in South Africa in 1998 is a leading development in unconditional cash support for children. It is a flat-rate benefit (currently to the value of R300 ($28) per child per month) and paid to the caregiver responsible for the care of the child. The caregiver may be a biological parent, grandparent, relative or non-relative of the child. The grant is estimated to reach some 10 million children. It is important to note that, while this grant is unconditional, it is targeted by income.[9] Although it is not that easy to classify if one takes a narrow understanding of measures oriented to family support, the intention of this grant is to support and value child-rearing in a context of kinship care, rather than prescribing a particular form of child-rearing. Notably, the South African provisions are unusual in that they attempt to "follow the child" (Patel, 2011, p. 371).[10] Cash transfers are not always able to address all issues, nor are they prescribed as a silver bullet; increasingly evidence is demonstrating that the combination of cash and care (parenting support and other social support interventions) contributes to better outcomes. What types of interventions, and combinations thereof, will be most beneficial for families depends on their situation and needs.

Not everything fits neatly into the general categories adopted for the research. Countries go their own way in some respects and there are numerous specificities in how family support is understood and practised. For example, among the case study countries, China stands out as family support there is mainly associated with inter-generational support within the family, especially regarding the provision of support and care to older relatives. Furthermore, it seems that provision that meets several ends, namely child education and development (especially broad-based early child development), maternal employment and family functioning, is considered to be family support in some contexts. For example, in Rwanda crèches with early child development input are provided on public works programmes (Government of Rwanda, 2007).

In a context where the discussion to date – and the overall thrust of the report – focuses primarily on formal family support, it should be noted that this co-exists everywhere with informal family support and that in a global context the latter is far more widespread than formal family support. For example, the Chinese and South African case studies make clear that in those national contexts family support consists largely of informal resources offered by relatives (and in an African context also neighbours) in the form of food, shelter and care for a child or dependent adult. Rather than state policy, it is these social networks and high levels of informal care arrangements that enable large numbers of vulnerable children – including those affected by the HIV/AIDS epidemic – to remain in family care. Moreover, as Byrne and Margaria point out in their background report, these informal networks are increasingly under threat as families are more and more stretched, and migration, urbanization and other major changes affect family structures and the resources available through family relationships.

FORMS AND MODALITIES OF PARENTING SUPPORT

Looked at globally, parenting support is growing in volume and reach, and leading to innovation in forms of provision. Again, one finds wide variation and so it is not easy to decide on how best to classify the services involved. This research suggests that the form and focus of provision are the best classificatory devices.[11]

Parenting support is primarily focused on imparting information, education, skills and support to parents in two main forms:

- health-related interventions for parents and young children
- education and/or general support for parents.

With regard to health education and health promotion, the main type of service along with general information campaigns is home visiting, usually for parents (mothers most typically) of infants and toddlers.

8 For an overview of the impact of social transfers on children and their families and ongoing evaluations and results from past evaluations in Africa, see the Transfer Project at www.cpc.unc.edu/projects/transfer.

9 The income threshold for receipt is currently R34,800 ($3,250) for a single person and R69,600 ($6,500) for a couple.

10 An analysis by Byrne and Margaria (2014, unpublished), for example, reports on these developments, including a gradual expansion of the definition of family and marriage as a requirement being replaced by cohabitation.

11 One could also use other headings, such as the policy location or the ministry or office in charge, or the medium or form of delivery.

This is frequently organized as part of maternal and child health services and so tends to be delivered by nurses or paraprofessionals with some medical training (depending on the setting and context). There are usually two functions involved: health checks on mother and baby, and informing and educating parents (usually mothers) about infant and child health and well-being. This is the parenting support service that is most likely to be universal, in the high- and middle-income countries especially. As the analysis by Byrne and Margaria points out, there is a strong tradition of this service in all the European countries. Hence, most European countries have national or sub-national home visiting services for new parents, typically organized by the health ministry. The quality of services offered varies, and European countries are attempting to revitalize this service to offer broad-based support to both mothers and fathers, and establish referral pathways for families and children with special needs or in difficult situations.

Health-focused parenting support is a strong tradition in western Europe, where this service is also being expanded (mainly in the form of family nurses, e.g., in England and Germany). These services often commence before birth, especially for vulnerable mothers and families (although in Sweden they tend to be universal and compulsory – conceived to improve general population health and well-being), and they continue for much of the child's first year. In some countries (e.g., Cuba), the service of home visiting extends beyond the infant stage. In other countries (e.g., Albania), this kind of service exists for families from socially excluded sectors of the community – such as Roma – until the child reaches the age of six years. Health-related parenting support is not exclusively the preserve of professionals – it is sometimes delivered by non-professionals, such as volunteers acting in a mentoring or quasi-professional capacity. There are many examples of volunteer or paraprofessional service provision. The Integrated Child Development Services in India is an important example of such a mode of delivery of a service that involves parenting support.

The second main form of parenting support is also oriented to informing and educating parents, but it extends beyond health and is delivered through a greater variety of types of services. Whereas health-based education is primarily delivered through home visiting, parenting support as broader education may be delivered through such diverse channels as group educational programmes, one-to-one counselling, and coaching or peer mentoring in a community context around parenting-relevant information, education and skills. The service 'umbrella' or heading under which this form of parenting support is offered and organized also varies. It may be offered as part of early childhood education, school–parent liaison, family mediation, and child protection and family welfare services. In some countries, for example, parents attend information, coaching and training sessions at the early education and care centres which their children are attending (Chopra, 2013).[12] In others (e.g., Belarus, Croatia, England, Jamaica and the Philippines), specific family service centres exist or have been set up. This kind of service also exists for parents of school-going children in some countries (e.g., the Netherlands, Romania and Turkey). In a less intensive form, parenting education may be made available through information sheets or booklets as well as websites, television campaigns and telephone helplines.

Parenting (education) programmes appear to be one of the most important forms of parenting support in most of the countries included in this research. There may not necessarily be many programmes operating in a particular country (especially in the low- and middle-income countries), but such programmes may well be the only or dominant form of parenting support. They are not always available publicly, though, as most of the commercial programmes have high licence fees. Such parenting programmes are standardized, often developed and operated in commercial form, and delivered in packages of 8 to 12 sessions, during which parents are taught about child development and offered the opportunity to reflect upon and alter their parenting beliefs and practices. Among the main outcomes targeted by these programmes are the promotion of positive discipline, the improvement of parent–child relationships and the amelioration of child maltreatment and child-related risks. The programmes adopt a pre-packaged approach but they usually have some in-built flexibility so that, theoretically at least, they can be applied in any setting. Some extend up the age range of children (rather than being just for very young children) and providers can choose which age group they wish to use them for (Lucas, 2011). Another defining characteristic is that they typically have an assembled

12 The countries specifically mentioned by Chopra (2013) in this regard are: Albania, Bhutan, Chile, Colombia, Congo, Ecuador, Guatemala, Nigeria and Uruguay.

evidence base around operation or impact (although this is not necessarily evidence from the country where the programme is being applied).[13]

A number of parenting programmes have wide currency and are regularly implemented around the world. Among the most widely known are the Australian Triple P and the American Incredible Years. Most of the countries adopting programmes – not exclusively governments but also NGOs and even private providers – adjust the programmes somewhat to meet prevailing conditions, especially the targeted population. However, the evidence collected from the UNICEF offices suggests that these adjustments may not necessarily take account of cultural (and sub-cultural) practices around child-rearing, and as commercial enterprises the fees and costs attached to their usage mean that providers in low-income situations sometimes cannot afford them. All told, parenting support is much broader than parenting programmes, but the latter have a significant place in provision, and appear to have a presence in most countries.

Another medium of parenting support intervention that deserves brief mention is parental education measures (through groups or home visits) that seek to improve early stimulation of language and cognition and related abilities in children. While these do not fall clearly under the heading of 'parenting support' or 'parenting programme' – and where they exist tend to be part of (early) education or childhood policy – they do contain parental support components, which are often combined with health, nutrition and caregiver psycho-social interventions. They are frequent enough – especially in the low- to medium-income countries – to warrant being noted as a medium through which parenting support is delivered (Engle et al., 2007; Evans, 2006).

Parenting support is not exclusively about the provision of information, education or skills though. In some cases, the type of support provided approximates more to the core meaning of 'support', for example, peer support, or social support more broadly. Befriending and mobilizing community support can also be important modes of parenting support. In France, for example, parenting support is not focused particularly on (re-)educating parents but is conceived mainly as offering parents peer support in their child-rearing and educational roles, along with information and advice on how to engage with the education system and other public services in a manner that enhances their children's social integration (Martin, 2012; Pioli, 2006). Enabling networks and networking among parents is both a goal and a modus operandi. There are similarities in Sweden, where one sees increased provision of centres or forums for parents to gather and build mutually supportive networks. The Parents' Places – local community-based information and service centres (including recreational services) – which exist widely in Jamaica are another example. There are similar developments in other countries, and especially regions of the world which take a more communal approach to child-rearing. Networking and generating social support may also seek to counter the discrimination or stigma that certain families are faced with.

There are two overview points to make about parenting support at this stage. First, one notable commonality amid all the variations is that mothers are the main recipients of the parenting support provisions. This has been the subject of considerable discussion and critique (Jenson, 2010; Lopreite and Macdonald, 2014; Molyneux, 2008), especially in regard to the conditional cash transfers in Latin America. The focus on mothers has been highlighted as one of the ways in which parenting support interventions may underplay the structural and other contextual factors that affect individual children, parents, families and communities (Richter and Naicker, 2013). There is a strong sense in them of reinforcing traditional gender roles. While some efforts are being made to engage fathers, the extent to which these seek to change gender roles is rather weak. Among the examples which the case studies bring to light are the Empowerment and Reaffirmation of Paternal Abilities programme in the Philippines and the Father School initiative in Minsk, Belarus (which provides educational and psycho-social support to imminent and new fathers).[14] Such father-focused endeavours notwithstanding, gender specificity and mother focus appear to be common features of parenting support. The concept of shared parenting seems to be under-developed in the interventions in practice.

13 There is a very large literature on parenting programmes, so much so that it is impossible to do justice to it. For good overviews see Evans (2006) and the papers collected at What Works Wisconsin (http://whatworks.uwex.edu/Pages/2parentsinprogrameb.html).

14 For further information on initiatives targeting fathers see the Fatherhood Institute in England (www.fatherhoodinstitute.org/) and the MenCare Global Fatherhood Campaign (www.men-care.org).

Second, provision for parents of adolescents seems to be fairly under-developed. The momentum around parenting support is primarily for young children (especially those aged up to five years). Interventions for parents of adolescents seem to be especially rare in the low- to middle-income countries, although there are some provisions for teen parents in a few (as in the South African example cited below). Programmes for parenting of adolescents are to be found in greater volume in some of the high-income countries. Such support exists in England and the Netherlands, mainly in the form of parenting programmes and support groups for parents of teenagers and adolescents (Boddy et al., 2009; Daly, 2013). Practices around mentoring of teenagers by other adults apart from parents are also reported for some countries (such as the United States and Ireland) (Dolan and Brady, 2012). Elsewhere, programmes for parenting of teenagers are rather infrequent and/or pilot in nature. Among the examples encountered through the research is the Sinovuyo Teen parenting programme, which is currently being trialled in South Africa. This is a locally adapted variant of evidence-based programmes used internationally, and the need for assistance of parents of adolescents is also being recognized. For example, a recent study in Croatia of the views and felt needs of parents of younger adolescents proposed recommendations such as improvement of teachers' attitudes towards children, availability of psychological support through schools, and improved attitudes of employers towards parents (Pećnik and Tokić, 2011, cited in the country case study).

THE RELATIONSHIP BETWEEN FAMILY SUPPORT AND PARENTING SUPPORT

We return here to the question of how family support and parenting support are related to each other and what the evidence says about this. In many countries they are difficult to pinpoint as distinct fields: they tend to shade into each other and to share some common objectives. However, this does not mean that they are the same. Merging them runs a number of risks, not least that of ignoring differences between interventions that are collectivist in orientation (for example, oriented to the preservation or functioning of the family as a whole and/or energizing or supporting the extended family or alternative forms of care) and those that are more individualist in selecting one or both parents as a focus for intervention around child-rearing. In addition, the objectives may be quite different, with parenting support targeting parental behaviours around child-rearing and family support focusing on a more generic set of objectives around family stability and familial well-being.

In a further clarification, it should be noted that family support and parenting support do not always co-exist in practice and that the extent to which policy favours one or the other also varies. Of the two, family support is more often stated as an objective or goal in law and policy. In comparison, parenting support is less likely to be explicitly stated in policy and institutionalized as a specific domain of policy and provision. But there are some countries with a national parenting support policy that operates in relative isolation from a family support policy: England, Jamaica, the Philippines and Sweden, and to a lesser extent Croatia, are the main countries that can be said to have what might be called a strong and coherent policy on parenting support.

England offers an example of a highly developed and wide-ranging parenting support policy (see case study). The Labour Government in power between 1997 and 2010 put in place what was arguably the most developed infrastructure and set of parenting support services anywhere in the world (Churchill and Clarke, 2010; Daly, 2013; Lewis, 2011). As well as offering a wide range of services, the policies were concerned with training a workforce to deliver parenting support, establishing a base of research and evidence on outcomes, and providing a database on programmes from which providers could make a selection, imposing obligations on local authorities to provide parenting support (see country case study). The situation has changed under the current (Conservative and Liberal Democrat) Coalition Government, with parenting support much more oriented to the low-income sectors and 'problem families'. Parenting support is still present though as a policy objective.

Jamaica is an interesting case study in this regard, because it too has a national parenting support policy in place. This oversees many services and undertakes governance, monitors provision and arranges public consultations. Croatia has also developed a strong nationally focused set of parenting support services, which among other things has led to the establishment of 19 multi-professional family centres throughout Croatia.

It is impossible to understand the policies and provisions that are put in place or exist in any setting unless one takes account of the philosophies informing them and the most salient elements of the context in which they emerge and are set. Each of these will now be discussed in turn.

1.2 UNDERLYING ORIENTATIONS, PHILOSOPHIES AND RATIONALES

A clear set of objectives and ideas about philosophies and rationales is not always articulated in policy or provision, so much is taken for granted and the underlying value positions (which may be controversial) are not always articulated.

In any case, there is no one theoretical or philosophical position informing either family support or parenting support as policy fields. Family support is customarily underpinned by an amalgam of theories (Devaney and Kearns, 2010, p. 4). The relevant theories and concepts usually cited as influential in family support include attachment theory, which emphasizes the importance of the child's secure attachment to responsive caregivers in the early years of life (Bowlby, 1969), and the ecological theory of human development which, following Bronfenbrenner (1979), holds that interactions with others in a range of environments are necessary for human development. Family support is also influenced by theories that emphasize as important elements of the social relations and environment within which families operate (e.g., social capital and social support more generally).[15] Parenting support shares some similar theoretical roots but has others (Lucas, 2011). Boddy et al. (2009) emphasize parenting support's orientation towards social learning theory (which, based on the work of Bandura (1977), holds that children learn in social contexts from observing the behaviour of others). These authors also highlight the influence of what they call "emancipatory approaches" (which aim for parental empowerment and generally work on a partnership basis with parents). One should add cognitive behaviour therapy as an influence on parenting support – it aims to change the way people interpret and respond to others' behaviour (Richter and Naicker, 2013).

Such theoretical positions are not easily found in practice. In fact, it is hard to identify a clear theoretical base to many of the developments being proposed under the name of either family support or parenting support. In reality, both have been driven by more practical (as against theoretical) influences associated especially with the adoption and near universal ratification of the UN Convention on the Rights of the Child. This drove forward an important consensus around the primary role of parents in child-rearing and the obligations of state parties to provide support for that purpose to parents and families. Another practical factor which has been hugely influential is the availability of empirical research showing the negative impact of early deprivation (including institutional care) and the potential ameliorative role of a host of interventions.[16] Family support and parenting support are also being developed as solutions to particular problems such as widespread poverty and child underdevelopment. The idea of social investment in the young appeals to policy-makers in all income settings, especially as a means of sustaining investment in human capital.[17] Ideas around social investment have wide appeal in a world where the impact of globalization, rapid urbanization and persistent poverty and global inequality places the spotlight on children's life chances and life courses, fragile family structures and greater distance (social, cultural and especially physical) between children and their biological parents.

In effect, as they are being developed around the world, family support and parenting support are underpinned by numerous rationales and relate to existing policy in complex ways. In order to be precise, it helps to differentiate between objectives and rationales pertaining to children, parents and families. These are interlinked in practice and can be separated only for the purposes of research and analysis.

RATIONALES RELATED TO THE WELL-BEING OF THE CHILD, CHILDREN AND ADOLESCENTS

Rationales on children's development and well-being are very prominent in family support and parenting support, but especially the latter. Four main child-related objectives and rationales are to be found.

One is around children's rights. The move in this direction, inspired by the UN Convention on the Rights of the Child, is generally credited with introducing a paradigm shift – from family as a collective entity governed by parental authority, to a view of family as a supportive environment for the nurturing of children and the protection of individual rights for children. The Convention made explicit parents' responsibilities in regard to children. On the policy and provision side, the Convention – together

15 For an overview see Dolan, Pinkerton and Canavan (2006).

16 For an overview of this evidence see Schoenmaker et al. (2014).

17 Also known as social investment – see Morel, Palier and Palme (2012).

with regional instruments such as the African Charter on the Rights and Welfare of the Child – has been instrumental in furthering new understandings of the child–parent relationship and of the services needed to put in place a child-centred approach. The developments have centred on measures to realize individual rights for children and interventions aimed at strengthening parenting capacity and the family environment. A priority has been improved access for children to services which are oriented to their development (e.g., preschool and other educational services as well as health services).

The second child-related rationale is around ameliorating child risk and adolescent risk. The nature of the risks targeted varies, from generalized risks associated with poverty and inequality to more specific risks such as those stemming from child abandonment, violence and maltreatment. Eliminating exploitation and the negative effects of war and conflict, and the risks arising from the significant impact of the HIV/AIDS epidemic on childhood, adolescence and family, provides another powerful rationale for family support and parenting support. Risks to children and adolescents have always existed but, following the Convention and a generally more sensitized polity and media, they are now more prominent and for this and other reasons have more force in motivating state activity towards the well-being of children and young people.

A third set of child-related rationales concerns early childhood development interventions and their role in optimizing children's immediate and long-term development. The concept of early childhood development is increasingly found in expert and indeed public discourse. In a national and international context, early childhood development is promoted especially by international development agencies to refer to holistic and converging services in health, nutrition, family care, education and social protection (Rao et al., 2013, p. 8). Supporting evidence for investment in young children is drawn from three main sources: neuroscience, which highlights how the critical periods in the early years and the environment within which the child lives can alter brain architecture and biological function; economic sciences, which suggest that there are higher returns from investment in child rather than adult education; and developmental and behavioural sciences, which suggest that early childhood programmes promote well-being, prevent disease and contribute to cognitive and emotional development (Havnes and Mogstad, 2011; Heckman and Masterov, 2007, inter alia). All of this feeds into and is itself associated with the growth of evidence-based policy-making (Davies, Nutley and Smith, 2000).

A fourth child-related rationale focuses on anti-social behaviour and youth violence. This has become a growing concern in public debate and at policy level as young people (especially) are seen to engage more in aggressive behaviours and to be more resistant to discipline and social norms. This concern is often elevated by negative media portrayals of contemporary youth culture and generational conflicts (White, 2013). This, together with the challenges facing adolescents in contemporary society, has led to the growth of interventions directed towards support for parenting of older children and adolescents. However, as mentioned, family support and parenting support for parents of these age groups are much less developed than those for younger children.

RATIONALES PERTAINING TO PARENTS

While there is variation in how improving parental support and responsibility is understood, it tends to revolve around two central sets of ideas and goals: parental competence and enlisting parents in their children's development.

The first, parental competence, links into the view of parenthood and parenting as a demanding if not specialized activity and therefore as requiring particular skills and dispositions. In contemporary society, notions of 'good parenting' are widely (if often uncritically) promoted (Ramaekers and Suissa, 2011). The whole idea of 'positive parenting' (Daly, 2007) is important here, as are the views of appropriate parenting implied by the UN Convention on the Rights of the Child and other international and national child rights' standards. There has been significant change in both the way that parents and parenting are viewed in society and the role of the state in people's everyday lives and personal relations. It used to be the case – and still is in many countries – that parents were seen to know what to do: parenting came naturally and was not something that states or the public authorities needed to worry about or should intervene in. This was the view taken at least towards middle- and upper-class parents. The parenting practices of the low-income sectors have long received attention from the public authorities. Indeed, in many countries, these are the origins of child welfare services and even, in some cases, the social services (Katz, 1996; O'Connor, 2001). Concern with children

of 'paupers', for example, left a strong mark on social policy in most countries, elements of which persist to the present day.

But in some respects, the growth of family support and especially parenting support signifies a generalization of a concern with parental behaviours and practices. Why has this come about? The UN Convention on the Rights of the Child is again of significance here. It extended concern to all children and therefore all parents and families across the income and resource spectrum. It also extended the concern to low- and middle-income countries where state-based child welfare systems may be less developed and formalized. Furthermore, there is the influence of changing public attitudes (including those associated with increased demands on parents and their time) (Daly, 2013). It is also the case that traditional forms of parenting – which tend to be more authoritarian and patriarchal – are more questioned now, either because of general normative changes or rapid societal modernization, which are seen to require re-adjustments in family and parenting practices (Heath, 2009). All of these have placed a spotlight on parenting, indicating that it should have a place in public policy and provision. But a general concern with parenting notwithstanding, it should be noted that most of the interventions are directed towards low-income and socially excluded parents and families.

A second – and related – rationale and objective is to enlist parents in their children's development. Research on early child development underlines the significance of sensitive responses on the part of parents to their infants and older children (Rao et al., 2013) and the importance of creating the home as a locus of stimulation and learning as well as protection from actual or potential risks and harm to children. As Byrne and Margaria point out in their report (unpublished), the redirection of services for young children from childcare (often 'child minding') to education and early child development – a development which is especially notable in Central and Eastern Europe and the Commonwealth of Independent States – turns the spotlight on parental involvement, motivation and awareness. The view is that parents need to be made aware of the latest thinking, research and public policy about how their child develops and be informed about how to optimize their child's progress in neural and cognitive development and physical health. A central aim for the measures being investigated in this report is to enlist parents as 'supporters' and 'enablers' of their children's development. This is especially prioritized for low-income parents, who may have poor formal education and therefore be perceived to need education to understand what they must do to facilitate their child's growth and development (this is a strong undercurrent in the conditional cash transfers in Latin America and the Philippines, for example).

RATIONALES PERTAINING TO THE FAMILY

Four possible family-centred rationales underlie family support and parenting support: family functioning and child-rearing; poverty alleviation; managing demographic and other relevant developments; and promoting and protecting the family as an institution and way of life.

The whole idea of family functioning and preventing family breakdown is core to family support. This may be part of an agenda to preserve the family unit – the country case studies of China and the Philippines, for example, show how the family is built into the rhetoric and planning for national development and renewal – or it may be associated with efforts to prevent family breakdown and in particular child–family separation. Family support may also be part of a more bottom-up agenda around strengthening familial capacity to deal with problems in the short and long term. In countries affected by shocks, for example, HIV/AIDS or wars or genocides, it may be necessary to renew family functions, either in the family of origin or in an alternative form. Kinship caring is an important rationale for measures around family support and parenting support in those countries.

Addressing poverty is another broad aim underlying the growth of family support and parenting support. This has long been a motivation for the introduction of cash-related support and services for families and children. Nowadays a changed (and more complex) understanding of the relationship between poverty and childhood, adolescence, parenthood and family is being promoted. Family support developments can be seen as (in some respects anyway) taking forward a multidimensional understanding of poverty. The provision of psychological and other forms of support (e.g., in Chile among other countries) reflects an understanding of poverty as a complex phenomenon, caused not just by income shortages but also by psycho-social and behavioural factors, and social barriers that act to perpetuate social exclusion and discrimination. In essence, the developments involve a 'folding in' of family-related needs and functioning

into the design and operation of services and cash transfers. In turn, this is leading to a closer relationship between cash benefits and services and in particular is increasing the significance of conditional cash transfers in income support for families with children.

Third, there are structural elements involved in the move to family support and parenting support. The structural factors may relate to a falling birth rate or the impact of migration and/or emigration on patterns of child-rearing and family life. Other structural factors that may drive policy and provision are changing family structures and trends towards variation in the way family life is organized (for example, relating to composition, family mobility, rates of parental death or absence, teenage pregnancy and one-parent families). To take just one example, the Jamaican case study points out that common patterns among Afro-Caribbean families include early entry into child-bearing, a range of different conjugal unions, which create varying family contexts for children, the practice of 'child-shifting' across different family units and the dependence of the household on many external sources of financial and social support. It is against this backdrop that the country's strong commitment to a national parenting support policy evolved.

Demographic factors may also relate to challenges associated with pressures on the family. In South Africa, for example, about 24 per cent of children are not resident with either biological parent (Meintjes and Hall, 2013). In this kind of context there is pressure around generating or resourcing parenting as shared within the wider family and community. China in some respects presents a similar type of exigency, with many children left behind by their parents' migration.

Fourth, family support and parenting support may also be driven by ideologies and values. Family is an important institution in all societies, a bedrock of social life. Families are under pressure from general societal trends towards individualization and pluralization. Both tend to weaken family bonds: the former in emphasizing and placing value on autonomous functioning and a more individualized identity; the latter in rendering traditional family values and practices somewhat outmoded in the face of the cachet of autonomy. Set against this backdrop, one can see why family support and parenting support might be introduced as part of efforts to bolster conventional and conservative practices. For this and other reasons, they can be controversial.

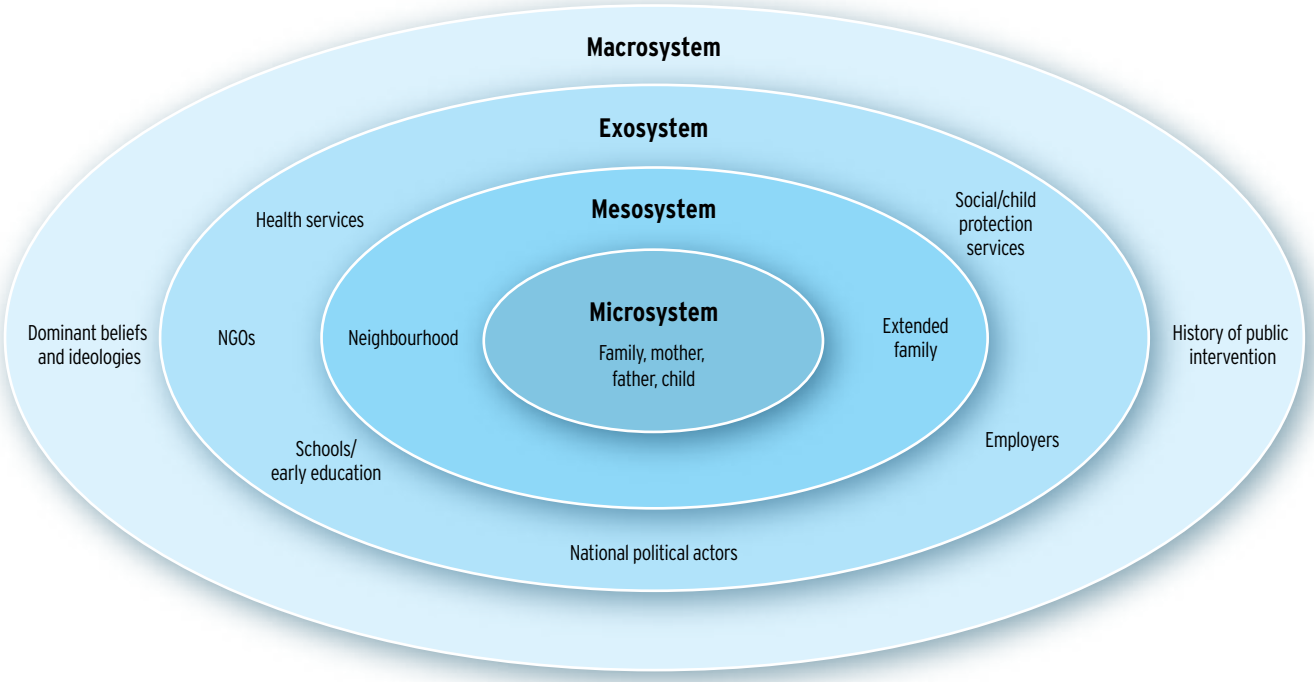
1.3 CONTEXT AND MAIN ACTORS

CONTEXT AND SETTING

All provisions grow and operate in a context. This gives rise to a number of sources of variation and complexity. The context of family support and parenting support has to be seen very broadly, as shown in Figure 2.

Dominant beliefs and prevailing ideologies in the society form the macro system, together with the history of public intervention. A first relevant consideration is that family and parenting have different cultural and social meanings and connotations in different settings. In addition, family, childhood and adolescence are almost always the subject of strong value positions and, as mentioned, often a source of tensions between different value systems. While expansive definitions of family prevail in some parts of the world, family is understood in narrower ways in others. One of the important considerations in a global context is how wide the definition or conception of the family is. Unlike the high-income countries where policies seek to define and activate respective state and parental responsibilities for child-rearing, elsewhere other social institutions, especially the extended family or neighbourhood, have considerable *de facto* moral and other responsibility for childhood and adolescence. Views about the appropriate role of the parent and accepted practices around child and adolescent discipline also vary widely. For example, corporal punishment by parents is viewed negatively in some parts of the world while considered normal or even essential in others. Nor is there consensus around what is difficult or unacceptable behaviour on the part of children and adolescents. As numerous examples from the country case studies and the material from the UNICEF country offices demonstrate, all of these socio-cultural factors influence what is introduced in a country or region as well as how it operates and the chances of success. Rather than part of a passive background, therefore, they should be seen as being core to the development and growth of family support and parenting support as policy and intervention.

FIGURE 2 The universe of actors and contexts in family support and parenting support, adapted from Bronfenbrenner's ecological model of child development



Source: Bronfenbrenner (1979)

Context is also important because it encompasses the institutional and policy situation (and resources) prevalent in a country or region. In the high-income countries, family support and parenting support typically assume and rest on a service infrastructure, effectively a welfare state. In these contexts, family support and parenting support take place within the context of, and to some extent are an evolution of, a range of other supportive services, including social services, health, education and early child development (and in some instances cash transfers; see the exosystem in Figure 2). Such a context, whether in terms of the service infrastructure or the history and acceptability of state intervention, does not obtain to the same extent in most low- and middle-income countries or regions. As a result, among other things, measures oriented to family support and parenting support in these countries or regions are less specialized, less formal and more likely to be grounded in community and peer support than in the high-income countries. There are many examples of differential resource access and use within and across countries. Among them are the use in South Africa of paraprofessionals to deliver family support with early child development and health components (family and community motivators) and in Jamaica the community health workers who engage in home visiting.

Context also matters in another way. This relates back to resources. When services and provisions are decentralized regionally or locally within a country, disparities between areas may emerge and will persist without specific ameliorating action. This often has an urban–rural divide. For example, the case study of the Philippines identifies urban–rural inequality and there are indications from other countries also (e.g., China) that the best (and sometimes the only) services are limited to cities and the most highly developed areas.

Thinking about the institutional context also raises the matter of the constituent and contiguous policy 'spaces' in relation to family support and parenting support. It is rare for either to have a unique policy space. More usually, family support and parenting support provisions extend into a number of existing policy domains. The evidence suggests that six policy domains are interlinked (to various degrees in different settings):

- social or family services
- child protection
- early childhood education
- health
- education
- social protection programmes, including cash transfers.

MAIN ACTORS

Three very obvious sets of actors stand out as being involved in the development and growth of family support and parenting support: the state and the public authorities and political actors more generally; international organizations; national and local civil society, including faith-based and community-oriented actors. Consideration also needs to be given to children and parents as important actors, and to professions and employers. Figure 2 illustrates the universe of potential actors.

STATE AND POLITICAL ACTORS

The state is a most significant promoter and provider of family support and parenting support, so state willingness or national 'readiness' or capacity exerts a major influence on what is introduced and how it functions. This is not foretold or necessarily locked in, but usually the policy and other resources of the state, especially the history, institutional capacity and background of child and family policy, exert an important influence on the degree to which family support and parenting support are taken up as a policy approach in a country and the ways in which they are thought about, designed and implemented. In high-income countries, with their well-established infrastructure of service provision and where social intervention *per se* is not widely contested, family support and parenting support are an additional element to an existing palette of provisions. However, in regions of the world where social policy is less developed and acceptable, investment in family support and parenting support by the state or public authorities involves a very different set of considerations. In many of the lowest-income countries, state engagement in family support and parenting support may only be possible with the help of international organizations.

International and intergovernmental organizations

The case studies and other evidence – especially from the low- and middle-income countries – suggest that international organizations are among the primary promoters of family support and parenting support globally. The relevant UN organizations play a major role. With other international organizations, they frequently work in association with the national or local authorities and with national and international NGOs to inform decision-makers about policy options and in some cases to help introduce a new provision. International organizations may take the lead role as funders, policy innovators, ideas or programme 'translators', and/or service providers. The particular organizations involved differ: UNICEF is a major actor in providing both family support and parenting support, as is the World Health Organization (WHO), especially in promoting evidence-based parenting support programmes to reduce child maltreatment and prevent violence in the home and aggressive behaviour among children and youth (WHO, 2009, 2013). The WHO emphasizes especially the creation and maintenance of safe, stable and nurturing relationships between children and their parents and other caregivers.

Because the objectives of family support and parenting support can fit with various objectives (e.g., public health, economic and social development), international organizations not specifically focused on family and/or child development may also promote family support and parenting support. Examples include the World Bank and the International Monetary Fund. The World Bank in particular promotes early childhood development as a policy and exerts a considerable influence on cash transfer policy in the global South.

One can also see family support and parenting support on regional intergovernmental agendas. In a European context, the Council of Europe in 2006 issued a Recommendation that commits its member states to recognize the importance of parental responsibilities and to provide parents with sufficient support in bringing up their children.[18] This was a foundational step towards a Europe-wide approach to family support and parenting support. In the Recommendation, member states are encouraged to take all appropriate legislative, administrative and financial measures to create the best possible conditions for positive parenting. The Recommendation specifically proposes that psycho-educational resources such as parenting programmes should be made available to all parents. There is little information available on how member states have responded, but a survey on the role of parents and support from the governments in the EU (ChildONEurope Secretariat, 2007) found that most countries expressed a strong interest in investing in research and training, in order to guarantee adequate and effective support to parents. However, the majority

18 Council of Europe, Recommendation Rec (2006) 19 of the Committee of Ministers to member states on policy to support positive parenting.

of services and programmes are not evidence-based, have not undergone scientific evaluation, or have failed to demonstrate effective preventive impact when they have been evaluated (Rodrigo et al., 2012).

The European Commission has started to show interest in parenting, especially in a context of child poverty and social exclusion. Its Recommendation on Investing in Children of February 2013 proposes an integrated approach to reducing child disadvantage, which emphasizes access to adequate financial resources and affordable quality services (European Commission, 2013a). Among the latter, specific mention is made of supporting parents in their role as the main educators of their children during the early years and encouraging early childhood education and care services to work closely with parents and community actors involved in the child's upbringing (such as health and parenting support services). While the Recommendation is still very new, the EU has prioritized child poverty for some 10 years and, in this regard and in its desire to increase labour force participation rates, has set targets and benchmarking standards for member states around the availability of childcare and early childhood development services.[19] There has been significant growth across the EU in such services and a greater recognition by member states of the need for services focused on children (European Commission, 2013b).

In Africa, in 2004 the African Union adopted a Plan of Action on the Family in Africa to guide member states in developing national structures, policies and programmes in response to challenges facing African families (African Union, 2004). In the Union's understanding, the family can be seen in three dimensions: as a psycho-biological unit, where members are linked by blood ties, kinship, relationships, feelings and emotional bonds; as a social unit, where members live together in the same household and share tasks and social functions; and as the basic economic production unit (African Union, 2004). More recently, in its Draft African Common Position on the Family, the Union issued the following recommendations for action: to develop and implement comprehensive family-focused socio-economic policies that recognize the diverse, changing needs of families, and support, strengthen and protect them, particularly in vulnerable and crisis situations; to promote the participation and role of men, particularly fathers, in strengthening family life; and to invest in programmes that prevent family separation (African Union, 2012). This has been reinstated through the adoption of the Addis Ababa Declaration on Strengthening the African Family for Inclusive Development, which calls on member states to define a minimum package of social protection and allocate resources for social protection for children, in the form of cash and services.

In the Middle East and North African region, initiatives are led by the Doha International Family Institute. The Institute notes how demographic, social and economic transformations have triggered a shift from the extended family to the nuclear family as well as increased family breakdown. To counter these issues, the latest Doha conference on Empowering Families: A Pathway to Development issued a call to action. It encouraged states to develop comprehensive and coherent cross-sectoral policies to support family stability and establish and strengthen a national mechanism to develop family-oriented policies and programmes and allocate adequate human and financial resources to implement, monitor and evaluate them (Doha International Family Institute, 2014). In Latin America, the Inter-American Commission on Human Rights recently issued a report on the right of boys and girls to family or alternative care. It attempts to address the issue of poverty and lack of material means as a reason for children to be separated from their families. The Commission states that interference in private family life must be in compliance with the law and respond to the best interests of the child (Inter-American Commission on Human Rights, 2013). Therefore, before providing for the separation of children from their family, special protection measures ought to consider the possibility for them to be cared for within their extended family.

Civil society organizations and communities

Family support and parenting support are also being promoted by various civil society organizations – international and national NGOs. In Europe, Eurochild – a network of organizations and individuals working in and across Europe to improve the quality of life of children and young people – has been a relatively strong proponent of family support and parenting support. It has lobbied consistently on the issues and has convened meetings and research on family support and parenting

19 Among the actions taken was an agreement by the member states in 2002 on targets for early childhood and education and care services (the so-called 'Barcelona targets'). These set targets for 33 per cent of the 0–2-year-old cohort to be in early childhood and education and care services, and 90 per cent of those aged between 3 and 6 years by 2010.

support as a means of addressing child poverty and child well-being (Eurochild, 2013). Internationally, Save the Children has played a key role, especially in setting up services and interventions oriented to positive discipline and family strengthening so as to prevent separation and institutionalization of children.

The contribution of NGOs varies; they tend to play a significant role in introducing new thinking and provision (sometimes through pilot studies). They may be especially prominent as providers – in fact, the evidence from the UNICEF country offices indicates that NGOs are as important as the state as providers in many regions of the world, especially in offering parenting education and support. This may be for resource-related reasons, because government services are outsourced, or because many services are funded by donors and in this context NGOs are seen as the most appropriate providers or are the most widely available. The case studies identified various NGOs as having taken a leadership role and in some cases acted as champions of family support and/or parenting support. One example is the All China Women's Federation – an umbrella NGO promoting women's rights, which has been very active. Partnerships between NGOs and other diverse actors are very common. For example, the China country case study shows that building strong partnerships between the state, volunteers and the private sector appears to be a distinctive characteristic of emerging efforts in family support and parenting support in that country. Involvement on the part of the private sector and its cooperation with international agencies and the government is gathering momentum.

Faith-based organizations may be important actors and often demonstrate leadership in regard to family support and parenting support (although this varies by context). The South African case study refers to the key role played by religious organizations as service providers and facilitators of a range of actions at local level. In a context of under-developed public service provision and underfunding by the state, service provision by NGOs and faith-based organizations may be the source of considerable tension. One such potential tension may be manifest in situations where policy seeks increasingly to support parents and families to care for their children as against placing them in institutions run by NGOs and faith-based organizations.

'Community' extends wider than NGOs and in the domain of family certainly is a complex and varied entity. Indeed, community cannot even be assumed to exist or to have the resources or capacity to offer family support and parenting support, especially in areas that are poorly resourced and have faced struggle and poverty over a long period. Community – as an over-used term – has to be defined in a manner which is contextually meaningful and sensitive. Community may involve peers, extended families, elders and community leaders as well as civil society and voluntary sector actors. In family support and parenting support provision, the 'community' sometimes also takes a provider role, especially in situations when local or state infrastructure is lacking.

One way in which a community mobilizes itself is through volunteers. As members of a community, they play a key role in a number of services relevant to family support and parenting support. In some situations it is volunteers who initiate a service and they are a common medium or channel through which provision is delivered. This research came across many provisions in the different countries that are staffed by volunteers or rely on volunteers to take on informational or outreach functions. Among the examples in the case studies are a programme in China which recruits 'volunteer mothers' for so-called 'left behind children' – those whose parents have migrated for work; fathers as volunteer trainers in the Father School in Belarus; and 'mentor mothers' in South Africa who are trained by one project – the Philani Project – to help improve maternal skills and achieve positive outcomes for mothers and infants from low-income households. Another volunteer-based initiative is the Neighbourhood Parenting Effectiveness Assembly in the Philippines, which is conducted by community workers with groups of parents living in close proximity.

Other possible actors

As Figure 1 (in the executive summary) makes clear, the environment or context of family support and parenting support is complex and hence the range of possible actors is broader than those already mentioned.

Parents and children or adolescents are obvious key actors. They are not necessarily in the foreground, however. Among the information analysed in the report by Byrne and Margaria is evidence from Romania, which suggests that the programmes operating there show a very low level of parental involvement in their design, management and implementation. There is also a tendency for parenting interventions to be rather prescriptive. For example, the programmes by their nature are pre-designed and, while they usually allow

some leeway for parents to affect them, in general they tend to treat parents as recipients of information rather than as leaders

Overall, agency on the part of children and young people is not foretold either. Indeed, in many of the parenting interventions children and young people are not active participants – they may not even be present and if they are their role is most commonly equivalent to that of bystander rather than participant. Therefore, some of the interventions being developed under the objectives of family support and parenting support are not necessarily in line with enabling autonomy of agency on the part of children and young people.

Employers may also be important actors in family support and parenting support – for example, in China a programme entitled Purposeful Parenting for Working Parents targeted at migrant parents is run at the workplace with the support of employers. Activities like this in China are sometimes represented as a component of corporate social responsibility. Looking across countries, the private sector is sometimes involved as a sectoral interest group. For example, some of the parenting programmes are commercially owned, hence they involve a commercial element. The commercial entities involved may be universities or units associated with them, since the most popular parenting programmes (Triple P, Incredible Years) were developed by academics. Either through this door or others, the 'scientific community' – researchers and practitioners – plays a role in the general universe surrounding family support and parenting support. A number of professions and professional philosophies are likely to be involved, including medicine and public health, neuroscience, psychology, child development and child welfare, education and pedagogy, social work and social policy. This is another reason why the fields of family support and parenting support contain many underlying tensions and potential points of conflicting opinion or interest.

Analytical Framework and Future Work

2.1 ANALYTICAL FRAMEWORK AND FUTURE WORK

The discussion here fleshes out and reflects on the original framework that guided the mapping of policy and provision, elaborating and extending it for application in future work. Having seen what is unfolding in practice, we are now in a better position to put detail and substance on the three main elements investigated and to add outcomes and impact to the framework. What might such a framework be used for? Among the potential purposes and contributions are further mapping and monitoring of practice and progress, assessing effectiveness and outcomes, investigating gaps in information and knowledge, and reviewing issues around design, implementation and sustainability.

This part of the report has two sections. The first presents the framework and the second considers gaps in existing knowledge and makes suggestions for areas that might be prioritized by future research. An appendix presents a methodological note to accompany the framework. This sets out the elements comprising each factor in more detail and lists key questions to operationalize the framework.

ANALYTICAL FRAMEWORK

The three main headings or themes used to investigate what is being rolled out worked well in practice. Moreover, the empirical research undertaken indicates that the factors considered under each of the headings satisfactorily pick up the key features of family support and parenting support as policy and provision. These are broad clusters of factors, though, and so what is required now is to specify the elements and foci of analysis that comprise each cluster. In addition, outcomes and impact are added as a dimension in their own right – as mentioned, these were not specifically investigated in the research as they are to be the subject of the second strand of the UNICEF Office of Research project on family support and parenting support. However, they have to be conceived as an integral part of the field, not least because outcomes and impact have a feedback effect on how policies and provisions operate and intended outcomes have a crucial effect on what is put in place.

Figure 1 (page 10) shows the overview framework (for greater detail see the detailed framework in the appendix). It will be seen that the general field is conceptualized by context, driving influences, forms and modalities, and outcomes and impact. Some brief discussion of each now follows, with more attention devoted to outcomes and information and knowledge gaps (which have not been considered to date).

Context

Context, as a broad overview dimension, encompasses the setting, discourses and background conditions in which the policy and provisions or interventions are set. It can be sub-divided into four spheres:

- **cultural**: encompassing such factors as the general value or belief system, prevailing public and other discourses and the ways that they frame childhood, parenting, adolescence, child-rearing and family relationships
- **social**: the societal setting in which family and parenting (and related values, concepts, policies and activities) are carried out and acquire meaning
- **economic**: the existing (local, national or regional) economic context, the financial and other resources available and the resource infrastructure (human and material) more broadly (including informal resources)
- **policy**: the policy system (consisting of all relevant policies and programmes), legal background and the administrative and other components of the national or local infrastructure.

Driving influences

The second level or cluster of factors relates primarily to the driving influences. These could be conceived as part of the context but they are kept as a specific dimension in their own right because they are often the most important factor either precipitating action or

determining the form that a particular intervention will take. Context is too general to capture this. In regard to driving influences, the research results suggest the need to enquire about, first, what the precipitating 'problems' or set of problems are seen to be, how such problems are configured and interpreted by decision-makers, and what kind of philosophical and political position is taken on them. The role, influence and use of scientific evidence in configuring the 'problem' and identifying possible solutions is part of what should be considered here. Second, one has to examine the identity and role of the key actors as driving influences on developments in family support and/or parenting support. These can be grouped into types of actors (as in the discussion earlier; for the universe as a whole see Figure 2, p. 25). Among the key typical or usual actors are the state, public authorities and political actors; the international organizations; and community-based and civil society actors (NGOs or community-based organizations – CBOs). The place and role of parents and children and adolescents should also be analysed, especially investigating the amount and type of agency that they are allowed in interventions. There may also be others involved, such as professional groupings, employers, market-based actors, and volunteers and staff who act as providers or enablers.

Characteristics and features of the policy or provision

The third element – and by far the largest and most complicated – is the characteristics and features of the policy and/or provision. This draws on structural and systemic features as well as operational characteristics. The elements can be separated for analytic purposes but are deeply intertwined. The different dimensions are too numerous to detail here (but see the detailed framework in the appendix). Suffice to say that the dimensions are of two main types. One relates to details about the characteristics of the policy or intervention, such as mode of operation and way of working, the targets, the type and volume of resources provided, conditions of access, identity of the provider(s), and level or degree of intervention involved. Many of these have been encountered earlier in this report. A second type of element is more strategic than descriptive in nature. Prominent here are such factors as how the interventions are linked to other policies or provisions and other objectives as well as the theorizations of change and the relations of power and influence that underlie them. It will be noted that the latter encompass the theoretical and philosophical foundations. Hence, these are treated as defining elements of the forms and modalities of policy and have been integrated here (whereas for the background research and the presentation of the findings they were treated separately).

Outcomes and impact

The final level or cluster of factors relates to outcomes and impact. The case hardly needs to be made for why these are important: to gauge the use of resources; to assess effectiveness; to evaluate efficiency; to understand the forms and motors of change and the linkages between certain programmatic features and outcomes; and to assess sustainability. The study of outcomes also helps to systematize expectations regarding relevant policies and provisions.

As mentioned, the research did not specifically examine outcomes and impact. But insights about them emerged spontaneously from the research undertaken. Such insights suggest that the outcomes and impact of family support and parenting support interventions have to be conceived as relatively complex. It seems a rather obvious point to make – but one that bears emphasis in the context of rapid policy development and high expectations – that the designation of outcomes for investigation has to be grounded in the aims and objectives of the interventions themselves, rather than being a wish list. To a large extent, the outcomes expected and associated with family support and parenting support (and indeed any provision) depend on factors such as how the policy and/or provision are defined and conceptualized, the objectives and aims set, the designated resources, and so forth.

For the purposes of setting out an analytical framework, one must go beyond such relativity and be more specific about and open to unintended consequences. One way of achieving both is to conceive of outcomes in terms of particular categories encompassing the situation of the child and adolescent, parents, families and the community (understood in an immediate sense as the actors involved locally and more generally as the resources and capacities of the local area and the nation as a whole). A second way of doing justice to the diversity of possible outcomes is to differentiate between short- and longer-term outcomes. Table 1 sets out the universe of possible outcomes that can reasonably be said to constitute the relevant potential outcomes associated with family support and parenting support. The differentiations are not hard and fast in practice and, to reflect this, the dividing lines in the table are broken lines.

TABLE 1 The universe of possible outcomes of family support and parenting support

TARGET	SHORT TERM	LONG TERM
Child focused	Emotional and behavioural development	Reduced rates of child poverty
	Involvement in education and health monitoring	Reduced rates of mortality, stunting and wasting
	Reduced risk of maltreatment; increased safety	Higher immunization rates, breastfeeding, child safety
	Greater participation in decisions that affect child	Reduced risk of anti-social behaviour among children and adolescents
Parent focused	Improved skill levels	Improved emotional and mental health (stress, well-being)
	Improved attitudes and feelings, coping and confidence	Increased involvement of fathers
	Improved knowledge and understanding of child development	Continuous involvement in the child's life (when in the child's best interest)
	Improved knowledge of resources and support services available	
	Engagement in social networks and community	
Parent–child focused	Parent–child relationship	Increase in the use of positive discipline
	Attachment, bonding	Reduced rates of children's exposure to violence in the home
	Communication	
Family relations Family condition and family functioning	Strengthened relationships	Reduced poverty
	Less social isolation	Reduced rates of family conflict
	Increased care role and support by other family members	Reduced rates of family breakdown
		Reduced rates of child placement in alternative care
Community Capacity building	Development and operation of policy, programme or intervention adjusted to national conditions	Building up a portfolio of policies or interventions
	Use of volunteers	Building up a trained sectoral workforce or resource pool (including volunteers)
	Making available materials	Change in local or national values and practices
	Training and capacity building of staff and volunteers	Reduced rates of children's exposure to violence in the community and/or locality

These have been integrated in summary form into Figure 1 (page 10) and the detailed framework for analysis and list of questions to operationalize the framework provided in the appendix.

2.2 EXISTING KNOWLEDGE GAPS AND FUTURE RESEARCH

Future research and analytic endeavour has to be mindful of gaps in existing knowledge and research. As part of the current research an attempt was made to identify such gaps.

Information about the outcomes and impact of services oriented towards family support and parenting support emerges from this research as a major gap. Evidence about outcomes seems to be especially scarce for low- and middle-income countries.[20] There is some evidence on outcomes at national level in the high-income countries (e.g., National Evaluation of Sure Start 2012

20 Evidence of the impact of cash transfers on family-related outcomes and child well-being is increasingly well documented in lower and middle-income countries, in particular in Latin America and parts of Africa.

in England) and some reviews of the available evidence (e.g., Fernald et al., 2009; Knerr et al., 2013; Mikton et al. 2011; Richter and Naicker, 2013; WHO, 2013). These and other sources indicate verified outcomes of interventions on children, parents and families. Among the outcomes identified for children are better conduct, reduced risk-taking behaviour and better participation in school. In relation to parents, there are reports of improved parental monitoring of children (associated with improved child safety), less harsh parental disciplinary measures, and parents' provision of a more stimulating home learning environment for their children. Reduced stress and improved parental satisfaction are also reported. Among the family-related outcomes are less social isolation and a general strengthening of family relationships.

The particularity of the research on which these and other findings is based should be noted, however. First, most of the evidence comes from the high-income countries and, even then, from a relatively small number of countries and settings within them. Second, most of the evidence is based on parenting programmes. Third, a very particular methodology tends to be used (randomized controlled trials dominate) and the effects and outcomes tend to be measured by standardized instruments. Fourth, studies tend to focus on the effectiveness of stand-alone initiatives and to take little account of either the situation of participants or the broader context within which the provision is set. Furthermore, it has been pointed out that the quality of studies declines as they are applied to more marginal families – such as poor families, immigrant families, non-western cultural groups and families living in low- and middle-income countries (Richter and Naicker, 2013, p. vii). All said then, knowledge of the factors leading to particular outcomes on the part of both family support and parenting support (with the possible exception of some long-standing parenting programmes) is limited.

Another major gap has been at the centre of this research – what is actually being offered as family support and parenting support. This is an information gap in most national contexts, mainly because interventions may not be coordinated (because of the large range of potential providers and interventions). The research found that it is rare for there to be a central register of relevant interventions. England and Jamaica are exceptional in this regard among the country cases considered. In neither country though is the register complete. England, for example, does not so much have a central register of all relevant provision as a list of recommended, evidence-based parenting programmes from which providers are advised to choose when selecting a new intervention. This list pertains only to parenting programmes. So even in England, a country where parenting support is relatively well developed, there is no comprehensive information base about what is being offered to families and parents in practice. That said, compiling and keeping a register is a difficult exercise to undertake, given the complexity of the field (the very varied nature of the interventions, what they aim to achieve, the level(s) at which they operate, the range of actors involved and the fact that they come under different policy areas or portfolios in different countries).

There are also very large information gaps in regard to the nature and impact of contextual factors and the specifics around the implementation of interventions. Relatively little is known about delivery mechanisms, for example, and whether there are new resources being put in place or continued reliance on the more traditional forms of support such as the wider family and community. Even if a register or overview of provision existed, this would not usually cover details about implementation, which is micro-level in nature and focus. Among the associated notable gaps in information as regards implementation are:

- the material and non-material resources used, the costs of interventions (broadly understood) and the factors that influence them
- the providers and the training level or professional backgrounds of those involved in the interventions
- the types of families targeted and the degree of coverage of families and situations that might be considered to be in special need (families where the child or parents have disabilities or illness, minority ethnic families, low-income families, lone parent families, those with no living or resident parent)
- the degree of coordination and cooperation among different policy sectors and actors
- the degree of involvement of parents and the extent to which parents are treated as partners rather than objects of intervention
- the degree of involvement and the role played by children and adolescents.

The extent to which there is provision for older age groups of children and adolescents and good practice in this regard is also under-researched. This is not just an information gap – it is also a knowledge gap in that it may demonstrate a general absence of a life course perspective in the fields of family support and

parenting support. Such a perspective, especially as it underpins UNICEF's work, brings an understanding of childhood and adolescence as a sequence of interconnected life stages that are socially defined and age-specific. One of the major advantages of a life course approach is that it has an integrated perspective, thereby seeing the need not just for age-specific provision but for connections and follow-through among different age-group provisions and over the longer term.

Readiness or capacity to offer or engage in provision and sustainability in this and other regards is also under-explored. In particular, relatively little is known about what makes a family support and/or parenting support intervention or programme economically, socially and culturally sustainable over the long term. This seems an especially important issue in a policy setting where limited resources exist in national and local contexts and where interventions and service models are readily imported and exported across settings and borders. While some attention is given in most of the pre-packaged interventions to 'adaptation' to cultural and other aspects of the setting, this is often not built into the original design of the policy or programme, and when investigated tends to be treated in a rather technical manner (as programme 'fidelity', for example).

There is in addition the important matter of the intersection between formal interventions and patterns of informal support. How do the former affect the latter and vice versa? Are there contexts in which formal support is introduced because informal support is being blocked or is not forthcoming for other reasons? The links and intersections at stake here go beyond adjustment to service models made in the name of cultural adaptation. In particular, they relate to thinking in relation to how individuals and families are expected to understand, seek, interact with and gain benefit from the services offered and how these are embedded in existing or potential sources of support.

A further knowledge gap relates to the connections between interventions in the name of family support and/or parenting support and other provisions or goals. The research has shown that both family support and parenting support are rarely stand-alone but are typically developed as part of an expansion or introduction of other policies (e.g., social protection, health and/or early child development). Very little is known about whether and how the interactions work in practice and whether they are viewed as integrated at design stage or implementation and the consequences of this. In addition, the extent to which and the ways in which the achievement of objectives around family and parenting support is tied to other goals is relatively unknown.

This is another way of raising the matter of context and of alternatives to existing conceptualizations of family support and parenting support. For example, it is important to point out that family support and parenting support are on the spectrum of services oriented mainly to behavioural interventions, and that they are often an alternative route to more structural enablers and support. One could argue that poor parenting results from too little income and too much stress, and so should be addressed by measures that act to change this situation rather than those focused mainly on how one responds to one's environment. More structural interventions include protection from human rights violations, stigma and discrimination, and economic relief (Richter and Naicker, 2013, p. vii). The development and popularity of family support and parenting support need to be set in this kind of broader political and economic context. Such a context is also frequently one of significant inequalities. Family support and parenting support do not appear to be either conceived or planned as measures for gender equality (although there is variation in this regard; for example, in Chile the provisions make explicit reference to women's chances and opportunities).

Against this backdrop, the current research highlights the following areas as being in particular need of further analysis and research in order to expand existing knowledge, improve the field and broaden policy learning:

- identification and analysis of the policies and interventions that are being rolled out in the name of family and parenting support in a local context, and national and regional variations in this regard
- the implementation and operationalization of provision in practice; the principles and ways of working with children, adolescents, parents, families and communities that are being promoted; strengths and weaknesses of provision; and the resources being deployed for the purposes of family and parenting support (among other possible interventions)
- the distribution of interventions across age groups,

and the specificities and needs in this regard, especially interventions for adolescents (a very under-developed field)
- the outcomes and broader impacts associated with the two fields in general and particular programmes and interventions within them
- the nature and impact of interventions that use only parenting support as compared with those that combine a range of family support. What is the evidence showing better outcomes? What are the relative achievements of approaches that combine a focus on parenting skills with interventions targeted at strengthening the capacity of the family to provide adequate care, to access basic social services, and to address barriers to social services and support?
- the extent to which a life course approach underpins the developments, barriers to its usage, and the potential of such an approach to transform family support and parenting support
- the factors making for or detracting from sustainability and scale-up, especially from a social and cultural viewpoint, and the impact of more formal types of support on existing informal support and family life and child-rearing generally
- the links between developments in family support and parenting support and other social policy goals and objectives. In particular, the extent to which the family support and parenting support measures are oriented to equality goals (such as those for gender, generation, race, ethnic group and religion) and how they interact with them (positively and negatively)
- the strengths and weaknesses of family support and parenting support in addressing problems that are structural in nature (e.g., poverty, inequality, unemployment, ill-health and poor education) and whether they represent a move away from unconditional and universal support for families, parents and children.

These should be taken as priority areas for future research endeavour and investment.

APPENDIX: METHODOLOGICAL NOTE

This appendix sets out some brief notes about operationalizing the framework and presents the key factors in more detail than the figures presented in the text. First, the detailed framework for the analysis of family support and parenting support sets out the factors to be addressed under each subheading, then the second part of the appendix identifies possible questions to operationalize the framework.

For operationalization purposes, it is helpful to bear in mind the different types of questions involved in any research exercise. One of the simplest differentiations is that between the questions what, how and why. Essentially this picks up on a difference between questions that have a descriptive intent and those that seek to go deeper, towards a more fundamental examination of strategic and causal processes, for example. It is fairly easy to attach descriptive questions to the framework and its different dimensions as set out in Figure 1 (page 10) and the detailed framework set out here. This mainly involves putting a 'what' before each of the headings and subheadings. The framework is designed to pursue more strategic how and why questions. To give ideas of what such questions might be in practice, the second part of the appendix sets out questions that reach deeper into the strategic background, are cross-cutting, and reveal the underlying intent, power structures and lines of causality.

Finally, a note about methodology. There are genuine challenges involved in measuring and configuring what is being put in place and with what effect or outcome. Many of the programmes or interventions are small-scale and indigenous and so there is a big challenge involved in evaluating them. In addition, fragmentation and local variation in the entire field make for very difficult choices around selecting programmes for evaluation and outcome testing. There is also the matter of the significant costs involved in researching the interventions. Randomized controlled trials, the preferred method in the field, are very expensive. Therefore outcome testing and other research may well be seen as an unacceptable use of scarce resources, and there may be human resource issues involved – as regards scarcity of staff to carry out the research or staff lacking knowledge of research methodologies. The research framework offered here is mindful of such resource issues. It is constructed in such a way that it can be implemented without great cost while at the same time offering a rigorous and comprehensive framework.

DETAILED FRAMEWORK FOR THE ANALYSIS OF FAMILY SUPPORT AND PARENTING SUPPORT

Context

- **cultural factors**: beliefs and values towards the child and adolescent, family, parent and their place in society; family privacy; views of child-rearing
- **social factors**: distribution of responsibilities for and rights as regards care and child-rearing among parents, nuclear family and extended family
- **economic factors**: state of economy, degree of self-sufficiency or dependence regarding resources
- **policy, legal and administrative factors or background**: legislation, system of governance and public administration (and degree of decentralization), democracy and human rights, existence or absence of formal services and professional workforce.

Driving influences and key actors

The precipitating 'problem':

- the type of evidence brought to bear
- the role played by the state and other political actors
- the role of and approach taken by the international organizations
- the role of civil society local, national and international actors and communities
- the role played by parents, children and adolescents
- the involvement of other actors – market-based actors, parents, professional groups.

Forms and modalities of policy and provision

Operational features:

- **mode of operation**: formal or informal, individual or group oriented, stand-alone or integrated with other services
- **target or focus**: mother, father, both parents or family more broadly; child alone; child, parent or family; specific age or developmental stage of child or adolescent; stage of parenthood
- **conditions of access and mode of access**: universal or targeted; free or with fee; self-referral or professional referral; voluntary, mandatory or coerced
- **types of resources provided through the interventions**: material resources, information, education, skills, networks or support, points of contact, behavioural insights and techniques
- **way of working with parents and children**: degree of agency allowed to parents and children, degree to which measures are 'top-down' or based on principles of partnership working and recognition
- **identity** of provider and mode or degree of governance: local or municipal authority, central government, school, community or voluntary sector, for profit sector
- **degree or level of intervention involved**: single intervention or integrated within a suite of interventions (e.g., to address multiple risks to children's development or family functioning)
- **sources and levels of funding**
- **conditions**: conditions of work for staff and existence of standards and guidelines for the role of professionals or workers involved.

Strategic factors

Connections to other policies and goals:

- degree of strategic planning
- sustainability of ideas and resources
- matching of resources to planned outcomes
- degree of reliance on informal inputs
- view or theorization of change and the evidence, if any, relied on to frame the policy or intervention
- mode or degree of governance
- monitoring and evaluation.

Outcomes and impact

Direct and indirect outcomes in relation to:

- child and/or adolescent
- parental resources and practices
- family functioning
- community as a whole.

SOME STRATEGIC QUESTIONS TO OPERATIONALIZE THE FRAMEWORK[21]

Context

- How are family and parenting socially constructed? What are the prevailing views and contestations in these regards?
- How is the interaction between state and families in regard to children viewed? Is the child a private or public 'property'?
- What are seen as the best ways to rear a child? What is the history of state and other forms of intervention in the field?
- What is the state of the art and dominant approach in the policy field – preventive or responsive?
- How does the government define its obligations or interests in the field?
- What is the precipitating context and where are

21 Rachel Bray contributed some of these questions.

family support and parenting support located within national value systems and policy and provision? What are the competing ideas?
- How is support configured? Is it seen as informal or formal, short or long term?
- How ready is the state or the national setting for family support and parenting support? What resources are in place? Where are the gaps?
- What is the reaction from parents and children? To what extent is there (likely to be) resistance?

Driving influences and key actors

- Why is the 'problem' configured as it is and are alternative 'solutions' being considered? What are the origins of the evidence or other forms of knowledge (e.g., cultural and moral or religious understandings) that are being used to develop the field? Does the conceptualization of the problem in the policy reflect sufficient understanding of the state of knowledge? What is the state of readiness to implement?
- Why are these ideas of influence in this setting now?
- Are there multiple agendas at work in making these ideas operational? If so, which dominate and why?
- Which of the possible actors set out in Figure 2 (page 25) are involved and which take the lead role?
- To what extent is there openness to 'importing' ideas and policies or programmes from outside and what effort is devoted to the necessary 'translation work' for these purposes?
- Who are the champions and what (vested) interests do they represent?
- Are there recognized experts (individuals, professions, groups or sectors and/or institutions)? If so, what are their goals in relation to the field? Where does the overall balance of influence lie?

Forms and modalities of policy and provision

- Where are family support and parenting support located on a broader policy matrix (family, social protection, child protection, child development, health, education, community, gender equality) and what is the hierarchy (if any) regarding different policy domains?
- How multi-sectoral are they?
- How does the structural location of policy or provision affect the allocation of institutional, material and human resources (including those from the informal sector)?
- Is there capacity within the infrastructure, human resources and administrative systems to deliver what is specified in the policy?
- Which programmes and provisions are central to the two fields and which are peripheral?
- To what extent do developments in provision align with official policy?
- How new are the measures and what degree of transformation is involved in the measures or interventions?
- What are the implications and reasons for regional variation?
- What is the potential for policy and other forms of learning and innovation?

Outcomes and impact

- What outcomes are currently measured through provision or research? Is there commitment from the key actors identified in delivering outcomes?
- Who measures outcomes and for what purpose?
- Where are the links between (knowledge of) outcomes and subsequent policy provision and development?
- What resources are committed to monitoring and the study of outcomes?
- What happens to the evidence? Is it compiled into a data or evidence base?

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Country Studies

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Zlata Bruckauf

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Rachel Bray

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Rachel Bray

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BELARUS

Zlata Bruckauf

Consultant, Department of Social Policy and Intervention, University of Oxford

INTRODUCTION AND CONTEXT

Belarus is an upper middle-income country with extensive state provision for families and children. It is one of few countries among the transitional economies in the Central and Eastern European region where some elements of the welfare system of the socialist system have been preserved alongside reforms in social assistance over the years of transition (Astrov et al., 2010). Today it is a nation with a very high educational level among the adult population and low levels of social inequality (UNICEF, 2014a), but rather unfavourable demographic dynamics.

FAMILY POLICY

The strategic goals of national family policy in Belarus reflect the social realities of the post-transitional period in the context of uninterrupted political leadership. Policy priorities are well defined owing to the centralization of policy planning, which facilitates consistency and continuity across various legislative documents and action plans. It appears that today the key policy agendas in Belarus are maintaining the living standards of the vulnerable population, improving the demographic outlook of the nation, and preventing social orphanhood and institutionalization of children with disabilities. The latter is grounded in the rights of the child to be raised in a family environment.

Various legislative acts formulate family policies and provisions, which seek to ensure a range of support across different sectors such as health, social protection and education. For example, the Presidential Decree no. 46 of 1998 – *About the Main Directions of State Family Policy in the Republic of Belarus* – identifies among its key policy priorities the improvement of the reproductive function of the family and raising parental responsibility while ensuring that all children receive care in the family environment. Particular attention is given to families and children in socially precarious situations. While the legal definition of such situations of social risk is provided in the revised version of the Family and Marriage Code (effective since 24 July 2012), there is generally a lack of specific criteria which would enable local professionals to assess and monitor the child's well-being in the family.

Some of the key policy goals are also formulated in the new National Demographic Security Programme of the Republic of Belarus, 2011–2015. It includes an extensive list of measures aimed at providing social

and economic support of the family, mother and child. It also formulates the policy tasks of enhancing the image of the family, encouraging consistent fulfilment of parental responsibilities and encouraging families to adopt and look after orphans (UN Committee on the Rights of the Child, 2010). The programme also explicitly refers to giving 'social support to the family' and 'family support' as a multidirectional (but not always interlinked) strategy of helping vulnerable families, children, parents and caregivers. Thus, family support in Belarus is a rather broad concept, which includes but is not limited to education, consultation and information services for families.

ISSUES REGARDING CHILDREN AND FAMILIES

In 2012 there were about 23,955 child orphans or children left without parental care registered with the Ministry of Education (Ministry of Education, 2013). This comprises some 1.4 per cent of the total child population. Importantly, over 90 per cent of these are so-called 'social orphans' (children whose biological parents were denied parental rights through court procedures). Economic hardship and alcohol dependency of parents are among the most commonly mentioned factors leading to family dysfunction and resulting in child neglect and abandonment (UNICEF, 2012). Those children who are at risk of both material deprivation and neglect are referred to in legislative documents as being in 'difficult situations', 'socially precarious situations' or in a situation of social danger.

The challenges of the child welfare and related issues of family dysfunction or 'broken families' (Burova et al., 2008) and poor parental practices, particularly in disadvantaged families, observed in Belarus are not unique to the country. Rather, Belarus faces the problems commonly found in other post-Soviet transitional economies including Russia and Ukraine, which points towards some related structural causes. Yet, the Belarussian Government seems to pursue a family-centred approach. It retains a highly involved role in various aspects of family provision while working towards better intersectoral policy formulation and implementation.

POLICY AND PROVISION IN FAMILY AND PARENTING SUPPORT

FAMILY SUPPORT

The system of social protection in Belarus is a mix of universal family allowances, social benefits and services (Chubrik et al., 2009).[1] Means-tested social assistance includes cash allowances for children over 3 years of age, free food for children under 2 years,[2] subsidies for technical means of rehabilitation and personal care for families with disabled children,[3] statutory labour, tax, housing, health guarantees and privileges. As mentioned above, particular attention is given to the groups of children and families in 'socially precarious situations' and/or in 'difficult situations' (Government of Belarus, 2008).

Along with cash transfers and subsidies, Belarus has a relatively well-developed system of social services for children and families (Lyalina and Nordenmark, 2009), which includes an educational and psycho-social support component. For example, the National Plan of Action on the Improvement of the Situation of Children and Protection of their Rights for 2012–2016, developed with UNICEF support, provides for a number of measures directly related to psychological, socio-pedagogical, legal and other support to families.

The services have a wide geographical coverage and are established in both rural and urban locations. They are provided through the network of 139 socio-pedagogical centres (within the education system). Social-pedagogical centres have been set up to support parents and caregivers in raising their children and to assist them in coping with the various challenges that might arise. In addition, there is a well-developed network of 148 territorial centres of social services for the population and two city centres of social services for family and children (in Minsk and Gomel) (within the social protection system). These centres have somewhat different functions and targeted coverage.

The socio-pedagogical centres adopt a more proactive and targeted approach in coordinating socio-

1 The social protection provides support to families with children through monetary child benefits and pensions; in cash as well as in-kind social targeted assistance; statutory labour, taxation, housing, health care and other privileges and guarantees as well as social services for families.
2 Universal provision for children under 3 years.
3 Presidential decree no. 41 of 19 January 2012 on state social assistance.

pedagogical services, identifying families in crisis at early stages, planning and implementing interventions with the aim of preventing child separation from the family. They provide legal advice and psychological counselling, link families with other social services and benefits they are eligible for, make referrals for treatments against alcohol dependency and so on. At least in theory, this help comes as a comprehensive package and is based on the assessment of social risk and individual investigation (including home visits) and a rehabilitation plan signed by parents and the educational establishment.

Meanwhile, each of 148 territorial centres of social services for the population has departments devoted to social adaptation and rehabilitation, and 76 of these have 'crisis rooms' and family crisis 'hot lines' (Ministry of Labour and Social Protection, 2014). The centres are devoted to vulnerable families but clients come voluntarily, recommended through referrals by friends, families and specialists from children's educational institutions. The centres serve as a hub for financial and various psychological and employment assistance, legal counselling, distribution of humanitarian aid and so on.

PARENTING SUPPORT

Parenting support in Belarus is integrated into various programmes on early child development and education, pre- and postnatal care and child protection. These cover home-visiting programmes, newly created respite care services, services for pregnant women at risk, hotline services including specialized helplines for children, awareness raising about responsible parenting and effective methods of non-violent upbringing, and capacity building of educators and specialists, to name but some. Both universal, preventive campaigns and services, and targeted interventions focused on families and children in socially dangerous situations are implemented in the country. For example, information campaigns such as 'The Day of Family', 'The Day of Mother', 'The Day of Children' and competitions for the 'Best Family of the Year' are conducted at national or local levels every year. Some examples of state and volunteer sector parenting support provisions and initiatives are given below.

The mainstream services supporting parents and caregivers are delivered through the social protection network of centres providing social services to families and children in Minsk and Gomel, territorial centres providing social services for the population and an education network of socio-pedagogical centres.

These centres have legal provisions, which allow them to develop their own set of parenting courses or interventions. This can be in the form of information, psychological support or specific training or seminars for parents on selected topics of parent–child interaction, conflict resolution and so forth. Thematic clubs and group sessions are often formed based on 'demand' related to specific topics, age groups or disability type of children. Many centres also have extensive information support online for parents on different topics of child behaviour and parenting.[4] (As there is diversity in financial, human and technical resources, the scope, quality and intensity of parenting support activities vary).

One of the projects initiated with the support of the Minsk Centre of Social Services to Families and Children in 2009 is the Father School. It is a partnership project between Belarussian, Swedish and Russian non-governmental organizations (NGOs) providing educational and socio-psychological support for fathers-to-be and new fathers (the main target group are men whose wives are at least 4 months pregnant and fathers with a child of 0–6 months). The content and methodology of the programme were developed by Belarus experts based on the framework and experience of similar programmes in Sweden (Pappagrupp) and St Petersburg, Russia. Today it is an expanding project, which conducts regular group sessions with fathers in all districts of Minsk and Gomel, and in six other small towns and villages.

The training is delivered in a small group format through specially trained male volunteers who have to be fathers themselves (Berggren et al., 2012). The school is described as having a training element as well as being a forum for fathers to share their experiences, concerns and achievements, and to discuss psychological and other problems (Turovets, 2011). The topics include preparation for birth, debates on conflict resolution in the family (as a theme in the prevention of domestic violence), and playing and interacting with a child with the focus on attachment (Father School, 2014). The novelty and importance of this project have to be considered in the context of highly gendered approaches to child-rearing, which are still widely prevalent in Belarussian families (Burova et al., 2008).

4 Grodno State Urban Socio-Educational Center (n.d.), <http://gggspc.grodno.unibel.by/about.html>.

Capacity building among educators and specialists working with parents was taken as a model in a large-scale programme called Successful Parenting, which was implemented under the auspices of ChildFund International and with the support of the US Agency for International Development. Launched in 2010, the programme has expanded to all but one region of Belarus. Its goal is to provide support to parents through education at different stages of the family life-cycle in order to achieve constructive relationships with children without violence or corporal punishment. Over a three-year period, 449 professionals received training in Successful Parenting methodology, out of which 342 specialists continue to deliver successful parenting practice though individual consultations, parental clubs and studios in schools and other educational facilities (ChildFund International and USAID, 2013).

The content of the programme is formed by three basic courses: 'From Pram to School' (for parents of children aged 0–6); 'Skills of Parenting' (for parents of children aged 5–15); and 'Survival Strategies for Parents of Teenagers'. One more advanced course for selected parents is entitled 'The Art of Self Affirmation'. By the end of 2012, 66 parent groups and 680 parents had completed education under these courses, and later statistics suggest there has been a steep increase in numbers (21 parent groups in 2013). While the programme has preventive goals and takes a universal approach in recruiting parents, it gives particular attention to reaching out to vulnerable families and monitoring their success.

A large-scale informational support project targeted at parents and carers has been implemented in Belarus with UNICEF support since 2005. The Better Parenting Package is a set of 89 brochures produced in printed and electronic format in response to the demand for comprehensive methodological support for parenting programmes in Belarus. The package, developed by national experts, contains information and advice on different aspects of children's development, physical and mental health, behaviour, early intervention and rehabilitation of children with disabilities, and communication between parents and young children, including children with special needs.

The Better Parenting Package was distributed nationwide through the network of early childhood intervention cabinets, polyclinics, educational institutions of all levels, mothers and Father Schools, social protection centres and NGOs. To date, information booklets reached 4,098 preschools, 250 children's polyclinics, and 143 centres of correctional and developmental education and rehabilitation centres for children with special needs. It is reported to have reached 500,000 parents and specialists around the country (UNICEF, 2014b).

Since policy formulation and development in Belarus are highly centralized, the ministries of central government act as regulators and planners of family and child provision, ensuring there is a common framework for social measures. There have been developments towards more intersectoral cooperation between the different ministries (education, health and social protection) in recent years. However, the integration and collaboration between key child protection stakeholders at the local level is believed to be in need of further improvement for there to be on-going progress (UNICEF, 2012). UNICEF and international NGOs such as ChildFund International, Hope and Homes for Children, Save the Children and SOS Children's Villages work closely with government agencies and national centres such as the National Centre for Adoption on various issues relating to parenting, gender equality and family empowerment.

THE ROOTS AND ORIENTATIONS OF FAMILY AND PARENTING SUPPORT

Belarus presents an example of parenting support integrated into the system of social provisions for the family and children. It is stronger in services related to child welfare and social rehabilitation services than in those for prevention. National experts consider this a weakness of the system for early identification of vulnerable families, which impedes early and more effective interventions.

Support of family and parenting is given a policy focus and distinctive role in the social protection and child welfare provisions in Belarus. This seems to be grounded in three underlying and interlinked agendas.

First, the state's active involvement in and declared responsibility for the well-being of families and children in Belarus are rooted in past dependency on welfare

provision in the Soviet era. There is a tradition and expectation on the part of the general population of such support being provided, and the government seems to be willing to maintain its direct role and contribution through centralized and heavily subsidised provisions, despite the difficult economic climate.

Second, demographic crises in the country as a result of altered reproductive preferences on the part of the population over the years of transition propelled the national policy agenda into promoting family values and responsibilities, and harmonizing family unions and parent–child relationships. This traditional agenda boosted the promotion of programmes with a wider coverage and preventive in nature such as Conscious Parenting. Closely related to the demographic agenda is the call for gender equality in household production and caring responsibilities, contributing towards a 'harmonious family relationship' and child well-being. Among the top social goals specified in a number of documents, including the Fourth National Plan on Gender Equality for 2011–2015, have been to overcome gender stereotypes in Belarussian families and to promote gender equality in family relationships.

Third, wide-ranging interventions in socio-pedagogical, psycho-social and other forms of engagement with parental practices and family interactions are driven to a great degree by concerns about child welfare. For instance, the National Plan of Action on the Improvement of the Situation of Children and Protection of their Rights for 2012–2016, which provides for accelerating measures to deinstitutionalize child orphans, social orphans, children with disabilities and those in socially dangerous situations, is built on the values of the child's rights to care and upbringing in a safe family environment. In September 2014, a task force including representatives of line ministries, local authorities, NGOs and UNICEF was created with the purpose of developing a national strategy paper on deinstitutionalization.

This agenda has been actively promoted by international organization such as UNICEF and NGOs, reflecting a wealth of knowledge about the deficiencies of institutionalization and the adverse effects of limited parental attachment on child outcomes (Sloutsky, 1997). Despite support from the NGO community, it is a challenging task as the public in Belarus still shows some preference for the full transfer of parental responsibility to the state for child-rearing, for example in cases of children born with a severe disability (UNICEF and Ministry of Education, 2012). This reflects to some degree the old popular belief that the state has more capacity and resources than parents to care for children in difficult and special cases.

CONCLUDING NOTE

The provision of family and parenting support developed by the state and supported by NGOs in Belarus can be described as a family-centred approach to child welfare. A variety of programmes is delivered through the nationwide network of local social-pedagogical centres and centres of social services for the population. Together with initiatives conducted by international NGOs, this presents an extensive but heterogeneous landscape of family and parenting support.

While the efforts of standardization and unification of services seem to be under way, the lack of transparent, independent and comprehensive evaluation of the impact of relevant state services leaves a significant gap in evidence on programmes' effectiveness. This in turn makes it difficult for programme champions to develop and justify further investments in this type of provision. Given post-recession state budget tightening (World Bank, 2014), the family and parenting support interventions can be at risk of cuts as a 'non-core' assistance to vulnerable families. This would be a loss as the country's institutional and administrative capacity and human resources provide a solid ground for the further integration and advancement of such programmes.

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CHILE

ZLATA BRUCKAUF

Consultant, Department of Social Policy and Intervention, University of Oxford

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INTRODUCTION AND CONTEXT

Resumed democratic development after the election of the centre-left coalition in 1990 enabled Chile to capitalize on a fast-growing economy and put in place a set of social protection and social service objectives. Yet while poverty declined dramatically from 38.6 per cent in 1990 to 13.7 per cent in 2006 (Gobierno de Chile, 2011), social inequality remained one of the highest among OECD countries, with the Gini coefficient reaching 50 per cent (OECD, 2013). The response of the succeeding coalition governments was to adopt a social and civil rights approach and implement a system of social protection with a strong focus on social investment and capacity building (Cecchini, Robles and Vargas, 2012).

FAMILY POLICY

A range of family-oriented social initiatives was developed in Chile between 1998 and 2007, reflecting a major shift from the neo-liberal ideals of the past to the state having an active social role in implementing ambitious welfare goals (Frenz, 2007). This has been depicted as 'building a bridge' between the most vulnerable people and their rights (SEDI of the OAS, 2007). Along with other Latin American countries, Chile too made conditional cash transfers as a cross-governmental system of tackling poverty and equality of opportunity. But Chile adopted a somewhat different approach to other countries in the region, aiming to put in place an integrated structure to ensure wider access on the part of the low-income sectors to existing benefits and services, with the overarching goals of achieving greater equality of economic and social rights (CRED-PRO, Southern Cone Initiative and Chile Grows with You, 2010). Thus, psycho-social support was assigned a greater priority than conditionality and monetary transfers (Cecchini, Robles and Vargas, 2012). Two main 'umbrella' systems of social protection and services for children and families are relevant in this context: Chile Solidario (Chile in Solidarity) and Chile Crece Contigo (Chile Grows with You).

Chile Solidario is the centrepiece of the rights-based social protection system. It was initially developed to tackle extreme poverty and was introduced in four waves between 2002 and 2005, to eventually cover 225,000 families. In fact, coverage exceeded the original target and the programme now also supports other groups affected by different vulnerabilities, including poor elderly people (Programa Vinculos) and children

with parents in prison (Programa Abriendo Caminos). By 2009, 306,000 households had participated in the programme, equivalent to some 7.6 per cent of the total population. Nearly two-thirds of the extreme poor were covered in 2009 (Cecchini, Robles and Vargas, 2012) and, according to the World Bank, by the end of 2012 almost 600,000 households were participating in the programme (World Bank, 2014). Chile Solidario is grounded in a multidimensional view of poverty encompassing income poverty, scarce human and social capital, and vulnerabilities arising from higher exposure to difficulties such as unemployment, accidents, illness and so forth. Yet, it is distinctive from other conditional cash transfers in the region in that it aims to provide an integrated structure of benefits and services and places primary importance on psycho-social support in a familial context (ibid). In 2012, it was replaced by a new programme called Ingreso Etico Familiar. While the focus of the former was family support, the latter is centred on conditional cash transfers.

The conditional cash transfer within the Chile Solidario system is called the *bono de protección*, which is paid to women during the initial intensive phase of the programme on a decreasing scale over a two-year period (a monthly payment of between $27 and $13 per household). Conditionality is embodied in the partial contracts that households sign during the intensive phase of the programme (Galasso, 2011). On graduation from Programa Puente (a psycho-social component of the Chile Solidario programme), an unconditional exit bonus of $13 per month is paid over the next three years. In addition, participating families benefit from having preferential access to traditional monetary subsidies such as the welfare pension for the elderly, the welfare pension for the disabled and the pure water subsidy (Martorano and Sanfilippo, 2012).

Evaluations of Chile Solidario to date have produced mixed results. Some show an increase in uptake of subsidies and of the employment programmes, and the importance of psycho-social support, which led to wider access to social services (Carneiro, Galasso and Ginja, 2010). Chile Solidario was also found to contribute to increasing participation in school for children and young people between the ages of 6 and 15 (Martorano and Sanfilippo, 2012). At the same time, holding constant the level of public provision and services, no conclusive evidence was found of substantial improvements in the family's level of income and employment, especially that of the household head, under the support provided by the social worker (family counsellor) (Cecchini, Robles and Vargas, 2012; Galasso, 2011). Moreover, its underlying assumptions about the initial marginalization of the families and their limited access to services have been questioned (Larrañaga, Contreras and Ruiz-Tagle, 2012).

Chile Crece Contigo (Chile Grows with You) is in essence an early child development and care component of Chile's social protection system and is designed as a comprehensive multi-policy package for children aged 0 to 4 years (until they reach kindergarten age) and their families. It is developed as a range of universal provisions in early education and health programmes and targeted interventions for children with different vulnerabilities. For example, bio-psycho-social support (with a focus on health) is designed for all children covered by the public health system but those with vulnerabilities are targeted for early identification of problems and more focused assistance. Home visits and family subsidies are provided for specific targeted groups (Gobierno de Chile, 2012).

Chile Crece Contigo recognizes the family as the principal agent of a child's development and highlights the importance of social interaction and community involvement for families and children (CRED-PRO, Southern Cone Initiative and Chile Grows with You, 2010). Its primary goal is to give a fair start to children and to support parental investments in the critical years of development. Although the programme was institutionalized in 2009 by Law 20379 passed by the National Congress, its implementation began in 2007 and it covered the whole country by 2008. Starting in 2015, programme coverage will be extended to children up to the age of 8.

ISSUES REGARDING CHILDREN AND FAMILIES

The *Alternative Report on the Implementation of the Convention on the Rights of the Child by Chile* (Delgado-Schenk, Peter and Cortes, 2007) points to violence, poverty and discrimination in education as key problems faced by Chilean children in the last decade. According to UNICEF (2013), 51.5 per cent of Chilean children in grade 8 are victims of some kind of physical violence in the family. Poverty in Chile affects children disproportionately; in 2010, there was a poverty rate of 24 per cent for children under the age of 3 years and 23 per cent for those between the ages of 4 and 17 years (Gobierno de Chili, 2011). While net primary school enrolment rates remain very high at 93 per cent (ibid.), there is 'a clear segmentation along the lines of household income in respect of coverage and the type

of institution children attend', mirroring the rest of the education system (Staab, 2010, p. 613). Moreover, expansion in access to early education during the early years of reform was more pronounced among higher income groups (UNESCO, 2010).

One of the distinctive features of the Chilean model is the combination of an 'investment platform' with aspirations of solidarity on the part of the constitutionally named 'subsidising state'. The proclaimed characteristics of multi-dimensionality, cross-governmental action and a systematic (ecological) approach to programme design and delivery are directly imprinted in the characteristics of the family and parenting support components.

POLICY AND PROVISION IN FAMILY AND PARENTING SUPPORT

FAMILY SUPPORT

Programa Puente is a psycho-social component of Chile Solidario designed for poor families. It aims to create or restore a family's capacities and basic functions in order to improve the family's quality of life (UNICEF, 2012). A family's participation is formalized through a family contract signed for a period of 24 months, setting out mutual responsibility on the part of the state and the family to work towards improving conditions of living. The underpinning concept or ideal of the Programa Puente approach is education and assistance delivered through a dialogue which can be adapted to particular individual or family settings.

A family counsellor ('support worker') assists the family in seven key areas: personal identification, health, education, family dynamics, housing conditions, employment and income. For example, by discussing 'family dynamics' the family is encouraged to deal with conflict, discuss the distribution of household chores, and improve the ritual of daily communication between family members (SEDI of the OAS, 2007). The social worker 'works within the families to help them restore their basic socio-emotional capabilities, and foster behaviors conducive to labor market success changes better family welfare, and engages them in a process to identify a family strategy to exit extreme poverty' (sic) (Carneiro, Galasso and Ginja, 2010, p. 2).

Work with the family starts with an intensive phase involving 14 home visit sessions, which are thematically structured and delivered through discussion and a board game with visual and other communication aids. This is followed by seven more sessions spread over a longer period (not exceeding two years). The goal is to motivate and mobilize families to develop their own individual plans of action for a better quality of life through tackling social exclusion and internal psychological impediments to improvement.

The programme picks up on some of the current thinking about poverty, which emphasizes emotional and subjective perceptions as an integral dimension of poverty (Alkire et al., 2011). The latest research suggests that access to social services can be impeded where there is stigma and related self-exclusion (Walker, 2014). Programa Puente's effectiveness in addressing psycho-social problems has been mixed so far. Carneiro, Galasso and Ginja (2010) found Programa Puente had consistent positive effects on participants' optimism for the future (motivational goal), self-esteem and self-efficacy and a significant impact on family stability, but these findings are offset by some negative influences on the perceived social support and distress of participants.

PARENTING SUPPORT

Nested within Programa Puente is the programme Tiempo de Crecer (Time for Growing) designed by UNICEF and the Chilean Government (and in particular the Chile Social Investment Fund – Fondo de Solidaridad e Inversión Social or FOSIS) to assist caregivers on Programa Puente in providing better emotional and social stimulation to children under 3 years. It is a response to a concern on the part of family counsellors who noticed during their visits that young children under 3 years did not appear to be receiving sufficient quality socio-emotional stimulation from their caregivers at home (Morales, 2014). Two manuals for families (on basic safety and health, child development and the importance of socio-emotional stimulation) were designed and distributed to families. Family counsellors, the main staff on the programme, are themselves supported by an extensive manual explaining the stages of work with the family and key expected outcomes. The focus here seems to be

on motivating caregivers in their learning process, early identification of problems, and (consistent with Programa Puente's goals) connecting the caregivers to child-related social networks and services. In 2010, UNICEF and the Chile Social Investment Fund (FOSIS) developed two new resources on children between 4 and 10 years old: a guide for parents and a manual for social workers (UNICEF, FOSIS and Programa Puente, 2007a, 2007b).

Tiempo de Crecer was introduced in 332 communities in 15 regions of the country. Overall, 30,000 families received the materials, and 3,000 family and social support workers received a specially developed manual. The programme addresses caregivers' skills and knowledge, but strategically emphasizes a broader family context. This is apparent in the programme's methodological materials, which often visualize families as multigenerational units of children, parents and grandparents who are actively involved in child development.

As part of a comprehensive system of early child development support, Chile Crece Contigo includes two guides for prospective parents – *Guía de la Gestación* and *Cuaderno Acompañándote a descubrir* (Chile Crece Contigo, n.d.) – and a parenting support intervention which is delivered through a group format – Nadie es Perfecto (Nobody is Perfect). The programme was adapted from the Canadian programme Nobody's Perfect – a community-based parenting support programme implemented in the1980s. Nadie es Perfecto aims to promote positive parenting skills in caregivers and the use of non-violent disciplinary strategies to build skills in managing child behaviour, and to foster child–parent relationships (Carneiro, Cunha and Galasso, 2013). It emphasizes psycho-emotional support that addresses caregivers' stress or confidence in their parenting through an informal group format where parents are meant to share their experience, learn from each other and receive mutual support.

The targeted group of participants (parents and caregivers of children from 0 to 5 years) is recruited among regular visitors to family, urban and rural health centres. This corresponds to a prospective 600,000 families attending 612 clinics across the country (Galasso et al., 2013). Each centre supports about 50–70 families at any time (Aron, 2014). Two-hour weekly sessions are conducted in a group of up to 10 parents through a course of six to eight thematically structured meetings led by professional facilitators. A typical session combines mediation between the child and a caretaker in a free exploration environment, a guided activity to develop certain skills, and a 20–30 minute discussion with the caretaker on parenting issues (ibid.). The programme relies heavily on the existing infrastructure and human resources of the health sector network, which suggests it is cost-effective (Carneiro, Cunha and Galasso, 2013).

The baseline evaluation of Nadie es Perfecto conducted in 2012 highlighted the important links between parental beliefs, expectations and parental practices among programme participants (Carneiro, Cunha and Galasso, 2013; World Bank, 2013). But whether Nadie es Perfecto as an active parenting support intervention actually influences families to any degree is still to be established.

THE ROOTS AND ORIENTATIONS OF FAMILY AND PARENTING SUPPORT

The underlying foundations of family and parenting support in Chile seem to stem from three interrelated paradigms:

- the multidimensional concept of poverty based on a capability approach (Sen, 1989), the causal relationship between poverty and parenting (Katz et al., 2007), and the potential impact on children's life chances
- the effectiveness of parental investments in the early years of child development – childhood as the crucial 'window of opportunity' which provides the best 'return on parental investment'
- a vision of parents and family as the central source of 'investment' (seen primarily as the transfer of human and material resources) and home environment as the central stage of this investment.

First, while Tiempo de Crecer is specifically aimed to support families with children, Programa Puente is designed to strengthen families' human capabilities and build social capital. Thus, parental knowledge and awareness of the benefits of human investment in children is seen as a way of strengthening individual agency and linking it with a child's interests, family

and community context. The importance of social capital, perceived to be realized through the links to the services, community organizations and other parents, caregivers and families, is emphasized in policy documents and programme design. There is also an apparent awareness of the detrimental effect of low parental education and poverty on early investment in the education and health of children, which is seen as a determinant of future social disparities (Carneiro, Cunha and Galasso, 2013).

Second, the philosophy of the importance of parental investment in the early years of child development is prominent in all policy documents and programme materials related to Chile Crece Contigo, mirroring mainstream early child development policies around the globe. Within this framework, Nadie es Perfecto appears to have a very strong emphasis on children's health and well-being, reflecting the evidence of the importance of good care and nutrition in the first years of life. The evidence on social determinants of health is one of the key driving forces here, as it is referred to repeatedly in various reports and materials. It is hard to say whether the focus on children's health was determined by the institutional resources and opportunities offered by the existing infrastructure or vice versa. It is, however, clear that different aspects of child health and care are seen as crucial components of parental investment in children.

Third, in Chile, a child's family and community environment is recognized as being an ideal setting for child development and a primary source of parental investment. The state does not take a back seat, but actively intervenes to stimulate demand for parental transfers (by attempting to modify beliefs, parental attitudes and eventually behaviour) and strengthen resources (material, psychological and human). Chile Crece Contigo in general and Nadie es Perfecto in particular have been developed with a distinct economic rationale, and an interest in the quality of the future workforce is fundamental (Bogenschneider, 2014). The rational choice paradigm is visible not only in the commonly used term 'investment' but also through the key programme assumptions on caregivers' behaviour under constraints. Within this perspective there is recognition of the psychological, emotional and subjective resources of parents, their mediating role in parental investments, and social connections that 'shape' or 'break' them.

Such philosophical and to some extent evidence-based roots of Chile's social protection system of Chile Solidario and Chile Crece Contigo help one to understand the generic goals of parenting support components, such as to build the capacity of parents and caregivers from low-income population sectors to invest more time and other human resources in children. More specifically, the goals are twofold: to promote behavioural change in caregivers through capacity building, which in turn is understood to stimulate better outcomes for children, and to support parents' psychological well-being, mental health and ability to cope with stress, which in turn is expected to benefit both caregiver and child.

The expected outcomes are well defined, based on immediate, medium and long-term time frames. They range from parents' improved motivations and interest in child development (particularly communication and emotional development) to improved parental practices in the physical care of children, more effective parent–child interaction, a reduction in punishment, to higher time input. Long-term outcomes relate to child development: language development, adaptive behaviour and other functions.

The dominant role of the state in parenting and family support provision has already been mentioned. Within the state sector the key policy stakeholders have been the Ministry of Planning MIDEPLAN, which has now been replaced by the Ministry of Social Development (Ministerio de Desarrollo Social), the Ministry of Health and the Chile Social Investment Fund (FOSIS), with a particular role dedicated to the health sector. The involvement of the private sector and the national and international NGO community has been supported at all stages of programme design and implementation. This is partly due to continuity in the principles of decentralization introduced under the neo-liberal agenda of the military government in the 1980s, reinforced by a new perspective on public participation (Frenz, 2007).

CONCLUDING NOTE

The Chile Government provides fairly intensive family and parenting support characterized by not only large-scale intervention but also an attempt towards a systematic and integrated approach to support provision. Delivered through cross-sectoral systems of social protection, it has a clear poverty reduction orientation and well-defined goals. At least until the creation of Ingreso Ético Familiar in 2012, the modest size of cash transfers and the central place assigned to psycho-social support and education reflected an understanding of poverty as a complex phenomenon, which affects children and families in a range of interlinked pathways. Parenting support programmes in Chile had elements of behavioural change and a focus on parenting resources, but placed greater emphasis on psycho-emotional support of parents achieved through their better integration in social networks and facilitated carer-to-carer communication and exchange. Yet, family and parenting support programmes in Chile cannot be seen in isolation from entrenched gender inequalities in the labour market and home production, deep segregation across socio-economic groups in access to further education, and existing cultural perceptions of parenting.

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CHINA

ZLATA BRUCKAUF

Consultant, Department of Social Policy and Intervention, University of Oxford

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INTRODUCTION AND CONTEXT

As an upper-middle-income country with a population of over 1.3 billion, China is the second largest economy in the world (World Bank, 2014). Family policy in China reflects the state's understanding of family needs, which in turn is shaped by the ecological perceptions of family as a nuclear part of the nation. Stability of the family is viewed as a crucial guarantor of the political and economic stability of the country (Xia et al., 2014). China's social policy tradition follows the residual model, supported by Confucian tradition, emphasizing both the family's responsibilities and limited interference on the part of the state. For decades, informal support provided within the family to the elderly, the young and the disabled has been the cornerstone of the Chinese 'welfare system' (Shang and Wu, 2011).

FAMILY POLICY

Since the adoption of an 'open door policy' in 1978, family policy in China has been developing primarily as a response to the problems and issues emerging during its socio-economic transition. This process is characterized as more top-down than bottom-up (Xia et al., 2014). A wide range of policies related to the welfare of children, women, the vulnerable and disabled has been introduced. Yet, a family planning approach, introduced by the Chinese Government in 1979 and known as the one-child policy, remains a core policy framework affecting all aspects of family and children in China. A resolution of the National People's Congress, which came into effect in early 2014, has recently loosened the policy's requirements by allowing couples of which one parent is an only child to have two children. This amendment is a direct response to concerns about the rapidly decreasing working population in China (Xinhua, 2013).

As a general trend, experts note that the government in China is moving towards more universal policy provisions for families and children and an integrated approach to child welfare (Bow, 2012). While a broad range of policies and provisions for vulnerable children exists, a national-level system of child welfare with an independent institutional structure and with earmarked legal and budgetary frameworks is yet to be developed (UNICEF, 2011).

The terminology of parenting support is not institutionalized in the policy framework in China. In the last five to ten years, however, the government has shown a growing interest in supporting education

for family and parents. Thus, the Five Year Plan for Family Education 2005–2010 provided for the development of a training manual on family education with special focus on children's rights and gender equality. It required school-based parent education programmes as well as parenting support service centres to be established in 80 per cent of communities and 60 per cent of villages in China. The national guidelines on family education published in 2010 further emphasize the role of family awareness and education for nation building.

ISSUES REGARDING CHILDREN AND FAMILIES

There were 302 million children under the age of 18 in China in 2012 (National Bureau of Statistics, 2013). The remarkable economic success and poverty reduction achieved in China over the recent decade do not mask severe social inequalities strongly associated with the rural–urban divide. For instance, in 2013 the under-5 mortality rates amounted to 6 per 1,000 in urban areas and 14.5 per 1,000 in rural areas (National Health and Family Planning Commission, 2013). Unequal access of children and families to basic services such as education and health is often linked to significant regional differences between the western (predominantly rural) and eastern (predominantly urban) provinces and to government policies of the marketization and privatization of the relevant services (Knight, 2014).

Structural inequalities along with rapid urbanization have led to increased mobility of young and middle-aged workers (farmers) who leave their native villages in search of better employment opportunities in the cities (Wu, Tsang and Ming, 2012). In 2009, an estimated 211 million internal migrants moved from rural to urban areas (Bow, 2012). This has had dramatic consequences for family relationships and particularly for children who are left in villages under the care of their grandparents or other close kin. According to the All China Women's Federation, there were more than 61 million 'left behind' children in China in 2012 (Hou Arnold, 2014). Research reveals the adverse effects of parent–child separation on children's well-being in the community. These include health disadvantages or limited school engagement (Wen and Lin, 2012), the negative effects on psychological well-being (Lee and Park, 2010), the lack of supervision or tutoring, and the unmet need for parental affection (Jingzhong, 2011).

POLICY AND PROVISION IN FAMILY AND PARENTING SUPPORT

FAMILY SUPPORT

The residual nature of the state based on the core Confucian ethics and traditions of 'familialism' explains to some degree the heavy reliance of the current Chinese social security system on family as the main safety net (Luo, 2008). Yet the policy context of the one-child family and the mass migration of young working-age adults thousands of miles away from their homes loosens family ties. This creates a conflict between values and high expectations of informal support provided within the family. Recognizing this, the government has stepped up its assistance to the poorest segments of families living in rural areas.

Rural Dibao, Tekun and Wubao are three main income-support programmes aimed at supporting vulnerable families and children. Rural Dibao, introduced nationwide in 2007, has been steadily scaled up, covering nearly 28.2 million beneficiaries in 2013 (Kuhn and Brosig, 2013). It targets residents with an insecure livelihood due to ill health, disability, old age and other constraints in generating income. Tekun is a preliminary form of rural Dibao with the difference that benefits under Tekun are given at the discretion of local authorities, while income support under rural Dibao is based on a locally defined poverty line (Xu, Zhang and Zhu, 2008). The Wubao scheme targets the most vulnerable families known as 'Three nos': no family (informal) support, no ability to work, and no source of income. Wubao is accessible by elderly people, those with disabilities, and children under 16, if they are unable to work (Bow, 2012). There is a sense that this support to poor families and children is firmly established within the traditional social protection sector and has not been integrated with any family education or parenting support initiatives. However, there are several initiatives to report.

Child Friendly Spaces in China is an example of family support provided through an integrated micro child protection service at the community level. It adopts a child-centred ecological approach to service provision, recognizing links and influences between a child and the family. Child Friendly Spaces was

developed by UNICEF China in partnership with local governments in an emergency response to the 2008 Sichuan earthquake. Today, 21 sites across 9 provinces work with vulnerable groups of children (affected by migration) and provide services that include a family education component.

The programme, designed to involve cooperation between multiple sectors, delivers core services in child welfare and child protection. It also provides extensive informational support to parents and family members on basic health, early childhood development and other parenting issues. After an initial emergency relief stage, the intervention focused on community-based communication, referral services and child-rights advocacy. Evaluation of the programme in Sichuan province showed that 70 per cent of parents thought they understood the rights of the child and were more respectful to children after having been involved in the programme. Child–parent interactive activities, training and building awareness among parents were named among the top 10 most effective and useful services by 1,057 respondents (Yi et al., 2012). Child Friendly Places was recognized as an effective model by UNICEF government partners and mentioned in the National Plan of Action for Children's Development (2011–2020) as a model for wider replication (Shanker, 2012). The National Plan of Action requires that at least 90 per cent of communities in China replicate the model as a children's home. Thus, the coverage of the programme has the potential to be significantly expanded.

The Child Welfare Director Project is another recent initiative of family support, which is intended to be integrated into a comprehensive child welfare system. One of its aims is to explore the feasibility of an integrated child welfare and social protection scheme. It was launched in 2010 by the China Ministry of Civil Affairs in partnership with UNICEF, the China Philanthropy Research Institute of Beijing Normal University and other partners. The project provides a range of child welfare services in 120 pilot villages of 12 counties in the Henan, Shanxi, Yunnan, Sichuan and Xinjiang provinces with large numbers of vulnerable children – orphans and children affected by HIV/AIDS and disabilities. Child welfare directors are not fully trained certified social workers, but provide a grass-roots force to assist vulnerable children and their families through individualized mentoring and coaching. Their role is to identify the family or child's need for social assistance, provide them with information on subsidies and services they are entitled to, and monitor the intended use of subsidies making sure it benefits children and family members (UNICEF China, 2014). Pilot communities also opened child welfare activity centres, which provide support and safe places for children to play, education for parents, access to family care, vocational training and health care, and so on.

Another project worth mentioning is the Integrated Early Child Development project. This initiative, launched in 2013, is a joint effort from UNICEF China with the Ministry of Health, Ministry of Civil Affairs, Ministry of Education, Leading Group Office on Poverty Alleviation and Development, and the All China Women's Federation. The project targets pregnant women and families with children aged 0–3 who live in 160 counties in national poverty key areas, in four counties of Sichuan and Guizhou provinces, and in some impoverished and most difficult-to-reach areas in China. To achieve the goal of improving children's survival, growth, development, protection and psychological stimulation, strategies envisaged include providing basic family welfare support and referral services to outreach social workers for specialized follow-up and parenting education. These activities are carried out by using a parenting portal, which covers topics relating to health and nutrition, and offer child-rearing advice with a focus on positive discipline and children's emotional development.

The terminology of 'family support' in the current Chinese policy context can be misleading and indeed confusing. It seems to be strongly associated with inter-generational support within the family, particularly with the provision of care to the elderly. This is because of the recent legislative initiatives to strengthen inter-generational support (Hou Jianjun, 2013). In cases where 'family support' and parenting support are used interchangeably, family support has a broader meaning, implying inclusive targeting of the child's closest kin: parents and/or any current carers or guardians. Another term commonly used in China is 'family education'; this is used to describe education given by parents to children in the home environment and for interventions to educate parents. The term perhaps better reflects the complex nature and distribution of parenting roles and responsibilities in Chinese families today.

PARENTING SUPPORT

The problems of family separation and the welfare of children 'left behind' were recognized at the 12th

National People's Congress in March 2014 as a high social priority (Wenjun, 2014). Currently, there exist a number of initiatives, which directly target migrant parents, emphasizing the importance of addressing their well-being as well as their capacity to reconcile parental obligations with work commitments.

Purposeful Parenting for Working Parents is a training component of a wider project conducted by the Centre for Child's Rights and Corporate Social Responsibility. It was created under the initiative of Save the Children, China, and its global programme Strengthening Families. It aims to reach migrant workers who left their children behind in hometowns and villages. The Centre for Child's Rights and Corporate Social Responsibility establishes partnerships with business enterprises to help parents to improve communication skills and 'bridge the distance to their children' (Save the Children, 2012). The training is made up of three key modules: 'Parents' Well-being', 'Understanding Your Child' and 'Remote Parenting'. 'Parents' Well-being' helps parents to come to terms with separation and its emotional burden. 'Understanding Your Child' educates parents on different stages of child development and offers tools to increase the bonding between the parent and child when they meet. 'Remote Parenting' gives practical guidance on effective communication through distance and helps to strengthen the mutual bond (Centre for Child Rights and Corporate Social Responsibility, 2013).

The training is conducted at the workplace, thus the support and full endorsement of the employer are crucial for its success. The programme includes follow-up activities, workplace messaging and a parent training handbook. Following pilot projects in factories in Shenzhen and Shanghai, the Center for Child Rights and Corporate Social Responsibility expanded its activities to new partnerships with business. For example, in March 2014 it officially began to cooperate with the China National Textile Industry Association.

The highly influential All China Women's Federation – an umbrella, NGO promoting women's rights – has also been very active in piloting comprehensive services to support 'left behind' children and their caregivers in the rural areas. For example, the local branch of the federation sponsored a project called the Loving Mom Service Station, which started in Hubei province in 2008. The support of parenting efforts is part of a bigger intervention, which recruits 'volunteer mothers' among the local community. The project provides a response to emotional, material or educational needs of 'left behind' children, including those who were cared for by their close kin, for example grandmothers. The local branches of the All China Women's Federation has recruited over 80,000 volunteer mothers since 2012 and launched training to support them with relevant skills and knowledge.

Other parenting support programmes were integrated into child health interventions initiated by international NGOs in cooperation with the Chinese authorities. For example, the Care for Development component of the global World Health Organization (WHO) programme Integrated Management of Childhood Illness (IMCI) began in China in the early 2000s. Every mother with children up to age 2 in the intervention group was given a counselling card (the Mothers' Card) adapted for China's cultural context. One-to-one counselling was provided twice to the mother to explain the messages and relate them to the home and natural environment. The evaluation of the service conducted under a randomized controlled trial in impoverished counties of An Hui province (Jin et al., 2007) found that children in families who received counselling had significantly higher developmental quotient scores in cognitive, social and linguistic development. Today the programme has been expanded to an additional 50 counties through collaborations between the Ministry of Health and UNICEF (WHO, 2012).

All these interventions do not use the term 'parenting support', but in essence directly target parents and potential caregivers. While parenting support in Purposeful Parenting is designed as the core mechanism to achieve specified goals, others mentioned here are rather components of a wider agenda, primarily supporting the child's present and future well-being.

THE ROOTS AND ORIENTATIONS OF FAMILY AND PARENTING SUPPORT

The Chinese Government's approach of limited intervention into family practices has been challenged in the recent decade by serious socio-economic problems directly affecting families and children. Therefore, the main concern has been about child welfare and health in light of tackling inequalities and

the immediate needs of vulnerable families. There is also a clear emphasis on the collective responsibility of society and direct benefits to business to strengthen family ties in the context of spatial separation.

The emerging and fast developing interest in family and parenting support in China seems to be driven by three general forces:

- pressures from UN agencies and the international NGO community to adopt an ecological approach to child welfare where the child's well-being cannot be isolated from that of the parents and other family members
- evidence of the negative effects of parent–child separation caused by migration
- concerns about adverse effects of traditional parenting styles prevailing in Chinese rural and disadvantaged families.

The introduction of family and parenting support components in various provisions (mainly in child welfare and child protection) has been actively facilitated by international organizations, through strong partnerships with national government committees and local government bodies. This in turn is driven by the body of knowledge accumulated by the international community on the benefits of parenting education for early child development, child nutrition and health and also positive evidence from similar projects implemented in other countries.

The particular nature of problems faced by children in China, such as separation of children and families due to parents' migration, has stimulated a significant body of academic and NGO research on the effects of these factors on children and families. There is some indication that this evidence has informed government and shaped the current agenda of supporting parents and children facing long-term separation along with material hardship.

There is also a growing concern in the literature about the adverse effects of 'traditional' parenting practices still prevalent in some Chinese families. The ethic of filial piety, one of the underlying principles of Confucian belief, assumes children have to obey parents and parents deal with children with little or no interference from others (Chan, 2012). This principle does not support child agency but rather the subordination of the child to parents with responsibilities and respect, which is expected from an early age. This has a profound influence on parental practices or forms of communication, which have been described as 'scolding, shaming behaviours, threats of abandonment' (Chan, 2012). Along with the lack of information on child development and benefits of parent–child attachment and communication (Fisher and Shang, 2013; Wu, Young and Cai, 2012), this poses risks particularly for rural children from disadvantaged backgrounds. This acknowledged need for parenting education is yet to be addressed in a large-scale policy intervention. A new Beijing-based parenting school launched in 2013 under the auspices of the China Committee for the Well-being of Youth might well work in this direction. Its scope will include developing parent education policy research and curriculum development, and the promotion and popularization of parenting courses among rural and urban families.

The multifaceted nature of problems faced by children and families in disadvantaged areas of China requires innovative approaches. The involvement of the private sector on behalf of migrant workers' employers is one such approach. Its apparent success can be explained by a well-articulated and evidence-based campaign to show the benefits to business of providing support to the workers on the issues of parenting and family well-being. The programme addressed the social responsibility agenda of private enterprise and found understanding and support in the private sector.

Building strong partnerships between the state, volunteers and the private sector appears to be a distinctive characteristic of emerging efforts in family and parenting support in China. Involvement of the private sector and its cooperation with international agencies and the government is gathering momentum. For example, in April 2013 the National Committee on Caring Nationals launched a partnership with pharmaceutical company Sanofi Pasteur on the Healthy Parenting Campaign to popularize parenting knowledge. Such partnerships, alongside a rapid expansion of commercial parenting courses targeted at middle-class urban families, will likely further stimulate the development of family and parenting support programmes in China.

CONCLUDING NOTE

The current state of family and parenting support in China can be characterized as an area of growing policy focus and provision. The direction towards targeted state interventions is mostly a response to emerging social issues, such as the problem of 'left behind' children. The social cost of rural–urban migration and parent–child separation is recognised by different public and private actors and addressed through child-centred and parent-centred interventions.

It appears that future initiatives in parenting support programmes will have to take into account traditional values and beliefs about parenting, which are still strong in Chinese society. China is a geographically dispersed and economically diverse nation with great scope for providing family and parenting support. But this diversity is also potentially one of the biggest challenges China faces in the implementation and evaluation of family and parenting support provision.

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CROATIA

JASMINA BYRNE* AND NINOSLAVA PEĆNIK**

* UNICEF Office of Research – Innocenti

** Professor, Department of Social Work, Faculty of Law, University of Zagreb

INTRODUCTION AND CONTEXT

Croatia is a high-income, non-OECD country, with a population of about 4.2 million and a gross domestic product (GDP) of US$59 billion (World Bank, 2012). In July 2013 Croatia joined the European Union as the 28th member state. Croatia has a relatively low proportion of children in the total population – only 21 per cent – which is below the EU average (UNICEF Office for Croatia, 2011a). The family structure in Croatia has been changing with declining fertility rates, population ageing and the increase in single headed households.

FAMILY POLICY

Croatia has a strong history of family policy, which has mostly been determined by its socialist legacy. In the early 1990s the initial focus of family policy was on reversing the trend of demographic decline, while the more recent focus of family policy has been the development of family-related services, leave entitlements and family benefits, affirmation of positive parenting and prevention of domestic violence (Zrinščak, 2008). Work–family policies, for example, have been developed in order to facilitate women's participation in the labour market and they include policy instruments such as paid maternity leave and subsidized childcare. Recent changes in the family policy referring to work and family life have in some cases been favourable for parents (parental leave became an individual right of both a mother and a father), while in others they were less so (there is a less generous monetary entitlement for parents on parental leave) (Dobrotić, 2013).

Universal parenting support was first introduced into national policy through a cross-sectoral child-rights policy, the National Plan for Children's Rights and Interests 2006–2012, which emphasizes the importance of supporting families in their educational function and allocates responsibility for implementation of a wide range of measures and activities to be taken at national and local levels. A recently adopted national strategy on the rights of the child for 2014–2020 institutionalizes this approach by calling for systemic support to parents and families through measures and programmes that promote quality, responsible and non-violent child-rearing (Ministartsvo Socijalne Politike i Mladih, 2014).

The key legal instruments that deal with universal and targeted support to families are the Social Welfare Act (December 2013) and the Family Act (June 2014).[1] The Strategy of Social Welfare Development in the Republic of Croatia (2011–2016) was developed alongside the Social Welfare Act and among other objectives includes increasing the efficiency of the social welfare systems and improving access to local social services by the most vulnerable families (Franković and Babić, 2011).

The new Family Act regulates marital relationships and introduces some innovations that are particularly relevant for the welfare of children during and after parental divorce. The most important feature of this new act (which follows standards set by the European Commission) is the section on the rights of the child which outlines key elements of parental protection including parental responsibilities, duties and rights (Family Act 2014). The act specifies parental responsibilities for child health and development, child-rearing, education and schooling, development of personal relationships and deciding on the place of dwelling. As in the previous version of the Family Law (1998), physical punishment and psychological abuse are explicitly prohibited by this law. The law also prescribes measures to protect the rights and welfare of children who are under the jurisdiction of a centre for social welfare. These include removing children from a family in cases of abuse and neglect, and providing professional support for families at risk, in order to build parents' capacities and prevent the separation of children from their biological families.

Croatia has a complex social assistance system with a large number of categorical entitlements. The main cash assistance scheme providing child-related benefits is a means-tested child allowance, which has reduced child poverty considerably, despite exclusion errors, which in the past amounted to almost a third of all eligible children (Stubbs and Zrinščak, 2014). The Ministry of Social Policy and Youth incorporates many lot of functions previously vested in the Ministry of Family, War Veterans and Inter-Generational Solidarity. It is the lead ministry responsible for implementing family and welfare-related policy. Under this agency, a comprehensive management information system is being developed that is intended to increase the accuracy, availability and transparency of information generated locally related to social policy and protection. The system also aims to modernize and improve the quality of social services, and to transform social welfare centres to engage more proactively in case management and the development of family support and prevention services. In addition, in accordance with recent modifications of the Foster Care Law and the Plan for Deinstitutionalization and Transformation of Welfare Homes, family-based and community-based services are gradually replacing children's homes.

ISSUES REGARDING CHILDREN AND FAMILIES

After a period of steady economic growth (from 2000 to mid-2008), Croatia has been experiencing economic recession, with adverse effects on the labour market (16.3 per cent unemployment rate) and poverty rates (20.5 per cent) in May 2014 (Eurostat, 2014).[2] The highest risk-of-poverty rate has been noted for single-parent households with dependent children (40.4 per cent) and households with two adults with three or more dependent children (29.1 per cent) (UNICEF Office for Croatia, 2013). Poverty and social exclusion specifically affect Roma children and children with disabilities. In its strategic plan for fighting poverty and exclusion, the Croatian Government recognizes lack of progress in this area and calls for further investment, particularly at local and institutional (school, preschool, etc.) level (Ministarstvo Socijalne Politike i Mladih, 2014–2020). The recent economic crisis has also impacted on the lives of children through a greater exposure of families to economic stressors and the social welfare system's lack of financial resources to provide the necessary support to them (UNICEF Office for Croatia, 2013).

1 The definition of the family is found in the Social Welfare Act 2013: '[A] family is a union consisting of married or unmarried couples, children and other relatives who live together, make earnings and profit, and spend it together. [A] "member of the family" is considered to be a child who does not live in the [biological] family, but is in education, until the end of regular schooling, but no later than the age of 29. [A] single-parent family is a family consisting of a child or children and one parent' (Zakon HR, 2013).

2 Statistical data on the 'at-risk-of-poverty rate' and 'unemployment rate' are from Eurostat. The indicator measures persons with an equalized disposable income below the risk-of-poverty threshold, which is set at 60 per cent of the national median equalized disposable income, after social transfers, as a percentage of the total population. Data are expressed both as a percentage of the total population and in the change over three years in percentage points.

Access to quality childcare and preschool services in Croatia is a challenge, particularly in rural areas and for disadvantaged groups of children. The rates of preschool attendance are below the EU average, with only 70.6 per cent of children above the age of 4 attending preschool in 2011 as compared with the EU-28 average of 93 per cent (European Commission et al., 2014). Preschools in Croatia are primarily viewed as a childcare service for working parents rather than early childhood development centres of critical importance for child well-being and development (UNICEF Office for Croatia, 2014a). Reasons for these low enrolment rates are also linked to affordability and poor modalities of (co)financing in some local communities. The UNICEF supported study shows that the perceived quality of services and the working hours of childcare facilities are an additional deterrent for parents.

As in many countries in Central and Eastern Europe, Croatia has large numbers of children placed in childcare institutions for reasons such as poverty, family breakdown and child disability. As mentioned earlier, Croatia has recently adopted measures to keep children out of institutions and in family-based care through its Master Plan for Deinstitutionalization 2011–2016 and Strategy for Social Welfare 2011–2016. Despite these measures, children under age 7 are still living in childcare facilities without adequate parental care, though numbers have decreased slightly in the past three years. The main challenges seem to be lack of alternative, quality and accessible community-based services that offer support to the most vulnerable children and families (Stubbs and Zrinščak, 2014). In addition to challenges related to the prevention of institutionalization, reduction through foster care programmes has been slow. Foster care in Croatia is well developed in continental areas but not so developed along the coast (Nestić et al., 2013).

POLICY AND PROVISION IN FAMILY AND PARENTING SUPPORT

FAMILY SUPPORT

In Croatia there is no specific policy concerned with family support, but it is an integral part of several national policies and laws (see above). The department in the Croatian Ministry of Social Policy and Youth responsible for children and families carries out strategic activities related to a broad list of services. These include the protection and treatment of children at risk of separation from their families, children and young people with behavioural problems, the prevention of domestic violence and violence against and among children, the prevention of addiction, the development of positive and responsible parenthood, the development and improvement of foster care and adoption, family benefits, family protection and gender equality.

The Family Act 2014 identifies professional help and support measures for parents that can be of lower or higher intensity depending on the risk posed to the child's life and development. These measures are prescribed by centres for social welfare in articles 140 and 145 (Zakon HR, 2014). Currently, professionals from these centres are offered professional support to help conceptualize and operationalize these interventions for parents. This professional development programme is supported by UNICEF (UNICEF Office for Croatia, 2013). Family assistance and counselling are also referred to in the Social Welfare Act. These services include 'family support, intensive support to families in crisis and long-term work with family members focused on improving family relations. Counselling and assisting a family includes psychological preparation of the child for the parent's departure to prison, and the contacts of the child with the parent in a penal institution.'[3] Besides social welfare services provided by the centres for social welfare, the social welfare legislation introduces the possibility for other local actors (such as individuals, NGOs and religious organizations) to become social service providers.

PARENTING SUPPORT

Although in principle parenting support is provided universally, it includes targeted support for parents with difficulties. Universal parenting support is mainly offered to parents of young children aged 0–6 through parenting education activities or nurse visits. One such education programme for parents, Growing Up Together, was developed in 2008 and is aimed at promoting parenting values and behaviour respectful of the rights of the child in the family, and to strengthen the capacity of

3 Unofficial translation from the Social Welfare Act (art. 78), 'Zakon o Socijalnoj Skrbi', NN 157/13.

professionals to support positive parenting. The project offers a comprehensive set of 11 workshops for a group of up to 12 parents of children aged between 1 and 4. The workshops take place in kindergartens or other community facilities. They are led by interdisciplinary teams whose members are trained in conducting workshops with parents. The Growing Up Together programme has been mainstreamed into the Croatian Educational and Teacher Training Agency responsible for the training of kindergarten professionals (UNICEF Office for Croatia, 2014b).

In addition to parenting education, the visit of a nurse after childbirth is one of the most widely used services for parents, and these visits are made to almost all families in Croatia. Parents regard the visit of a nurse as very useful as the nurses answer questions concerning the physical care of a new-born child. The results of a study conducted in 2012 showed that parents were satisfied with the number of visits by nurses after childbirth and the advice they provided on infant care. They were less satisfied with the attention the nurses paid to parents' needs and the amount of advice they gave, especially to fathers, on how to adjust to the new role (Pećnik, 2013a).

Initially, parenting support activities were developed at local level through community-based organizations and in partnerships of NGOs and centres for social welfare. The establishment of 19 multi-professional family centres throughout Croatia in late 2000 that offered universal and targeted prevention was the critical step towards mainstreaming of parenting support. These centres were designed to fill the gap in services for parents from the general population and those from vulnerable families. Family centres provided a wide range of professional activities related to parenting and parent–child and other family relationships, and included parenting education programmes for parents of children from different age groups. Participation in these centres was voluntary. In addition, professional assistance was provided to families in difficult life situations, for example to parents who found it difficult to cope with the demands of parenting, in situations of disturbed partner relations or divorce, to prevent family violence, and to prevent or mitigate the consequences of violence among and against children. Services are provided through individual, family or group counselling, information sharing and telephone counselling (Pećnik and Blažina, 2011). With the adoption of the Social Welfare Act 2013 these centres, which used to offer primary prevention voluntary services or targeted or selected prevention, fell under the authority of the social welfare centres and the new Ministry of Social Policy and Youth. The drawback of this change is that the former family centres are now perceived to benefit only families that have been experiencing social problems and/or are under an obligation to receive social support services (Pećnik, 2014).

THE ROOTS AND ORIENTATIONS OF FAMILY AND PARENTING SUPPORT

Parenting support is a recent object of policy provision in Croatia. In the past, family policy has been concerned with socially unacceptable parenting – the prevention of child abuse and neglect – while the focus on socially desirable parenting has been relatively recent, since 2006. In the last five years, parenting support and family support more broadly have emerged as key issues in several streams of family policy debates – the prevention of violence against children, the prevention of violence among youth, social inclusion of children with disabilities, the establishment of family centres, and the introduction of new elements of social services such as early intervention and family mediation through the new Social Welfare Law (Pećnik and Blažina, 2011).

The decision to provide parenting support, as currently conceptualized in Croatian policy, occurred for various reasons. Recognition of the numerous social changes that affect parent–child relationships and understanding of parents' role have been key drivers of this interest. With it there has been a gradual acknowledgement of the heavy demands placed on parents to exercise their role, concerns for social conditions for parenting, and a growing commitment to support families and parents through the national family policy adopted in 2003 (Pećnik, 2014). A growing body of research on parental roles, responsibilities and relationships with children and adolescents has contributed to this recognition among researchers and policy-makers.[4]

The results of research on parents' attitudes, feelings and experiences towards child-rearing showed that

4 See for example Pećnik and Raboteg-Šarić (2005) and Pećnik and Tokić (2011).

all parents, irrespective of their backgrounds and circumstances, perceive their role as parents to be extremely important. However, as the research findings show, parents would like to have more information on child upbringing and more expert support (Pećnik, 2013a). Research on the incidence and prevalence of violence against children in the family conducted in 2011 showed that financial difficulties were the most often cited source of stress in the family, and that the incidence of physical abuse, psychological aggression and psychological abuse of children was higher in families that were exposed to this stressor. In addition, own unemployment or job loss (22.6 per cent) was associated with corporal punishment and physical abuse, while unemployment or job loss of a family member (18.4 per cent) was associated with physical aggression and psychological abuse of children (Ajduković and Rajter in UNICEF, 2013).

A study of young adolescents and their parents (Pećnik and Tokić, 2011) showed that parents often feel they lack competence when supervising and setting boundaries for their adolescent and pre-adolescent children. This study showed that children are less likely to be engaged in risky behaviour, and likely to have more self-respect and self-regulation when their parents are engaged in their lives, and when they offer more structure and support for autonomy. The highest predictor of adolescents' self-respect, self-control and self-regulation was parental support for adolescent autonomy. Parents of adolescents felt that improvement of general societal attitudes towards families and children would help in their parenting duties. Among measures they proposed were improving teachers' attitudes towards children, making psychological support available through schools, and improving the attitudes of employers towards parents (Pećnik and Tokić, 2011). Parenting support aims to address these issues by promoting positive (responsible) parenting that nurtures, structures and gives leadership and respect for the child's agency.

The strong recognition and application of international standards and engagement of international agencies have also contributed to the shift towards parenting support in policy and provision. For example, a growing acceptance of values enshrined in the Convention on the Rights of the Child, such as respect for the views of the child, has led to a gradual erosion of the authoritarian concept of parenting (Pećnik, 2014).

The Council of Europe's report (Daly, 2007) and Recommendation (2006) 19 on Positive Parenting had a particular influence in shaping parenting support policy in Croatia. In addition, UNICEF Office for Croatia has since 2006 been engaged with positive parenting and parenting support in the context of the Early Childhood and Development programme, mostly through research, awareness raising and fundraising campaigns. UNICEF Office for Croatia also supported the development of the now widely used parenting programme Growing Up Together.

IMPACT OF PROVISION

Pre- and post-evaluations of Growing Up Together by over 1,000 parents showed there had been a reduction in corporal punishment and verbal abuse as well as increased parental confidence in their parenting abilities (Pećnik, 2013b). The programme Growing Up Together Plus for parents of young children with developmental difficulties showed there had been a significant increase in parenting morale and in the perceived need for personal support, and a significant decrease in corporal punishment and verbal abuse (Pećnik and Ljubešić, under review).

Despite the established effectiveness of the parenting programme on parental competencies, there are challenges related to its sustainability, ongoing quality assurance through outcome and process evaluations, supervision and further training. Growing Up Together is offered though preschools and the relatively low attendance of preschools by Croatian children, especially by excluded groups, means that the programme is not available to all. The programme has not yet successfully reached those parents who are engaged with child protection systems and need additional support. The policy orientation towards prevention, development of community-based services and increase in the range of service providers (besides centres for social welfare) may create an opportunity for expansion of the programme, including for at-risk families.

The majority of users of parenting support programmes, especially the universal ones, are however mothers, while fathers constitute only about 10–11 per cent of Growing Up Together groups (Pećnik and Starc, 2010). Some new initiatives are emerging that aim to engage fathers of young children in childcare. These are run by NGOs Parents in Action and the Centre for Parenting Support Growing Up Together.

The 2013 study *How Parents and Communities Care for the Youngest Children in Croatia* showed that about a half of the surveyed parents consider experts (such as paediatricians and kindergarten teachers) as the best sources of counselling support in matters of parenthood and child development, but only a quarter of the surveyed parents have actually sought the counsel of an expert in matters of parenting and childcare (Pećnik, 2013a). Only about 1 per cent of surveyed parents took part in the activities of parenting support programmes such as Growing Up Together. The key reasons cited for poor take-up of parental support services (in a broader sense) are non-availability, non-affordability, difficulty of access and lack of information about the availability of such services. Parents with lower economic status, lower education levels and from rural areas access these services even less (Pećnik, 2013a).

CONCLUDING NOTE

Family and parenting support in Croatia have strong underpinning in policy and legislation. The previous National Plan for Children's Rights and Interests and the new Strategy on Children's Rights (2014–2020) include measures for giving universal support to all parents through local-level structures and mechanisms. Their particular aims are to strengthen development and improve the quality of information, education and counselling services, and collaboration with parents. They also highlight the importance of including parents in the functioning of education institutions at all levels. The 2014–2020 Strategy highlights the need for a systemic approach to family and parenting support and better horizontal and vertical collaboration in the implementation of laws, protocols and strategic documents. The Social Welfare Act 2013 and the Family Act 2014, on the other hand, prescribe statutory measures for supporting parents who neglect or are unable to fulfil their parental duties, which are non-punitive and in the spirit of positively developing capacities and resources within the family. This focus on parenting support as a distinctive objective of policy is novel not only for Croatia but in the broader Central and Eastern European region. It is still too early to say what changes in practice these legislative reforms will bring as it will largely depend on the level and sustainability of investments for both universal and early intervention services.

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ENGLAND

MARY DALY

Professor of Sociology and Social Policy,

Department of Social Policy and Intervention, University of Oxford

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INTRODUCTION AND CONTEXT

England is a high-income country with a very developed set of social protection and family-oriented services.[1] Historically, England did not particularly support the family as an institution and way of life – unlike some other countries in Europe such as France and Germany, which instituted a range of social policies to safeguard, preserve and support the family as an important and valued societal institution. There was a more individualist and liberal historical background in England, which led to a system of policy support that viewed the family as a private institution, with state intervention only in cases of risk, crisis or breakdown, and especially when children were at risk.

In the 10 to 15 years that followed the 1997 election of a (left of centre) Labour controlled administration this changed, as there was a major restructuring of social policy in the UK, with family-related matters at the centre of reforms. One result is that the UK now places more emphasis on families in its policy portfolio than ever before (Daly, 2010). The current (right of centre) Conservative and Liberal Democrat Coalition Government, which came to power in 2010, has maintained the fundamentals of much of this reform, but in 2014 social policy was at a crossroads because of concerns about continuing cuts.

FAMILY POLICY

One of the Labour Government's most radical reforms was to move key elements of financial support for families to a system of tax credits. This had the effect of substantially increasing the level of financial support given to all families with children while also attempting to improve financial incentives for employment (Stewart, 2013, p. 7). The per child value of the support for children aged under 5 years nearly doubled between 1997 and 2010 (Lupton et al., 2013). The position of families with younger children was especially privileged through a series of measures that recognized the costs involved in maternity and early child-rearing.

1 When analysing policy on children and family in the UK one needs to be very precise about the regional unit, as authority in this specific field has been devolved to the regional administrations and policy varies between England, Northern Ireland, Scotland and Wales. This piece looks at England, where parenting support is the most extensive of the four regions.

A second very prominent line of reform was to encourage parents – especially benefit recipients (although a national minimum wage introduced in 1998 applied to all low-paid workers) – into employment. Lone parent benefit recipients were targeted specifically by the series of new deals introduced by the Labour Government shortly after it came to power. These were active labour market policies, which provided support, incentives and some pressure on the group targeted to enter employment. Another element of the Labour strategy was to increase the compatibility between paid work and family through a series of major reforms to the meagre employment leave system which it inherited.

ISSUES REGARDING CHILDREN AND FAMILIES

The issue of the well-being of children, parents and families is quite unsettled in England. This is true not just in policy terms – as the following discussion of widespread changes in policy will show – but also in terms of public opinion. Matters relating to child and family receive high attention from a frequently very critical media. For example, there have been a number of high-profile cases of child abuse and the media has also made much of anti-social behaviour which it traces back to parenting and family life. Child and family poverty are also stubbornly high and social exclusion relatively widespread.

POLICY AND PROVISION IN FAMILY AND PARENTING SUPPORT

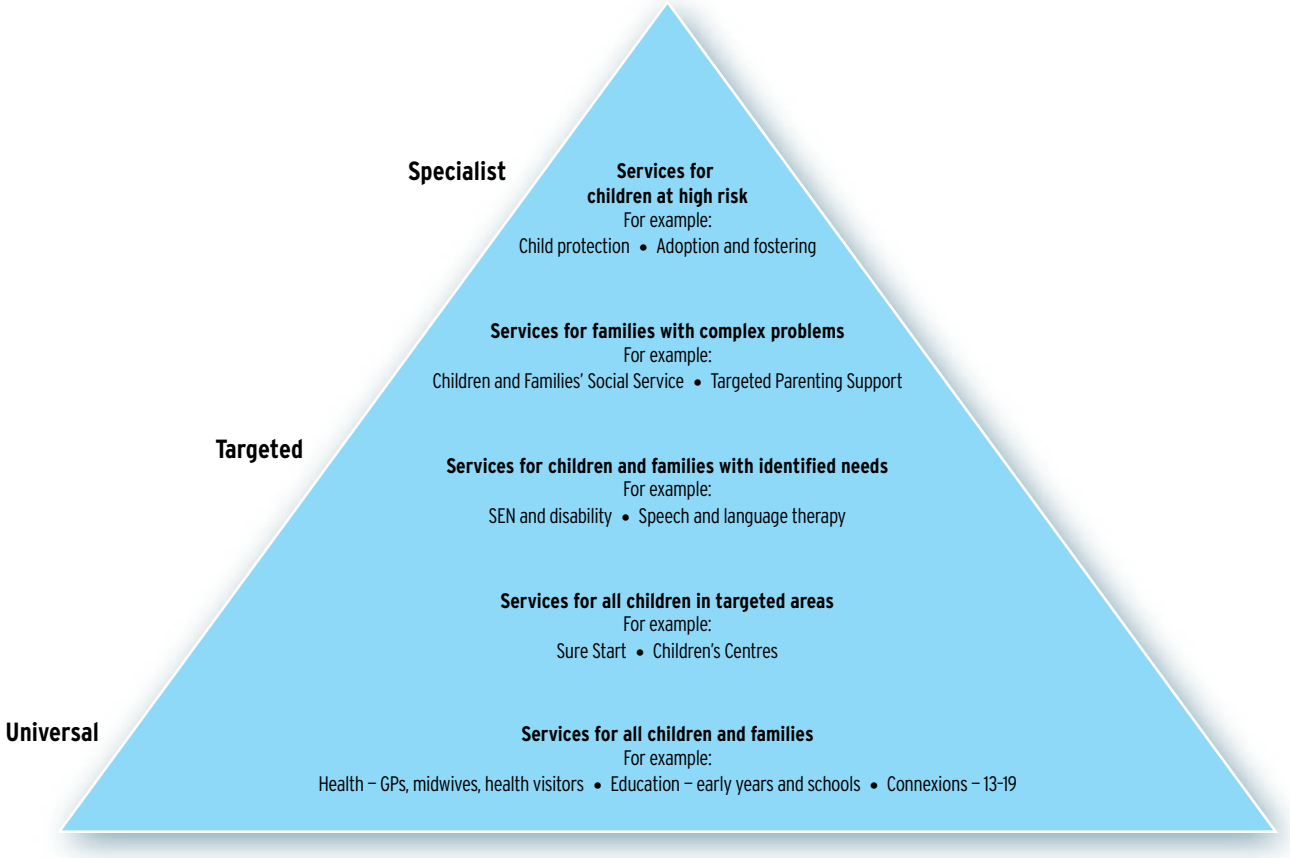
FAMILY SUPPORT

In England, provision and critical thinking around family support are relatively well developed. Family support has generally been conceived as the provision of services for families in need – with need defined in relation to functionality, relationship problems and child risk. Social workers have been a predominant profession in the provision of family support services, especially casework. The services are governed by policy set nationally but administered locally through the referral, assessment, placement, review and planning functions of the local authorities. Most family-oriented services in England historically and currently are focused on child protection rather than general family support. Hence, rather than delivering family support services through self-referral and voluntary participation, the English model has tended towards orienting family services to intervention in cases of crisis. Among international child protection systems, England is usually placed towards the curative or interventionist end compared with other European countries (especially Sweden and other Scandinavian countries), which have a more preventive orientation (Hetherington, 2006).

It is generally agreed that the coming to power of the Labour Government in 1997 marked the onset of a sea change in English child protection and family policy. Two core elements of this change are most relevant here: taking a wider view about what constituted risk to children and recognizing the importance of community-based services. First, the state developed a much broader view about what constituted risk to children within the context of child protection, and what role professionals should play. The thrust was towards prevention and the emphasis increasingly on 'safeguarding' rather than 'child protection' (Parton, 2011). Policies for children lay at the heart of the Labour project to refashion the welfare state. In September 2003, the green paper *Every Child Matters* was published (HM Treasury, 2003) and its main proposals were turned into legislation through the Children Act 2004. While intended to deal with failings in the child protection system, the green paper and the new legislation in fact went much further, focusing on outcomes for children. The desired headline outcomes set out for children were: being healthy; staying safe; enjoying and achieving; making a positive contribution; and economic well-being. This positive vision was counterbalanced with a description of outcomes to be avoided: educational failure, ill health, substance misuse, teenage pregnancy, abuse and neglect, crime and anti-social behaviour (James, 2009, p. 3).

Second, there was recognition of the importance of community-based services, especially in areas of high need and deprivation. These were often family-oriented services and there was a strong thrust towards an integrated perspective on services for families and children (including adolescents). Through the Sure Start programme Labour targeted the establishment of 3,500 new children and family support centres in the poorest fifth of areas in England. It aimed to fill in the gaps in services for very young children, especially preschool children in low-income areas, and in doing so to change children's

FIGURE 1 The portfolio of family support services in England, 2003



Source: Parton (2006)

long-term developmental trajectories and life chances (Stewart, 2013). The Sure Start centres – as they were called in the first five years – provided a set of health, education, parenting and child-oriented services. Over time – especially when they were changed after 2004 and generalized under the name children's centres – they came to focus more on childcare and the needs of parents who were in or seeking employment. They established the new and very important idea of family service, in which parenting support (inter alia) had a central place together with family support more generally (through family support workers, for example). As well as improving provision in the range of family-related services, there was also a strong impulse towards integration of services. The local authority education and children's social services were brought together under directors of children's services, and children's trusts brought together these services with local health services and others.

The voluntary sector is a significant provider in England. Organizations such as Barnardo's, Action for Children and Family Action have well-developed expertise in providing family support for families in need and children with additional needs. The voluntary sector expanded with increased funding under the Labour Government; since 2010 its funding has been reduced but there has been an increasing significance in provision, because of the Coalition Government's emphasis on outsourcing (Churchill, 2014).

Family support in England is provided in a variety of ways (see Figure 1) (Churchill, 2014). Excluding generic non-personalized family support in the form of helplines and information brochures, the first and least specialized form of family support is directed at families in need and is accessible through family support workers in children's centres (which are most common in low-income areas). Next there are more targeted family support services, such as provision for parents with children with disabilities or parenting education work, or more multi-agency family support, which may involve home-visiting, generic family support, parenting counselling, child-centred interventions, housing support, income support and so on. Finally there are specialist services in the form of social work family support and interventions, family therapy or group conferences, and multi-systemic therapy. Figure 1 sets out the pyramid of services set out in *Every Child Matters* (HM Treasury, 2003).

There are considerable gaps in targeted and specialist family and parenting support services (PricewaterhouseCoopers, 2006). Between 1997 and 2010 Labour invested in earlier intervention family support (at children's centres or via parent support advisers in schools) and in some specific higher-need programmes such as multi-systemic therapy, family nurse partnerships and family intervention programmes (highly targeted and strongly evidence-based criteria). At the same time social workers became increasingly swamped by child protection and child in need assessments, and referrals to children's social care substantially increased. Since 2010 social workers have provided limited family support in what is referred to as local 'targeted family support teams' and through a few troubled families programmes (working with very low numbers of families) and other specialist family intervention programmes (Churchill, 2014).

PARENTING SUPPORT

Parenting support has been a strong focus of development in England in the twenty-first century. The Labour administration invested in a policy framework and a range of measures oriented to parenting support. Since Labour left power in 2010, parenting policy in England is at a crossroads as the Coalition Government has cut back on parenting provisions but has not undone them.

In England 'parenting support' refers to support and education for parental behaviour and parental skills, especially those skills and dispositions pertaining to child development, child well-being and child discipline (Lewis, 2011a, 2011b). Provision has two key defining characteristics: its scope and range are striking, and it ranges across the spectrum of 'need'.

First, while not conceived necessarily as a new paradigm or a thought-through reform project, the Labour Government put in place a range of measures over a relatively short period of time (essentially from 1998 to 2010), effectively instituting a new policy field. Although not all the interventions were solely or even explicitly oriented to parenting, they had standards and practices of parenting either as an originating concern or as a priority which emerged over the course of their operation (Churchill and Clarke, 2010; Clarke, 2006; Daly, 2013; Eisenstadt, 2011; Lewis, 2011a). The breadth of the field can be seen from the list of relevant interventions:

- expanding telephone helpline and web-based information services around parenting
- introducing a national network of children's centres (which provide a range of services but include some oriented towards parents and the way they parent)*
- rolling out education programmes for parents (some of which take place under the auspices of the children's centres but many of which are run by a variety of NGOs and other service providers such as schools, clinics or health centres)*
- establishing parenting commissioners in each local authority and the provision or organization of evidence-based guidance for local authorities and their staff with regard to commissioning programmes and services around parenting
- introducing a national academy for parenting course practitioners and the Children's Workforce Development Council*
- introducing a national institute for family and parenting (the Family and Parenting Institute)*
- introducing a national programme focusing on the education and support of young mothers (the Family Nurse Partnership)
- establishing a series of family intervention projects around parenting (for families involved in anti-social behaviour) and parenting early intervention programmes (for children at risk or likely to become so)*
- introducing parenting orders (under the Crime and Disorder Act 1998), which introduced parenting behaviour and education into the criminal justice system.

* *Measures that have been significantly changed – mainly through cut-backs – by the Coalition Government.*

By the time it left office in 2010, Labour had established such an extensive network of parenting support services that virtually any parent who felt they needed 'support' could turn up and ask for it (Lewis, 2011a).

A second notable feature of English parenting support provision is that it ranges across the spectrum of 'need'. Measures include universal provision of parenting information, advice and education as well as services oriented to ameliorating social exclusion or risk (intervention projects targeting so-called 'troubled families' or 'risk groups' such as young unmarried parents or 'anti-social' families). Participation is voluntary in theory but there is some compulsion and sanctions such as the threat of fines and even imprisonment for those seen to be at risk.

Chief among the measures introduced under the Labour Government for 'problem families' were parenting orders and a series of intensive programmes to prioritize parenting practices and orientations as a focus for change and adaptation (among other aspects of family life). Parenting orders, introduced first in 1998 and expanded in 2003, place parental behaviour within the remit of the courts in cases where it is deemed necessary (such as when there is parental or child misconduct). Attendance at parenting programmes is customary under parenting orders. Some 1,000 parenting orders were issued in England and Wales each year between 1989 and 2012 (Ministry of Justice, 2012).

Some families are targeted by intensive intervention programmes, two of which the Coalition Government has continued. First, staff from the Family Nurse Partnership visit young first-time mothers aged under 20 years in their homes and instruct them in how to improve their 'parenting practices and behaviour' and 'early language competence, school readiness and academic achievement' (Department of Health, n.d.). The Coalition Government has doubled the capacity of the Family Nurse Partnership. Although the intervention ends when the child is 2, one of the goals is to reduce arrests and criminal behaviour for both children and mothers. Second, highly interventionist family projects, first introduced in 2006 and described as 'assertive' and 'persistent', built up basic skills in self-control, personal and property maintenance, living and parenting (White et al., 2008). By March 2011 nearly 9,000 families had participated in a family intervention project, with the numbers increasing by 55 per cent between 2009/10 and 2010/11 (Department for Education, 2011). The current Coalition Government supports intensive targeted measures with so-called 'troubled families' – to all intents and purposes an intensification of the family intervention projects initiated by the Labour administration. These are described below.

The Coalition Government also favours parenting as a focus of intervention, but while it has continued to support the essence of many of the Labour initiatives it has done so with less generous funding, greater administrative streamlining and a more targeted approach in general. Current government focus is very clearly on early intervention and the first five years of the child's life (Department for Education and Department of Health, 2012). In regard to parenting classes, for instance, in May 2012 the Coalition Government instituted a £100 (US$150) voucher scheme for all parents and carers of children under 5 years on a two-year pilot in three areas. The scheme was announced with the by-line: 'going to a parenting class should be as normal and pleasant as going to a cookery or line-dancing class'. The vouchers can be used to 'purchase' free attendance at a range of parenting classes and services run by a range of 'independent' providers. This is at once a targeted and universal measure: the former in that it focuses on all parents or guardians of the under-5s, and the latter in that although operating in only in three areas (being a pilot scheme) it is available to all those in the areas with children in the age group. The intention is to roll out the scheme to all of England and Wales in future and extend it to cover parenting of children of all ages.

A second prong of the current Coalition Government policy is the strong support for intensive targeted measures with so-called 'troubled families'. Such families, whose lives are described by government documents as 'chaotic', have been estimated to number some 120,000 (Department for Communities and Local Government, 2012; HM Government, 2012). Levitas (2012) offers a critique of the categorization of 'troubled' families and the methodology whereby the figure of 120,000 was derived. Some £448 million is to be spent on a cross-departmental programme to 'turn around their lives' (in three years between 2012 and 2015) (Department for Communities and Local Government 2012). As part of this, every local authority has been asked to identify its 'most troubled families' and appoint a coordinator to oversee local action ('troubled family trouble shooters'). Intensive work – along the lines of the family intervention project model – is favoured, whereby each family is assigned a 'single key worker' who works intensively with the family. While these interventions are designed especially to get children and young people back into school and their parents into employment, parenting classes and other forms of training and retraining around parental behaviour are given a key role.

A noteworthy feature of parenting support in England (under different administrations) is the strong commitment to evidence-based interventions. As the services were expanded – especially in 2006 when it was made obligatory for local authorities to offer parenting services to all localities with mandatory parenting practitioners and/or parenting (service) commissioners to be put in place – the commitment to evidence got stronger. The preferred model of service delivery at local level was the standardized parenting programme, but only programmes which could provide

evidence of effectiveness were accepted on the list compiled by the National Academy of Parenting Practitioners. This was intended as the resource from which the (local authority based) parenting commissioners would select the programmes to run in their area. This made for some bias towards a generic, pre-packaged programme.

THE ROOTS AND ORIENTATIONS OF FAMILY AND PARENTING SUPPORT

In England, family and parenting support draw on a relatively intertwined but broad-ranging set of objectives and aims. One such aim concerns child poverty and children's future chances. In 1999 the Labour Government committed itself to the ambitious goal of eradicating child poverty by 2020 and halving it by 2010. This was to be realized through different types of policies. Equality of opportunity, understood especially as a more equal starting point for the under-5s, was crucial in what has been called 'Labour's child-centred social investment state' (Churchill, 2013, p. 210). This therefore led to the large investment in early child education and development services, and the policies for family and parenting support outlined earlier. The emphasis was not just on services, though. Direct financial transfers to families through benefits and tax credits were significantly increased, focusing particularly on low-income families in employment. Labour recorded great success in its ambition – the child poverty rate fell from 27 per cent in 1996/97 to 17.5 per cent in 2010/11 (before housing costs). However, the latest available national figures suggest that child poverty is on the rise again (Department for Work and Pensions, 2013).

Another driver of policy reform under the Labour Government was concerns about social order and social exclusion (the latter was understood especially as exclusion from the labour market). Policy increasingly focused on the quality of parenting as a cause of crime in the short term for teenagers and in the long term for young children. The initiatives to intervene in parenting were introduced alongside, and indeed often as part of, a focus on behaviour that is 'anti-social' rather than criminal, with young people in particular targeted by fast-track penalties such as anti-social behaviour orders (ASBOs) and their parents targeted by parenting orders (James, 2009, p. 9).

A third driving factor of policy reform was the desire to modernize services – one of the key reform planks of the Labour Government when it came to power. The existing set of services for children and families was seen to be outmoded and to some extent ineffective. There had been a series of high-profile child abuse cases, which were represented by the media and to some extent also by the government as a failure of existing services. This, plus the general sense that parents were under increasing pressure when managing their work and family lives, legitimated governmental intervention. That said, parenting support has been very much a top-down project in England.

CONCLUDING NOTE

England is an example of a country where there has been major policy innovation in parenting support and (to a lesser extent) family support. The Labour Government between 1997 and 2010 oversaw the establishment of a very wide-ranging network of provisions and services for children, parents and families. Having been through a period of intense reform, England is now undergoing another round of reforms. The two could hardly be more different in the political, economic and social climate in which reform is being introduced. Austerity prevails today. Many of the expansive set of social services and cash supports for families which the Labour administration oversaw from 1997 to 2010 are being undone. With cuts of the order of some 20 per cent to local authority budgets, it is expected that services to children and families will be profoundly affected. However, some measures are being carried forward – for example there is continued and even heightened emphasis on early intervention, and health visiting is being expanded as a form of family support (Churchill, 2013). Given its appeal across governments and political parties, it is likely that family and parenting support will remain a feature of the English policy landscape, although it may change in form, emphasis and extent.

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JAMAICA

MAUREEN SAMMS-VAUGHAN* AND ALICE MARGARIA**

*Professor, Department of Obstetrics, Gynaecology and Child Health, Faculty of Medical Sciences, University of the West Indies

**UNICEF Office of Research – Innocenti

INTRODUCTION AND CONTEXT

Jamaica is an upper-middle-income country, with an economy characterized by slow growth and high debt over the last two decades (World Bank, 2014). The country's debt was estimated at 146.2 per cent of GDP in March 2013, thus placing Jamaica among the most indebted middle-income nations in the world (ibid.). The country is also faced with important social issues which primarily concern youth, such as high levels of crime and violence and unemployment (ibid.). Intentional homicide rates (55 per cent per 100,000) are three times higher than in other Caribbean countries and ten times higher than the global average (Moncrieffe, 2010, p. 39). At the end of 2013, the unemployment rate stood at 15.2 per cent with youth unemployment at approximately 30 per cent (World Bank, 2014).

There is good access to pre-primary, primary and secondary education. Some 94 per cent of children attending primary school had received pre-primary education (STATIN and UNICEF, 2013). The primary school net attendance rate is 98 per cent and the secondary school net attendance rate is 92 per cent (ibid., p. 4).

There is also good access to health care. In 2011, some 86 per cent of women received at least four antenatal visits, while 98 per cent of women received at least one visit (STATIN and UNICEF, 2013, p. 3). Institutional delivery took place in 99 per cent of cases and 99 per cent of women were assisted by a skilled attendant at birth (ibid.). Immunization coverage for diphtheria, pertussis and tetanus (DPT) is 90 per cent and for oral polio is 91 per cent (ibid., p. 2).

ISSUES REGARDING CHILDREN AND FAMILIES

Over the past three decades, the age profile of the population has significantly changed (Planning Institute of Jamaica, 2010). In 1960, the population less than 15 years old represented 41 per cent of the total population. By 2011, the share had diminished to 26 per cent. Over the same period, the 65 years and over group increased from 4.4 per cent to 8.1 per cent (STATIN, 2011). The population is ageing because of

declining fertility and mortality rates and an increase in life expectancy (Moncrieffe, 2010, p. 9).

The family is considered 'the primary agent of socialisation of young children' and has the responsibility to provide physical, emotional and spiritual support to build self-esteem and resilience in children (Ministry of Education, 2010, p. 18). Ricketts and Anderson argue that the Afro-American family structure and ties and, more specifically, the task of parenting are moulded by a specific socio-historical legacy. Characteristics of this structure encompass 'patterns of early entry into child-bearing, a range of different conjugal unions which provide varying family contexts for children, the practice of child-shifting or fostering and the dependence of the household on many sources of social and economic support from outside the domestic unit' (Ricketts and Anderson, 2009, p. 1). Additional to the immediate family structure, the churches and religious bodies, the health network of local clinics and the extended family play important roles (ibid.). However, it is worth noticing that their roles are different. While the extended family fills gaps in the immediate family, churches provide social and emotional support and the local clinics are responsible for offering health and parenting education support.

The functioning of families and in particular parenting roles in Jamaica is characterized by a gendered division of labour. As Ricketts and Anderson (2009, p. xiii) point out, almost 90 per cent of caregivers – defined as the person who is the most responsible for the overall well-being of children – are female. Similarly, when parental unions end, biological mothers largely (90 per cent of cases) continue to undertake parenting functions (Samms-Vaughan, 2001, p. 23).[1] On the contrary, the biological father remains the paternal parenting figure only in two-thirds of cases (ibid.). More precisely, 58 per cent of children aged 36–59 months are not living with their biological natural fathers (STATIN and UNICEF, 2013, p. 9). In this same age group, only 28 per cent of fathers engage in one or more activities with their children (ibid.). Overall, other adult household members are five times more likely to engage in activity with a child than his/her own father (ibid.). Low father participation rates are commonly linked to the absence of fathers as caregivers, and to their lack of cohabitation with their children.

Gender also has an impact on poverty in households. Witter et al. (2009) showed that the headcount measure of poverty is positively related to the size of the household and inversely related to the level of education of the head of the household (cited in Moncrieffe, 2010, p. 19). Additionally, poor households tend to have more adult females and more children (ibid.). This is not surprising in light of the fact that, according to data from 2006, although women prevailed over men in educational attainment, more men (78 per cent) than women (59 per cent) were involved in the labour force (Moncrieffe, 2010, pp. 10–11). In 2010, Jamaica ranked 44 out of 134 countries on the Gender Gap Index (ibid.).

The breakdown in family structures and relations – more specifically, limited father involvement, as well as growth in the number of female-headed households which, as stated above, have higher levels of poverty – is perceived to be one of the immediate causes of increasing levels of violence in its varying manifestations (Moncrieffe, 2010, p. 40). As concerns gender-based violence, despite the comprehensive legislation aimed at preventing it,[2] there exist serious institutional and attitudinal obstacles to effective implementation (ibid.). Although statistics show that girls are the major victims of rape and physical abuse, this might be partially because sexual abuse of boys is rarely reported to prevent the stigma that is likely to be attached to it.

FAMILY POLICY

Jamaica does not offer one comprehensive family policy; rather, the family emerges as a key area of focus and intervention in multiple policies across sectors and, overall, as a key entry point to address issues that have an impact on long-term national development.

For instance, the National Population Policy (1983) aims, inter alia, to ensure the provision of opportunities and conditions to enable all children to fulfil their potential and enhance their total development (Ministry of Education, 2010, p. 26). One of the key activities

1 The Jamaica Survey of Living Conditions has had an early childhood and development chapter, published in alternate years, since 2008. The module, developed and analysed by the Early Childhood Commission, used questions from Samms-Vaughan's original work and the available data show a similar pattern over the years.

2 Among other laws, the Domestic Violence Act 1996, Sexual Offences Act 2009, and Child Care and Prevention Act 2004.

to meet this goal consists of strengthening family life, education and family planning (Prime Minister and Minister of Finance and Planning, 1983, p. 4). Similarly, within a context of poverty reduction, the family has been consistently considered a critical unit for initial interventions with a view to responding to the needs of children and youth (ibid., p. 17). Within the recent poverty reduction strategic plan, encouraging family support systems as well as strengthening community support systems (through capacity building of NGOs and community-based organizations) appear among the actions to be taken in order to promote the inclusion of poor sectors of the population (Poverty Reduction Task Force, 2009, p. 30). Another example is the National Youth Policy (2005), which recognizes the living environment of young people as a key area of focus (Ministry of Education, 2010, p. 26). Accordingly, it underlines the need for 'the development of supportive families and communities that provide youth with an environment conducive to their positive development and well-being' (National Centre for Youth Development, 2003, p. 45).

At the same time, in light of a growing body of international and local research demonstrating a strong correlation between parenting styles and behaviours and child outcomes (Early Childhood Commission, 2009, pp. 2–3), the Government of Jamaica has placed great emphasis on early childhood development as a special area of focus for the development of policy and programming. Since 2008, the government has been implementing its first comprehensive cross-sectoral National Strategic Plan for Early Childhood Development 2008–2013. This uses the life-cycle approach; the first of seven internal processes is effective parenting education and support. The goal is to provide parents and caregivers with accessible and high quality parenting education and support, allowing for optimal development of children (Early Childhood Commission, 2009, p. 6). More specifically, the activities that were designed to achieve this goal were the development of a parent support strategy for families of children aged 0–6 years, the development and implementation of a quality assurance mechanism through the implementation of parenting programme standards, enhancing parent trainers and facilitators through appropriate curricula and resource material, and the development of a public education strategy to engage parents. These activities together were expected to result in service providers for families, such as health centres, early childhood resource centres, early childhood institutions, NGOs and others offering high quality parenting programmes.

Additionally, *Vision 2030 Jamaica National Development Plan* identified the absence of adequate parenting support for children in schools as one of the immediate causes of the variable quality of provision (Ministry of Education, 2009, p. 21). Among the key root causes of inadequate parenting support are the breakdown of family structures, feelings of powerlessness among parents, inadequate parenting practices, poverty, low education levels, a tradition among schools of excluding parents and the inadequacy of public education (ibid., p. 24). Accordingly, the National Education Strategic Plan 2011–2020 acknowledges parents to be among the main stakeholders in transforming the education system and, more specifically, emphasizes increasing parental involvement in school activities as one of the initiatives to improve the quality of education (Ministry of Education, 2012, p. 12).

POLICY AND PROVISION IN FAMILY AND PARENTING SUPPORT

FAMILY SUPPORT

Although Jamaica's tradition of family policy and legislation is mainly anchored in parenting support, elements of family support can be traced in the Child Care and Protection Act 2004 as well as in the *Vision 2030 – Social Welfare and Vulnerable Groups Sector Plan*. Article 2(3)(b) in the former – which embodies the domestic response to the UN Convention on the Rights of the Child – describes the family as the ideal environment for the care and upbringing of children and, accordingly, states that the main responsibility for protecting them lies with their parents. Article 2(3)(c) establishes that 'if, with available support services, a family can provide a safe and nurturing environment for a child, support services should be provided' (Ministry of Justice, 2004). This help is envisaged to provide support to the autonomy and integrity of the family unit (ibid., Article 3(b)(i)).

While fostering increased involvement of families, communities, the private sector, community-based and other civil society organizations, the *Vision 2030*

Sector Plan confers an important role in the care of vulnerable groups on the state. The vulnerabilities which are addressed by the Plan, and therefore define the beneficiaries of social welfare, are the following: homelessness, the impact of natural disasters, deportee and refugee status, human trafficking, poverty and chronic illnesses (Social Welfare and Vulnerable Groups Task Force, 2009, p. 8). In addition, the Plan aims to meet the needs of vulnerable children, youth and the elderly (ibid. p. 8).

One of the strategies envisaged by the *Vision 2030* Action Plan consists of strengthening the capacity of families to care for their vulnerable members. The specific actions to be undertaken include the development of a supportive network to enable families to provide effective care and protection for their members, the establishment and strengthening of family support mechanisms in the community, and the expansion of two existing programmes – the Early Stimulation Programme, an early intervention programme for young children with disabilities under the age of 6, and the Home Help Programme to reduce admissions to infirmaries. These programmes address both ends of the age spectrum, where vulnerability is particularly common.

Further support to the most needy and vulnerable families is also provided by the Programme for Advancement through Health and Education (PATH), which is a conditional cash transfer programme. Five broad categories of beneficiaries are addressed by this programme, provided that they meet the criteria of poverty: children (from birth to completion of secondary education), the elderly (60 years old and over, provided that they do not receive a pension), persons with disabilities, pregnant and lactating women, and poor adults (18–59 years) (Ministry of Labour and Social Security, n.d.).

PARENTING SUPPORT

A policy focus on parenting support can be traced back to the early 1990s, when the Ministry of Education supported the creation of the Coalition for Better Parenting. The latter is an umbrella organization for groups working to promote parenting (UNICEF Jamaica, n.d.). In the Ministry of Education's understanding, the Coalition was meant to signal the adoption of a 'coordinated approach to strengthening parenting practices', particularly as they concern the education sector (Ministry of Education, 2010, p. 13).

In 2003, the Government of Jamaica established the Early Childhood Commission. The creation of a single body for early childhood development was recommended by a strategic review of Jamaica's early childhood sector (Samms-Vaughan, 2014b, p. 64). Inter alia, the latter identified multiple activities among a variety of stakeholders in the early childhood development sector, but these were poorly coordinated (ibid.). The Commission acknowledged the importance of parenting to early childhood development, and by early 2005 it had recommended the adoption of a parenting policy to guide national parenting activities. In this regard, two major decisions were made: the policy would provide support to all parents, not only to those at risk, and it would not be punitive but, rather, supportive (ibid.).

The National Parenting Support Policy was enacted by the Parliament of Jamaica in October 2012. Within this policy, parenting support is defined as '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' (Moran, Ghate and van der Merwe, 2004, p. 6). In other words, this policy seeks to 'provide an enabling environment to support parents in executing their responsibilities' (ibid., p. 8). Parenting support can be of various kinds including formal or informal, prevention or intervention focused (ibid.).

The National Parenting Support Policy targets parents. The policy defines the term 'parent' as synonymous with 'caregiver', thus placing emphasis on the functional dimension of parenting. More specifically, the text of the policy clarifies that the term 'parent' refers not only to the biology of birth, but rather to 'anyone who nurtures and raises a child' (Ministry of Education, 2010, p. 14). A wide definition is also adopted in other pieces of legislation – for instance, the Children Act 1957 (which was replaced by the Child Care and Protection Act in 2004) and the Maintenance Act 2005 (ibid., p. 9).

In addition to addressing all Jamaican parents, the policy identifies the following priority target groups (also defined as 'vulnerable groups'): teen parents, single parents, parents with disabilities, parents of children with disabilities, parents experiencing high levels of stress, parents of children in the care of the state and/or who are in conflict with the law, families involving parents who have migrated or moved leaving children behind, families in extreme conditions of poverty and fathers

who are not currently involved in the lives of their children (Ministry of Education, 2010, p. 47). There is no single intervention designed for these groups; rather, the agencies working with them are encouraged to include parenting components in their intervention strategies. For example, the Child Development Agency has done significant work with parents of children in state care. Similarly, the Ministry of Labour and Social Security has worked with parents on the PATH programme and with parents with disabilities.

The focus on unengaged fathers as a vulnerable group is not surprising since gender and culture are deemed two key areas which need to be considered in order to strengthen enabling environments for Jamaican children (Ministry of Education, 2010, p. 40). The policy also expresses the need to carry out specific interventions that attempt to improve the socio-economic situation of women while at the same time supporting men's participation in all family life and household responsibilities, for example, family leave for both women and men.

The National Parenting Support Policy articulates five specific goals: all Jamaicans make wise choices about becoming parents and make parenting a priority; all Jamaican children are loved, nurtured and protected instinctively and unconditionally by their parents; each parent understands and uses or applies positive practices in effective parenting; an enabling institutional framework exists to support parenting; and ensuring that the principles and implications of effective parenting are communicated to the public in user-friendly ways that enable comprehension of the material (Ministry of Education, 2010, pp. 10–11).

The creation of parents' places is the core strategy to implement the National Parenting Support Policy. This strategy was the product of several consultations carried out by the Early Childhood Commission with children, parents and stakeholders from many public and private sector organizations. These consultations were aimed at identifying practical ways to provide Jamaican parents with support in their role as their children's most important caregivers and teachers. With parental stress emerging as a shared experience across classes, these consultations pointed out that all parents could benefit from information and support from other parents and resource persons (ibid.), but also that access within the communities in which persons lived was also important.

A 'parents'' place can be defined as a 'one-stop-shop' (Samms-Vaughan, 2014a) in or near major communities, which offer a comfortable and attractive place for parents to receive information, to attend courses, workshops, mentoring, recreational activities, income-support training and, when possible, diagnostic and therapeutic services. Parents' places are 'a concept more than a building' (Samms-Vaughan, 2014a). Indeed, they are normally set up in existing infrastructure, such as schools, health centres and libraries. As explained by Samms-Vaughan (current Chair of the Early Childhood Commission), there are three types of parents' places: level one offers space and access to information; level two provides parent support classes with a trained facilitator, in addition to space and information; and level three offers referral services in addition to those services available at level two (ibid.).

THE ROOTS AND ORIENTATIONS OF FAMILY AND PARENTING SUPPORT

Contextual factors such as high levels of community violence, insecurity, teenage pregnancy, and single parenting and changes in the traditional family structure focused the nation on the importance of parenting support. However, the main driving forces that allowed policy development to progress were the existence of a body of local research and an enabling government agency (the Early Childhood Commission) (Samms-Vaughan 2014b, p. 67).

Since the 1950s, Jamaican research has investigated questions related to family structure and kinship relationships, with an increased attention paid to parenting practices only from the 1980s.[3] Early research predominantly focused on children and families of lower socio-economic status and often employed a deficit lens (Samms-Vaughan 2014b, p. 63). In the 1990s and 2000s, large-scale epidemiological longitudinal birth cohort studies significantly expanded the scope of research, and included families of all social classes.

3 The first contribution on Jamaican family life was Edith Clarke's *My Mother Who Fathered Me* (Clarke, 1957).

Multiple factors, such as family structure, family function and parenting stress, were examined (Samms-Vaughan, 2014a). Additionally, tracking of parenting across time was undertaken. Among others, the Jamaican Birth Cohort Studies (1986–2003) and other longitudinal studies demonstrated that low levels of parental education, high levels of parental stress and limited stimulation in the home also impacted adversely on cognitive, academic and behavioural outcomes (Samms-Vaughan, 2008, p. 641). These studies recommended that parenting education should be made a national priority and informed the development of the National Parenting Support Policy as well as of parenting programmes (ibid., p. 641).

As previously mentioned, the Early Childhood Commission has played a key role in bringing parenting to the fore in policy and provision. This body is governed by an interministerial and intersectoral board of commissioners, including governmental representatives and professionals operating in different contexts (Samms-Vaughan, 2014b, p. 64). This heterogeneous composition facilitated an integrated and coordinated approach to parenting, as a departure from the pre-existing duplication and fragmentation of efforts.

Within the framework for parenting support set up by the National Parenting Support Policy, an agency responsible for coordinating the implementation of the policy was established in 2012 – the National Parent Support Commission (NPSC). Similar to the Early Childhood Commission, the NPSC is governed by a board of commissioners. Among the main actors represented on the board are governmental agencies and official bodies: the Child Development Agency (now under the Ministry of Youth and Culture), which is responsible for ensuring full implementation of the UN Convention on the Rights of the Child and the Child Care and Protection Act; the Ministry of Education, whose mandate includes strengthening home–school links and the capacity of parents to act as their children's first teachers; the Ministry of Health and the Environment, which is responsible for ensuring the delivery of quality health services and promoting healthy lifestyles and practices; the Ministry of Labour and Social Security, which, inter alia, aims at increasing access to employment and at effective management of social protection programmes, including those targeting groups with special needs such as households below the poverty line and persons with disabilities; the Early Childhood Commission, with responsibility for advancing early childhood and development; the Office of the Children's Advocate, which is responsible for acting on behalf of children in conflict with the law as well as for providing support to child victims of domestic violence; and, finally, the Executive Director of the NPSC. The board also includes individual members of civil society, academia and the private sector, who have experience in parenting, social work or child psychology; a youth representative; and a representative of a teaching association.

In addition to the above institutional framework, the National Parenting Support Policy calls for the active involvement of all sectors of society and for the meaningful participation of communities and community members in supporting positive parenting (Ministry of Education, 2010, p. 28). For instance, community groups and organizations are mainly involved in the provision of support through the establishment and management of parents' places. Data from 2009 show that community groups are already actively involved in supporting parenting programmes. Churches and community programmes and schools and parent–teacher association meetings were the two leading sources of parenting information, followed by health centres and books, magazines, newspapers, TV programmes, radio and family members (Ricketts and Anderson, 2009, p. 85). Health centres played a critical role in providing support for parents, especially in rural areas (ibid, p. 86). Only a small number of caregivers received parenting information through formal training workshops (ibid.). However, in recent years, efforts have been made to increase access to formal training.[4]

Among its cross-cutting strategies, the National Parenting Support Policy provides for monitoring and evaluation (under the responsibility of the National Parenting Support Commission). It also states that annual strategic plans and target indicators to measure the progress towards the achievement of its five major goals will be developed. No impact evaluation is yet available, as the Commission was only recently established.

4 For instance, UNICEF has supported government partners in developing a national curriculum for facilitators of parenting training, which is assessed against national vocational qualifications.

However, there is other evidence to support positive impacts of parenting. Data from 2009 indicate that the receipt of parenting information has critical effects on parents' stress levels. More precisely, of the parents who received parenting information, 44.7 per cent reported low stress levels, followed by 43.5 per cent reporting moderate stress and 11.8 per cent reporting high stress (Ricketts and Anderson, 2009, p. 41). Further evaluations have been conducted for the Jamaica Roving Caregivers Programme, which is a rural, home-visiting, early stimulation and parenting initiative. Although concerns were expressed over the programme's failure to fully engage mothers in the visits, child beneficiaries show significantly higher development quotients (van Spijk et al., 2010, p. 19).

Finally, the first experimental evaluation of the long-term impact of early childhood stimulation on economic outcomes in a low-income country was conducted in Jamaica (Gertler et al., 2013, p. 25). The intervention took place over a two-year period and consisted of one-hour weekly visits from community health workers who taught parenting skills and encouraged mothers to interact with their children in ways that would contribute to their children's cognitive and psycho-social skill development (ibid., p. 2). Twenty years after the intervention was carried out, the average earnings of the stimulation group proved approximately 42 per cent higher than those of the control group (ibid., p. 25).

CONCLUDING NOTE

The National Parenting Support Policy stands as the first of its kind in the Caribbean region (Gibbons, 2014, p. 415). Within the national context, what renders this policy innovative and unique is the multi-sectoral and holistic approach to parenting which it seeks to promote. Although the initiative came from the education sector, the institutional framework set up for supporting parenting involves ministries and bodies dealing with multiple sectors. However, concerns over the main focus remaining on education and early childhood and development continue to exist (UNICEF Jamaica, 2014).

Another particular feature of the National Parenting Support Policy lies in the methodology that has guided its development process, more specifically in the involvement of communities via public consultations (a bottom-up as opposed to top-down approach). Everyone who is affected by the issue of parenting – parents, grandparents, children, young people, teachers, NGOs, policy-makers, service providers, community leaders and so on – was asked to review current data and initiatives with the purpose of identifying gaps and challenges, and finding solutions aimed at improving parenting practices and outcomes in Jamaica (Ministry of Education, 2010, p. 10).

In practice, however, this strategy has sometimes been challenged by limited human resources. In particular, many communities are unable to identify trained parenting facilitators willing to act as volunteers; others lack the financial means to afford paid professionals. More generally, the lack of sustainable funding affects the capacity of both state and non-state service providers, well beyond the strategy of parents' places (Watson Williams, 2014, p. 78). While experience has demonstrated that interventions need to be lengthened for best results, parenting programming is often funded by short-term grants (ibid.). This jeopardises the potential of interventions to have a meaningful influence over parenting skills, knowledge and practices (ibid.). As a result of these factors, parents' places have been more successful where trained staff already exist, such as in schools.

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THE PHILIPPINES

ZLATA BRUCKAUF

Consultant, Department of Social Policy and Intervention, University of Oxford

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INTRODUCTION AND CONTEXT

In recent years, the Philippines has been faced with many difficulties associated with external macroeconomic pressures and the destructive forces of natural disasters, such as the recent Typhoon Yolanda (Asian Development Bank, 2013). Although in 2013 its economy reached a near-record high growth rate of 7.2 per cent (ibid.), many experts believe the country's most important challenge is to translate robust growth into poverty reduction and to tackle structural inequalities, as poverty rates have stayed practically unchanged (25.2 per cent in 2012 compared with 24.9 per cent in 2003) (World Bank, 2014).

FAMILY POLICY

The importance of family welfare has long been recognized in the Philippines as a state priority. Article 15 of the 1987 Constitution states that the Filipino family is 'the foundation of the nation', requiring the state to 'strengthen its solidarity and actively promote its total development'. The current policy environment draws on these fundamental principles by supporting a child-centred family policy agenda. For example, the Philippines National Strategic Framework for Plan Development for Children for the years 2001 to 2025, known as Child 21, identifies 'family' as a unique sector that needs to be developed, as it provides the basic environment that nurtures the child 'throughout the life cycle' (Council for the Welfare of Children, 2013).

The Philippines Development Plan 2011–2016 formulates a vision of inclusive economic growth, which implies the promotion of equal access to development opportunities across different geographical areas, income groups and social groups, and the provision of a safety net for vulnerable groups (National Economic and Development Authority, 2013). This policy agenda is aligned with Child 21. Both policy documents create an interlinked framework for poverty reduction and early childhood care and development under which family and parenting support in the Philippines are being implemented today. Furthermore, the Second National Plan of Action for Children 2011–2016 translates the Child 21 strategic vision into specific targets and actions while relating them to the Millennium Development Goals. The aspiration towards breaking the inter-generational transmission of poverty through investments in child human development is at the forefront of this interlinked agenda.

A number of social welfare programmes work towards fulfilling this aspiration. The core provisions include:

- the community-driven initiatives of Kapit-Bisig Laban Sa Kahirapan – Comprehensive and Integrated Delivery of Social Services (Kalahi-CIDSS)
- capacity building interventions under the Sustainable Livelihood Programme
- the Conditional Cash Transfer (CCT) Philippines Programme or Pantawid Pamilyang Pilipino Programme, also known as 4Ps, the biggest government initiative; this is defined as a poverty reduction and human development programme, which invests in the health and education of the poorest households, with a focus on children aged 0–18 years; the Pantawid Pamilyang is in its seventh year of implementation and it appears that the government priority now is to ensure that the CCT and its beneficiaries are linked to other programmes on job generation, livelihood or asset management (Department of Social Welfare and Development, 2013).

The Early Childhood Care and Development Act of 2000 is a national policy system for early childhood care and development based on the principles of shared governance. The Early Childhood Care and Development Council is currently the lead agency for this policy domain in the Philippines. It was founded as part of a functional separation from the Council for the Welfare of Children under the 2009 executive orders (Manuel and Gregorio, 2011). The Council for the Welfare of Children remains a coordinating, inter-agency body with the mission of protecting child rights and the human development of Filipino children. The Council's activities focus on children with vulnerabilities and those from disadvantaged backgrounds. This system of governance has been said to be innovative in adopting a multi-sectoral, interdisciplinary approach to child development from the outset (Armecina et al., 2006).

It is important to note the highly decentralized nature of governance in the Philippines. Under the Local Government Code of 1991, the central government has devolved significant spending, taxation and borrowing powers to local governments. The Code increased the responsibility of local government units in the provision of basic services: all health and social welfare programmes including the maintenance of *barangay* (village) health and day-care centres, and the operation and maintenance of schools (Azfar et al., 2000). Local government units also implement the national early childhood care and development and poverty reduction initiatives. The national government retained only three functions: to establish programme standards, to provide technical assistance and to enhance local services on demand. With 79 provinces, 115 cities and 1,499 municipalities in the Philippines, disparities in local capacity in resource mobilization should not be underestimated.

ISSUES REGARDING CHILDREN AND FAMILIES

The socio-economic disparities between different geographical and especially urban and rural settings are reflected in the child well-being indicators. The National Report as part of the Global Study on Child Poverty and Disparities (PIDS and UNICEF, 2010) indicates that seven out of every ten poor children in the Philippines are from rural areas. Child poverty rates there are twice those of urban areas. Geographical and structural inequality are also observed in malnutrition, child survival and other indicators of child well-being, many of which are associated with poverty. The report highlights the challenges of child labour, commercial sexual exploitation, physical and sexual abuse, and the growing number of children affected by armed conflict and displacement following natural disasters and for other reasons. Various studies show a wide use of corporal punishment on children at home (Save the Children Sweden, 2008). According to the current law, parents have the right to discipline their child as it is understood to be necessary 'for the formation of their good character, particularly obedience' (Council for the Welfare of Children, 2014). This right to 'discipline' can certainly be interpreted differently – including the use of corporal punishment – to ensure appropriate behaviour.

More than one in ten (11 per cent) of 5–14-year-old Filipino children are working, many of them in hazardous activities in agriculture and domestic service (US Department of Labor, 2013). A Filipino family might rely on children's earnings in times of financial crisis (T. del Castillo, 2009) such as the disruption of livelihood caused by a natural disaster. All these issues are reflected in the poor ranking of the Philippines in child well-being among other countries in the Pacific region: it is placed at the bottom of the league table in the average measure of material deprivation and education (the latter measures participation and achievements) and second to bottom for child health (Lau and Bradshaw, 2010).

POLICY AND PROVISION IN FAMILY AND PARENTING SUPPORT

FAMILY SUPPORT

The cornerstone of family support in the Philippines is the Pantawid Pamilyang Pilipino Programme, or 4Ps as it is known. Drawing on experiences of other CCTs, particularly those implemented in Mexico and Brazil, it pays health and education cash grants on family compliance with a set of conditions, often presented in official documents as 'co-responsibilities'.

The health grant conditions are:

- Women must attend pre- and postnatal care clinics and a trained health professional must be involved during childbirth.
- There must be preventive check-ups and vaccinations of 0–5-year-olds.
- Children aged 6–14 must take deworming pills.
- Parents must attend monthly family development sessions.

The education grant conditions are:

- Children aged 3–5 must attend a day-care and/or preschool programme with minimum 85 per cent attendance rate.
- There must be a minimum level of elementary or secondary school attendance of 85 per cent by children aged 6–18.

The beneficiaries of Pantawid Pamilyang are the poorest households with pregnant women and children aged 0 to18. Eligibility is based on a combination of geographical targeting and the national database of households classified as poor with estimated income below the poverty line.[1] Cash grants are paid once a month depending on the number of eligible children. A maximum of three children in the family are covered by educational grants. The level of cash benefits is relatively generous compared with other CCTs: the maximum a beneficiary family can receive, if all conditions are met, amounts to 23 per cent of the family's income (World Bank, DSWD and AusAid, 2013).

The programme has been rapidly scaled up. According to the Department of Social Welfare and Development, in the first quarter of 2014 the Pantawid Pamilyang Programme provided assistance to 4,006,854 households in 144 cities and 1,483 municipalities spread across 80 provinces. Of the total amount of cash transfer grant paid to beneficiaries, around 49 per cent was for education grants and around 51 per cent for health grants (Department of Social Welfare and Development, 2014).

Two important policy changes have recently been made to the programme. Both relate to expanded coverage supported by the government's financial commitments. First, 2014 is the first year when coverage is extended to children in the 14–18-year age group with the aim of supporting families until their children finish high school. Second, in an effort to reach out to homeless families and children and indigenous communities in geographically isolated and disadvantaged areas, the Department of Social Welfare and Development launched a pilot initiative called the Modified Conditional Cash Transfer. This is designed to provide immediate relief, support and services for vulnerable families (Mendoza, Pablo and Yap, 2013). A core aim is to help these families to access public services and plan their family's financial sustainability in the future. Some 2,059 households were enrolled in this programme by the first quarter of 2014 (Department of Social Welfare and Development, 2014).

Family development sessions, which include but are not limited to the Parent Effectiveness Service discussed below, are configured as an educational and informational service for adult members of the family, particularly caregivers, involved in the Pantawid Pamilyang. They are therefore compulsory. According to official documents, in 2013, the rate of compliance with this conditionality was 96 per cent (Department of Social Welfare and Development, 2013). The sessions consist of three modules: laying down the foundation for the conditional cash transfer programme; preparing and caring for families; and participating in community activities. The sessions are held once a month covering topics related to effective parenting, husband and wife relationships, child development, child rights, the role of the family in the community, government anti-poverty initiatives, health, nutrition and so forth. Participants also learn about 'disaster-readiness' – to address the vulnerability of Filipino households to typhoons and other natural disasters. Topics under this theme

1 The targeting mechanism uses proxy means testing – a statistical technique to determine household income from a number of household- and individual-level characteristics, including family assets or the level of the educational attainment of the household head.

include possible responses to weather warnings, immediate actions in the first hours of a disaster and so forth. The sessions are delivered in the form of a lecture series and interactive demonstrations, using standardized thematic manuals. Such a format generally suggests there is limited scope for adjustment of information to the needs of individual families or participants.

An impact evaluation of the Pantawid Pamilyang in the Philippines (World Bank, DSWD and AusAid, 2013) did not directly assess the effectiveness of family development sessions. It did, however, attribute the increased reported coverage of social health insurance Philhealth (similar to Medicare in the US) to a greater awareness of and access to information among poor households gained through family development sessions.

PARENTING SUPPORT

Parenting support has a long tradition in the Philippines. According to de los Angelus-Bautista (1993), such programmes were originally introduced by the then Department of Agriculture in the 1930s, but evolved over the decades under changing institutional and administrative provisions and contributions of international agencies such as UNICEF. The Parent Effectiveness Service in the Philippines dates back to 1978. It was developed by the Social Welfare Project of the Department of Social Welfare and Development as support for families with young children at the *barangay* (village) level (Bennett and Grimley, 2001). A manual was developed formulating the context and methods of parent education programmes, which was used by social workers in the communities (de los Angelus-Bautista, 1993).

In 1991 the Parent Effectiveness Service was reintroduced as an important component of early childhood education, which aims to develop and expand knowledge, skills and appropriate attitudes on parenting. A new handbook was developed for the use of the service's volunteers. Its key interventions included:

- *a neighbourhood parent effectiveness assembly* conducted by community workers with groups of parents living in close proximity to each other; the trained early childhood care and development worker from the local government would identify families with children from birth to 6 years who could benefit from the programme; these 'needy' families would be encouraged to attend sessions, but participation was voluntary and open to all (de los Angelus-Bautista, 1993)
- *day-care service groups for caregivers* whose children attend the day-care centres
- *home training* – home-visiting sessions for parents who cannot attend either of the above mentioned sessions
- *training of community volunteers* – former participants of other sessions or lessons were recruited to assist the social community workers in programme outreach (Up Social Action & Research for Development Foundation Inc., UNICEF and Bureau of Family and Community Welfare, 1997)
- *Pamilyang Pinoy Sa Himpapawid* – radio broadcasts of lectures targeted at parents and caregivers. Launched in 1992, it was perceived as a cost-effective way of disseminating information, particularly in remote rural locations (Bennett and Grimley, 2001). Early evaluations showed that the programme was more successful in raising awareness and knowledge of the issues of health care, parenting rights and early childhood care and development than in providing parents with specific skills in handling child behaviour and husband–wife relationships (Up Social Action & Research for Development Foundation Inc., UNICEF and Bureau of Family and Community Welfare, 1997).

Geographical targeting was applied to select the participating municipalities based on indicators relating to the assessment of risks in child development, child health and education. Further, the local needs in parent education were assessed through village-level consultations.

Today, the Parent Effectiveness Service remains a part of the early child development framework but as it is delivered under the Family Development Service of the Pantawid Pamilyang Programme it reaches some 4 million poor families. It continues to use a thematic manual with nine units as the main instructional material but there seems to be no standardized guidance on the method of instruction of the course. Local government units are responsible for the training of the service's child development workers (Armecina et al., 2006) who deliver the modules. Given the local context, the design and delivery method of the Parent Effectiveness Service can vary significantly from one area to another. Examples of topics covered by a parent effectiveness session include understanding the dynamics of the Filipino family, the challenges of parenting (roles as a parent, Filipino laws on parenting,

parenting styles, gender-sensitive partnership between husband and wife, strengthening the parent–child relationship), child development, keeping a child safe from abuse, building children's positive behaviour, health and nutrition, home management (time and financial management, basic stress management techniques) and keeping a healthy environment for children (T. del Castillo, 2009).

Another service is Empowerment and Reaffirmation of Paternal Abilities, which targets fathers, intending to boost their skills and knowledge. The programme includes community-based sessions for fathers, and training father leaders and volunteers who further facilitate dissemination of knowledge about a father's role and responsibilities in the community. The father's role in child-rearing, development and management of child development at difficult periods of life is emphasized and promoted. Its roots are in recognition of the limiting role of the 'macho' image of men presented in the cultural norms, attitudes and expectations found in Philippines' families (Yangco, 2014).

The Philippines appears to be a fertile ground for the development of parenting support initiatives. This is perhaps explained by the long track record of similar interventions in the country as well as the government's interest in using it as one of the mechanisms of social assistance and child welfare support. Along with key government projects, parenting programmes are actively supported, promoted and developed by various non-governmental actors. Many national and international NGOs deliver parenting programmes focused on specific issues of child welfare. For example, the Child Protection Network operating through women and children protection units in 35 cities and provinces conducts training modules on basic parenting, advanced parenting and seminars for parents of minor offenders. About 50 parents enrol voluntarily in a basic parenting course consisting of six sessions each month. Under a capacity building initiative, the same modules were taught to the local social workers in six districts of Manila and five other cities.

Plan International Philippines has recently launched a parenting programme on 'positive and non-violent discipline' (Pan International Philippines, 2014) with support from the European Union and a number of government agencies. It will address issues associated with corporal punishment in Filipino families with pilots covering six selected areas. Save the Children in partnership with the University of Manitoba developed and tested in the field 'positive discipline' training for parents, teachers and social workers. Grounded in a child-rights approach and evidence on effective parenting, this training to social workers and teachers is set to be scaled up to wider geographical areas, potentially covering up to 25 million Filipino children (Save the Children, 2013). It is also being incorporated into the family development sessions run by the local governments.

THE ROOTS AND ORIENTATIONS OF FAMILY AND PARENTING SUPPORT

The Philippines' commitment to the protection and support of child welfare and development is institutionalized in the 1985 Constitution, the Child and Youth Welfare Code of 1975 and other legislative documents. The country appears to have both the political will and a strong interest in further advancing family and parenting-related policies and provision.

Within the policy environment, children are depicted as playing an important role in Filipino family culture, providing a structure and meaning to the family unit (de los Angelus-Bautista, 1993). Filipino families are also perceived as 'child-centred' (Council for the Welfare of Children and UNICEF, 2005). This probably explains why the first premise of family and parenting support in the Philippines is to reach children through reaching parents. A child-centred human investment agenda seems to be prioritized in most social provision. While the Patawid Pamilyang in general and family development sessions in particular do assist families with current needs, their explicit objective is to boost a healthy, educated and productive next generation of Filipinos. This is done through some co-sharing of the opportunity costs of child-rearing and by expanding parents' and caregivers' knowledge, skills and attitudes.

A second premise of family support in the Philippines is recognition of the multi-dimensionality of poverty and disadvantage. This is observed through the policy drive towards integration of different objectives, programmes and services addressing household members' employment, supporting livelihoods, giving access to

local services, and disaster management, along with enhancing parents' knowledge of parenting and other community issues. The risks of this approach, as noted by Aldaba and Hermoso (2010, p. 48), are in 'overlaps and redundancies in sectoral and geographical beneficiaries'.

Although building social capital and community participation features less prominently in official policy agenda than in the Chilean CCT, for example, family development sessions have the potential to be used as a locus for giving greater voice to participants and facilitating their better integration in the neighbourhood.

The role of the Department of Social Welfare and Development is largely in policy formulation and development, planning, standardization and technical assistance to the local governments and partner organizations. Along with the Council for the Welfare of Children and the Early Childhood Care and Development Council mentioned in the previous section, other agencies working on child- and family-related issues include the Committee for the Special Protection of Children, the National Youth Commission, the Inter-agency Council on Violence against Women and Their Children, the Inter-Agency Council Against Trafficking and the National Nutrition Council. The national bodies work closely with the international agencies and the range of local NGOs or civil society organizations. NGO partners are selected through formal tender procedures and are formally presented as stakeholders in the public–private partnerships in which NGOs are expected to contribute at least 20 per cent of the total cost (Pantawid Pamilyang Pilipino Programme, 2013).

CONCLUDING NOTE

The Philippines has a long history of providing informational and educational support to parents. Today, such support is seen as an instrument of human capital development, and a mechanism for building awareness and stimulating families and caregivers so they act in the best interests of the child. Parenting support provision is used to contribute to programmes originated in different sectors – social assistance, early childhood care and development or child welfare. There is a clear trend of linking their related agendas for the benefit of the most vulnerable and disadvantaged families and children. The government seems to be committed to the further development of this service, its expansion and modification based on evolving social tasks. But with an apparent lack of direct evidence on the quality of this provision and its associated outcomes for caregivers, families and children, it is very difficult to assess its policy value and effectiveness in reaching the ambitious goals it strives to achieve.

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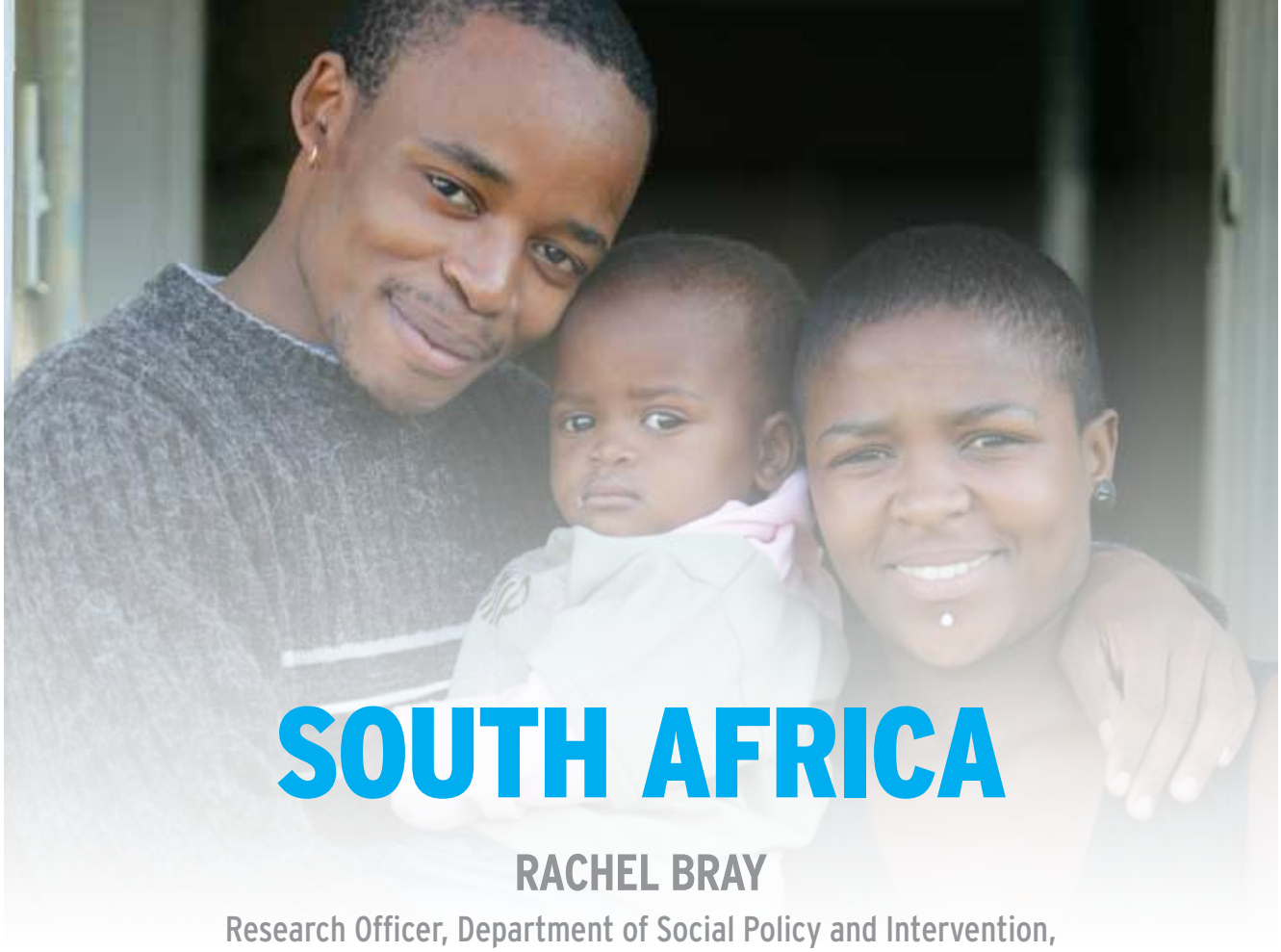

SOUTH AFRICA

RACHEL BRAY
Research Officer, Department of Social Policy and Intervention,
University of Oxford

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INTRODUCTION AND CONTEXT

In the two decades since South Africa's transition to democracy, the country has faced growing socio-economic inequalities and steady urbanization. Children and young people make up a large portion of the population, which rises steadily despite persistently high death rates related to poverty, violence and infectious disease including HIV/AIDS. While the legacies of apartheid continue to affect everyday life, the legislative and policy landscape has changed dramatically in this period in response to the state's ambition to redistribute resources, fulfil social rights and address chronic poverty.

FAMILY POLICY

South Africa, like many other African countries, does not have one explicit family policy (Mokomane, 2014, p. 59). Instead, it has an enabling legislative and policy framework rooted in the Constitution and Bill of Rights, through which components of policy related to family issues are carried out by various institutional bodies (UN ESA, 2001, p. 2) as well as a number of policies that are related to families, gender and population issues. The white paper on families (Department of Social Development, 2012a) sets a number of strategic objectives aimed at family preservation and family strengthening through the rights-based and life-cycle approaches.

The most wide-reaching is the social protection system comprising monthly cash transfers to individuals with particular needs, introduced in the 1990s as a mechanism for poverty reduction and an expression of the state's commitment to the constitutional right to social security and social assistance.[1] The old age pension and child support grant now reach a large proportion of the poor population, while the foster care, care dependency and disability grants are paid to fewer people, although with a larger monthly sum. The child support grant, driven by section 28 of the Constitution, is an unconditional cash grant of R300 (approx. US$28) per month paid to male or female caregivers aged 16 or over of eligible children. It is estimated that 76 per cent of eligible children accessed the child support grant in 2013 (Hall, 2013). The wide reach of this grant results

1 Section 27 (1) (c) of the Bill of Rights in the South African Constitution.

from the low eligibility thresholds of caregiver income and its recent age-related expansion.[2]

Two further components of family policy underpinned by legislation, and within which family and parenting support are couched, are child protection and early childhood development. The Children's Act of 2005[3] gives effect to certain rights of children as contained in the Constitution and the UN Convention on the Rights of the Child, and sets out principles on the care and protection of children, including defining parental responsibilities and rights. These align with generalized definitions of the family in South African policy and legislation that are consistent with the Constitution's promotion of acceptance and equal treatment of sexual preferences and family types. The Children's Act stipulates that prevention and early intervention programmes must focus on 'developing appropriate parenting skills and the capacity of parents and caregivers to safeguard the well-being of children' (sect. 144), including non-violent forms of discipline, among other targets relating to preventing neglect, abuse or exploitation, the preservation of a child's family structure and the promotion of appropriate interpersonal relationships. It also mandates the provision of early childhood development programmes that focus not only on learning but also on support (ss 91), and priority spending on early childhood development in communities 'where families lack the means of providing proper shelter, food and other basic necessities of life to their children' (ss 93).

Designed to inform the National Integrated Plan for Early Childhood Development, the recent diagnostic review of South Africa's early childhood development sector shows that existing policy and provision justify a broad definition of early childhood development programmes, including support for parenting and early childcare within a comprehensive set of health, social and education-oriented services (Richter et al., 2012). Responsibility for provision in early childhood development, child protection and parenting support stipulated in the Children's Act lies with the provincial governments.

Current policy regarding the family on the one hand reflects past institutional segregation under apartheid in which a dualistic approach to family policy juxtaposed provision and protection for whites against non-provision for groups defined as black, coloured or Indian. Under this system, the western core family was adopted as the model for family life (Mokomane, 2014, p. 59). On the other hand, efforts to address this legacy have informed recent developments in policy and provision driven by an awareness that (informal) family support has for generations relied on a very strong African family system, within which the old age pension functioned as a significant source of social protection for children. Concerns about a considerable weakening of these capacities in recent decades are founded in demographic trends towards smaller families, sustained urbanization and growing numbers of children who live with neither biological parent. In 2011, 24 per cent of South African children were not resident with either biological parent (Meintjes and Hall, 2013). Scholars of family structure and family life have recommended the recognition and support of diverse family forms, as well as a reconfiguring of social assistance such that additional resources are allocated to families (Makiwane and Berry, 2013).

ISSUES REGARDING CHILDREN AND FAMILIES

Children make up nearly 40 per cent of South Africa's population, almost two-thirds of whom live in poverty. In 2011, 58 per cent of children lived below the poverty line set at households with a monthly income of less than R604 (US$87) (Hall, 2013, p. 90). Income poverty has fallen steadily over the last decade largely due to the expansion of the child support grant, but child poverty remains widespread and differs markedly between provinces (ibid.). Large portions of children living in poverty reside in single-parent, female-headed households. Inter-generational poverty, social exclusion and family breakdown prompted by apartheid policies, now coupled with continuing high levels of unemployment and increasing economic stress on household livelihoods, underlie problems in family functioning and the frequent dispersal and rearrangement of family units (Klasen and Woolard, 2009). It is not uncommon for children to be raised by a sequence of primary caregivers (usually female relatives of their parent, grandparent or own generation), especially where chronic illness and AIDS-related mortality are prevalent (Bray et al., 2010). Poor mental health among adults and their coping strategies result in a series of interrelated problems experienced by families that have direct effects on children, including their

2 From 2005 to 2008 the child support grant was only available to children aged 0–13 years. In 2009 it was extended to include children aged 14 years, and since 2012 the grant has been available to children until they are 18 years old (Hall, 2013).

3 The Children's Act (no. 38 of 2005) replaces the Child Care Act of 1983 and its regulations came into force in 2010. At the time of writing, it is under review in preparation for recommendations to the new parliament.

neglect and abuse (Barbarin, Richter and de Wet, 2001). These include high levels of community and domestic violence, residential insecurity, alcohol and drug abuse, and weak family and community support networks.

In response to these challenges, the foster care programme expanded 10-fold over the past decade and about 80 per cent of children in formal, court-ordered foster care are orphans placed with extended families. The 2005 Children's Act sets out the rights and responsibilities of foster parents and cluster foster care, and the Children's Amendment Act of 2007 includes policy and provision for child-headed households.

POLICY AND PROVISION IN FAMILY AND PARENTING SUPPORT

FAMILY SUPPORT

In South Africa, family support consists largely of informal resources offered by relatives and neighbours in the form of food, shelter and care for a child or dependent adult. It is these social networks and high rates of informal fostering that enable large numbers of vulnerable children – including those orphaned by AIDS – to remain in households. However, evidence shows that children incur significant risk of neglect, exposure to violence and physical, sexual and emotional abuse, because coping with childcare is a significant challenge in contexts of poverty, single parenthood, illness and urban migration. To date, the state has primarily taken a distant, enabling role in supporting poor families by providing cash transfers, free education in certain areas, free maternal and infant health care, and forms of social protection including the public works programme. That said, the 2012 draft National Plan on Prevention and Early Intervention for addressing child abuse, neglect and exploitation specifically adopts a family preservation and family and community strengthening approach in order to align with the ecological model that underlies this strategy (Department of Social Development, 2012b, p. 14).

The most widespread, targeted provision is Isibindi, a home-visiting service now operating in 261 sites in all of the country's nine provinces. Run through a social franchise model involving NGOs, the service identifies vulnerable children, including those affected by HIV/AIDS. Community members are trained as child and youth care workers to offer regular and sustained support in family strengthening and child protection, and are supervised by professionals. The only organized services offered under the name of 'family support' are those provided by Families South Africa (FAMSA), a non-profit organization operating from 27 independent offices spread across the country to 'support individuals, families, organizations, communities and society to build, restore and sustain functional relationships' (FAMSA, n.d.). FAMSA grew out of the Marriage Advice Bureau established in 1948 and now delivers counselling, trauma support and training primarily to young adults on issues such as family and relationship breakdown, domestic violence and abusive relationships, as well as life-skills training as a form of educational and preventive services for children, youth and adults. FAMSA's work is funded by South Africa's National Lottery Fund and by the National Department of Social Development.

PARENTING SUPPORT

Formal support to children's caregivers that focuses specifically on the parenting role is neither widespread nor established as a core service. However, it has some history in the form of Systematic Training for Effective Parenting, a parenting programme available to (white) middle-class parents since the 1970s, which draws on behavioural psychology and social learning approaches to help parents manage typical parenting challenges related to children's behaviour. Parenting support is attracting a recent upsurge of interest among researchers, decision-makers and organizations that inform national policy, predominantly as a means to address risk during childhood. An understanding of parental responsibilities, rights and needs pertaining to raising children has recently been articulated in the Integrated Parenting Framework (Department of Social Development, 2013), a document that does not appear to reflect the views of government overall or the civil society sector owing to its rootedness in a welfare-oriented discourse. Implementation of this framework and a linked programme to encourage men to be accountable fathers written by the same division of the Department of Social Development are still to be realized.

To date, parenting support services have come in three main forms, the dovetailing of which with family support (as defined in this project) can be attributed to the recognition that the parenting role is often shared

among family and community members across time and in changing household structures and domestic contexts. The services are home visiting to promote early childhood development, group-based parent training courses and intensive parenting programmes to reduce child risk.

Home visiting to promote early childhood development

Largely established by voluntary organizations, home-visiting services for the purposes of early childhood development and child protection are scattered but have significant reach into rural and urban areas. Community members are trained and supervised in the task of visiting expectant and new mothers regularly over a period of one year, to offer support through listening, guidance and giving information on a range of topics. These services are designed and run by the voluntary sector, often with financial support from private donors, then delivered through local government contracts to NGOs. They are conceived as holistic interventions in which input on parenting is very widely defined to include knowledge of early childhood development, skills in affectional care and early stimulation, and adherence to practices to protect child well-being (such as immunization and regular health checks, and monitoring children's care by others). While support is directed at parents and their infants, delivery by local paraprofessionals (known as 'family and community motivators' or 'mentor mothers') is envisaged to bolster informal support mechanisms within the community. For example, the Philani Project recruits and trains Mentor Mothers in 20 neighbourhoods in Khayelitsha Township and in the rural Eastern Cape, with the aim of improving maternal skills and achieving positive outcomes for pregnant mothers and infants from low-income households (Tomlinson et al., 2013). Evaluation results indicate that the model reduces short- and long-term risks to maternal well-being and to several domains of child health and development (ibid.).

Group-based parent training courses (with home visiting)

A recent survey identified 21 parent training initiatives across South Africa, comprising group-based parenting programmes, often in combination with home visiting and targeted at vulnerable mothers (Wessels, 2012). Largely indigenous, these programmes are run as independent services by NGOs and businesses, tend to be concentrated in urban areas, and are scattered unevenly across the country (Ward and Wessels, 2013, p. 63). Few providers conduct needs assessments or base their content on practices shown to be effective in the literature, and about a third do not provide training or supervision for facilitators – factors that have prompted a call for research into local programme effectiveness (ibid.).

Intensive parenting programmes to reduce child risk

Currently operational as trials in three locations only, parenting programmes designed specifically to reduce child maltreatment are attracting considerable interest from the South African Government and influential international organizations, such as WHO and UNICEF. They are based on evidence-based programmes used in America and Europe (including Incredible Years, the Nurse Family Partnership and Triple P), and adapted by South African scholars and civil society organizations for the South African social, economic and cultural context. A broad partnership between government departments (of health, social development and basic education), UNICEF South Africa and WHO, and collaboration between academic institutions (in South Africa and the UK) and civil society organizations, have resulted in three concurrent trials of programmes for parents of infants, children aged 3–10 years and adolescents. These are the Philani Project (Tomlinson et al., 2013), the Sinovuyo Caring Families Programme (Ward, 2013) and the Sinovuyo Teens Programme (Cluver et al., 2013). One goal of the trials is to assess whether lack of infrastructure in health and social services and the shortage of trained personnel are barriers to effectiveness, as foreseen by developers of these programmes who are reportedly reluctant to make them available to lower income countries at lower licensing and training costs (Mikton et al., in progress).

In summary, formal parenting support in South Africa is driven by different entities and sectors, requiring coherence and evidence of effectiveness. Some coherence is emerging at provincial level where responsibility for delivery lies. In several provinces, strategies are now in place or under development[4] but provision is minimal beyond statutory services in which children at risk of neglect or abuse are

4 For example, the provincial government of the Western Cape has a comprehensive children and families strategy and programme (Western Cape Government, n.d.). www.westerncape.gov.za/service/children-and-families-programme

referred by the courts for alternative care. It is not yet clear how national government planning under the Integrated Parenting Framework (Department of Social Development, 2013) will influence existing provision.

THE ROOTS AND ORIENTATIONS OF FAMILY AND PARENTING SUPPORT

The recent efforts towards re-conceptualizing family policy and piloting forms of provision have been driven by a growing evidence base (in the form of legislative reviews and improved statistical data on family circumstances and demographics), and interest among high-level internal actors and institutions. Significant here is the President's commitment to raising the reach and quality of provision for early childhood development and the importance placed on investment in early childhood for long-term social gains by the Treasury, the National Planning Commission and the Department of Performance Monitoring and Evaluation in the Presidency.[5]

These recent national priorities are responsive in part to the issues of entrenched inter-generational poverty and social exclusion in South Africa, and in part to the global reconfiguration of early childhood and development as a foundation for life-long well-being outcomes that incorporates family and parenting support as a core mechanism of delivery. The recent development of policy frameworks by the Department of Social Development (in the form of a white paper on families in South Africa and the Integrated Parenting Framework) indicates that there is a growing focus on the family and parenting as loci of attention and potential investment, but no instruments yet exist to implement these ideas. The recently designed National Comprehensive Early Childhood Development Programme is likely to include a range of parenting support initiatives, and may represent the first such operational instrument. The focus of the white paper on families is on enhancing the caring capacities of families (through notions of 'healthy families' and 'family preservation') in order to bolster development, economic participation and social cohesion within the country. These are envisaged primarily through the physical, social and emotional well-being of family members and their interpersonal relationships. There is a secondary emphasis on stability, safety and harmony within the family, such that members offer mutual support, but no specific mention of child well-being as an objective. Among the seven guiding principles in this paper are the promotion of responsible parenting, alongside that of marriage and community participation. Parenting is depicted as a significant but fragile social institution requiring investment.

Child protection, and specifically the reduction of violence and child maltreatment, is the second agenda driving interest in family and parenting support in South Africa. Informed by the mounting evidence of the legacy of child neglect and abuse on long-term health and well-being (for example the *Lancet* series published in 2007 and 2011), academic researchers and international organizations currently investigating the feasibility of parenting support at scale are linked through initiatives such as WHO's Violence Prevention Alliance. The twin agendas of early childhood development and child protection are underpinned by a strong commitment to child rights in South Africa, as a philosophy and legal basis for action (see Dawes, Bray and van der Merwe, 2007).

The non-government sector is the principal provider of support to families, including parenting, in South Africa. Informal social networks have played the major role, with grass-roots community organizations, religious organizations and national NGOs operating in a limited number of areas of high need, yet where human and financial resources are available. Within government, the National Department of Social Development is the main actor in the field of family and parenting support in that it is responsible for policy development and provision to fulfil the rights of children and families (through the legislation described in earlier sections). For example, the Department of Social Development's National Child Care and Protection Forum is looking at parenting support as a way to implement prevention programmes as required by the Children's Act. Provincial governments, the main drivers of programmes, outsource provision primarily to NGOs, which are now struggling in a highly competitive funding environment. International organizations, such as UNICEF South Africa and WHO, are important actors in that they frequently partner different directorates within the Department of Social

5 Interview with a key respondent.

Development and other departments to develop policy frameworks, one consequence of which is some lack of clarity as to the locus of governance of family and parenting support at national level, and to the uneven translation into policy and provision at provincial level.

Children living in high-risk environments are the primary focus of current provision and policy development. Services in the form of parenting programmes are primarily directed at parents of children living in deprived settings and at risk of not thriving. However, the nature of home-visiting initiatives and their inter-linkage to existing health, social and early education services mean that the well-being of children and parents is supported and monitored simultaneously. While children are undoubtedly positioned as the primary beneficiaries, in part justified by the rights discourse, it is recognized that parental well-being exerts a continuing influence on child health and development. For example, parental outcomes (such as maternal depression) as well as those pertaining to children are monitored in the current trials of newly adapted intensive parenting programmes.

Very little in the way of formal provision is directed at the family and efforts to redress this are evident in the white paper on families (Department of Social Development, 2012a) and scholarship questioning whether and how to invest in the family as an institution (Makiwane and Berry, 2013). Differences of opinion as to the family forms or structures conducive to healthy child development are likely to stifle developments in this direction. For example, the scholarly discourse promotes the recognition and affirmation of multiple, often small and frequently reformulating, families.

A more conservative discourse promoting (heterosexual) marriage, parental co-residence and 'family stability' is vocalized by some sectors of civil society (such as the Institute for Family Policy). Elements of both discourses are found in government policy frameworks.

The principal goals of parenting support as envisaged in current national documentation and practice fall into two broad categories. The first is the protection of children from harm, and specifically the reduction in child maltreatment, abuse and exploitation. Non-violent forms of disciplining children are included in these outcomes. The second is improved health and development in early childhood and increased readiness to learn and get the best out of available formal education. Secondary goals seen as conditions for the above include improved family functioning, enhanced monitoring of children by parents, more effective communication between generations and a reduction in child conduct problems.

The problem now being prioritized is how to achieve low-cost scalable interventions that are sustainable by weak administrative systems at provincial and local level, and by a very low human resource base. International agencies are concerned about a gap in understanding in the way prevention and early intervention are approached: the need for strategies to address pathways to family disintegration such as migration, patriarchy and paternity absence or denial. Efforts to address the chronic shortage of social workers in South Africa by training a new cadre of social auxiliaries are unlikely to be sufficient to professionalize systems for family or parenting support. Future provision will probably rely on paraprofessionals from the local community supervised by professionals.

CONCLUDING NOTE

Unique in the African context, the case of South Africa is one of a highly developed legislative framework for upholding children's constitutional rights, a rapidly expanding set of related policies specifying family support and/or parenting support as appropriate mechanisms for this purpose, and a growing momentum in the development of action plans and interventions designed to translate such policies into practice. The Children's Act of 2005 has placed new and additional demands on the state to provide more than statutory intervention, safeguarding and therapeutic services for children whose protection has been violated. It is now mandated to invest proactively in prevention and early intervention among families in which children are vulnerable to abuse and neglect, using various forms of family and community strengthening, and parenting support, among other measures. Services envisaged as appropriate to the task of prevention (prior to early intervention) in child protection include parenting programmes, family preservation, life-skills, counselling, drop-in centres, assistance to families facing challenges such as chronic illness, and supervision of child-headed households (UNICEF, 2014). At the same time, these forms of provision are being driven by the expansion

of quality early childhood development services and violence prevention.

Direct support to caregivers that focuses on their parenting capabilities is receiving renewed attention in recognition of its potential capacity to reduce violence generally, and will be mainstreamed into core service provision in South Africa. As yet, the viability and likely effectiveness of group-based parenting education programmes implemented at scale is still to be determined. The recent emphasis on evidence-based practice has motivated the collation of in-country outcomes data and international evaluation to inform the cultural adaptation of parenting programmes in particular. Current challenges to implementation are understood to lie in securing a sufficiently skilled workforce and in costing interventions able to produce desired and demonstrable outcomes.

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SWEDEN

RACHEL BRAY

Research Officer, Department of Social Policy and Intervention,
University of Oxford

INTRODUCTION AND CONTEXT

Various historical roots have been identified behind the thinking and practice in Swedish family policy and provision, among them a moral logic promoting state-sponsored individualism of family members and increased gender equality (Berggren and Trägårdh, 2010), as well as historical concerns about below-replacement fertility rates (Chesnais, 1996). Over recent decades a number of measures by the state have contributed to sustaining a more stable and slightly increasing fertility rate, in marked comparison with other European countries such as Italy where declines have been dramatic. Public authorities have encouraged female labour participation and it now exceeds that of other high-income industrialized countries. State provision of parental leave and allowances (in which 85 per cent of one parent's salary is replaced for one year) were made available and distributable between parents as early as 1974 (ibid.). Attention to gender parity in the professional and domestic spheres has for several decades driven policy, so women and men face fewer conflicts in balancing child-rearing and work than they might elsewhere (Ferrarini and Duvander, 2009). An important focus of policy development has been the quality of life for children, specifically their protection from abuse and improved health status in the short and long term, in the context of a high quality of life for all citizens.

FAMILY POLICY

Like Denmark and Norway, Sweden re-oriented its welfare state in accordance with a changing set of socio-economic conditions much earlier than most other European countries (Bonoli, 2007). Consequently, these Nordic countries have gone furthest in providing protection against new social risks associated with the de-industrialization of the labour market (experienced as long-term, low-skill unemployment and working poverty), large increases in female labour participation (leading to external provision of childcare and elderly care), increasing instability of family structures (with consequent increases in lone parenthood and associated poverty), and the de-standardization of employment (entailing welfare risks for increasing numbers of men and women with non-standard employment pathways) (ibid.). To a large extent, protection from such risks has been achieved through the more equal distribution

of responsibilities for child-rearing between mothers and fathers, and between families and communities or the state, than elsewhere in Europe (Chesnais, 1996). And, unlike most of its counterparts in western Europe, the Swedish state has systematically protected the economic status of family members above other concerns, for example by providing universal access to childcare facilities for working parents and by retaining the purchasing power of family allowances during cuts made to social spending in the 1990s (ibid.). When a centre-right coalition took over from the Social Democrats in 2006, reforms to family policy were made that included a voucher system for childcare and improvements to the quality of education and care offered in public childcare centres (Ferrarini and Duvander, 2009). These reforms are understood to have strengthened the dual-earner dimension of policy and to have opened the space 'for market solutions and more pronounced traditional family orientations' (ibid., p. 6). The family policy reforms made by the current government introduce diverse incentives. The cash-for-care scheme encourages one parent (often the mother) to remain at home with the child, while the gender equality bonus encourages mothers and fathers to do paid work while sharing child-rearing. Swedish family policy is characterized by a dual and somewhat paradoxical focus on individual choice on the one hand and gender equality through state intervention on the other.

Within Europe, Sweden is recognized as having an explicit set of supports for individuals as family members, for attending to work–life balance, and for being a forerunner in making the family a subject of state regulation with subsequent impacts on family life. For much of the twentieth century, the long-standing concern of family policy has been to equalize social and economic conditions between families with children and childless couples, the principal early mechanisms being public transfers (notably parental allowances and family allowances) and free maternity and child welfare centres (Lundqvist, 2013).

Principles of gender neutrality and gender equity became political priorities in the 1960s, leading to major reforms in Swedish family policy over subsequent decades that were primarily intended to encourage women into the workforce and to enable men to undertake childcare (Duvander 2008; Lundqvist, 2013). Concerned primarily with balancing the rights of individuals, the focus of policy-making swung away from families as a group or institution and towards eliminating or reducing the causes of structural inequalities between family members and other individuals.

ISSUES REGARDING CHILDREN AND FAMILIES

In 1979, Sweden became the first nation explicitly to prohibit all forms of corporal punishment of children by any persons, including parents.[1] This new law had three principal objectives: to alter public attitudes away from the practice of corporal punishment, to increase early identification of children at risk of abuse, and to instigate earlier and more supportive intervention to families (Durrant, 1999). Evaluation of its impact suggests there have been achievements in all three areas (ibid.).

Child poverty and child deprivation rates in Sweden are among the lowest in Europe, and those of child health at birth and in infancy among the highest (Bradshaw, Hoelscher and Richardson, 2007). However, scores for child health behaviour (healthy diet, levels of physical activity and weight) are low relative to these and to educational participation and attainment (ibid.). Proportions of children living in single-parent or step families are among the highest in Europe (ibid.). At the same time, Swedish children report very high quality relationships with their mothers and fathers (measured by the proportion of children who find it easy to talk to each) compared with their peers in other high-income countries (UNICEF Office of Research, 2013).

Levels of internal socio-economic disparities between families in Sweden are generally low. Sub-sectors of the population considered to have specific vulnerabilities include immigrants, Roma people and families with disabled children, among others.

1 The legal amendment was made to the Parents' Code and carries no penalties. Punishment for infraction of the law remains within the arena of the Penal Code and is administered only in cases that meet the criteria of assault.

POLICY AND PROVISION IN FAMILY AND PARENTING SUPPORT

FAMILY SUPPORT

The gender and economic equity aspirations of Sweden's approach to family policy have meant that 'family support' as conceived for this study is not regarded as a specific area of policy and provision. Instead it is seen as a set of government-assisted social conditions in which individuals, communities and the state collaborate to invest in childcare and development in ways that are universally applicable and available. Sweden is considered a good example of a dual-earner family policy model giving strong support to dual earners and low general support to the family as an institution (Duvander, 2008).

Freely available child health centres are a cornerstone of services offered in the name of family support in Sweden. Run by local government (municipalities), these centres offer a range of maternal and child health-related services, including a child health programme consisting of regular checks and advice offered to all preschool children in which rates of participation are close to 100 per cent (Wickberg and Hwang, 1996). Introduced in the 1930s, the support consisted of four developmental check-ups during the child's first six years. The service was expanded in the 1960s to cover everyday challenges associated with child-rearing, for example feeding and sleeping, developmental delay, disobedience and trauma related to divorce (Bernardi, 1995). Child health centres have become increasingly engaged in group-based parenting support with the dual purpose of educating parents and facilitating social networking. At the same time, local government public health boards aim to increase community control and ownership of the initiative, through the participation of parents and children in planning, organizing, developing, executing and evaluating support, and through regular events in community centres (Eurochild, 2012). While containing elements of social capital objectives, these investments are made directly and specifically in parents rather than wider family or community members (as encompassed by this study's definition of family support).

Between the 1960s and the 1990s, family therapy was the dominant mode of family intervention used to address mental health concerns and particularly in child psychiatry (Bergmark, 1994). Following evidence of low impact, the mode of intervention changed in favour of psycho-education programmes for family members (ibid.).

Provision for children and families is largely de-centralized with national government retaining only three functions: establishing programme standards, providing technical assistance and enhancing local services on demand. As a small state with approximately 9.5 million people, Sweden seeks to ensure there is a fairly uniform distribution of professional expertise and abilities to mobilize state and local community resources. These efforts are undertaken in a context of rapidly increasing social and economic disparities between municipalities that are producing growing gaps in income and living standards (OECD, 2013).

PARENTING SUPPORT

Until the 1990s, support for parenthood was not treated as a distinct component of family policy. Such support needs were understood to be served by broader measures to improve the quality of family life and social parity encompassed within family policy. Nevertheless, parenting support as a specific, minor form of state intervention in family life has a long history in Sweden. Today, parenting support is becoming a widespread, rapidly institutionalized and arguably 'ordinary' set of practices.

Introduced originally during social and family policy reforms in the 1930s, parenting support was first targeted at poor families (whose parenting was deemed substandard) with the dual aim of raising children's social position and assisting parents in their child-rearing roles (Lundqvist, 2014a). Provision consisted mainly of educational programmes provided by antenatal clinics and later by child welfare centres. While limited in reach, these early provisions introduced the concept of parenting education as an accompaniment to state welfare provision for the purposes of reducing poverty and administering social control (ibid.). Government interest in parenting support grew in the 1970s under the influence of American studies of child behaviour and in response to national priorities to prevent child abuse and enable parents to adhere to the new law prohibiting corporal punishment across the board (Bremberg, 2009).

In the 1980s the state's commitment to parenting support evolved from the provision of parenting education (by professionals) to all new parents during pregnancy and following childbirth, into an aspiration to provide such services for all parents with school-age

children (Eurochild, 2012). Ten years later municipal provision to both groups of parents was found to be uneven and far from comprehensive (Lundqvist, 2014a). By 2012, equally large portions of parenting programmes were directed to parents with school children as well as those with preschool children and a slightly smaller proportion to those with teenagers, according to an evaluation by the Public Health Agency (ibid.).

Currently, parenting support exists as a state ambition and a widespread practice. The 2009 National Strategy for Developed Parenting Support pledged that all parents with children aged between 0 and 17 years may receive parenting support. An evaluation conducted in 2011 indicated that some municipalities engage up to one-tenth of all parents in some form of parenting support activity (Lundqvist, 2013).

While the government goal is for universal provision of parenting support, it is rationalized within the national strategy by having three levels of prevention: universal, selective (directed towards risk groups) and indicated prevention (directed towards people with pre-identified problems).

Formal parenting support is provided mainly by local government (municipalities) through antenatal clinics, child and welfare centres, schools and civil society, including various religious communities. Key interventions provided universally comprise:

- parental education during pregnancy to first-time parents offered through parenting support groups (*föräldragrupper*), which reach 98 per cent of the population (Lundqvist, 2014a)
- parenting support programmes once the child is born, often in the form of group sessions in which parents are gathered to discuss children's development and needs, and to facilitate parent networking
- parenting support in open access preschools (run by municipalities or civil society organizations), childcare centres and primary schools, typically operated by a collaboration between parents and schools
- parenting programmes offered in the above locations.

Targeted parenting support for high-risk groups or those with pre-identified problems is offered by social services, for example through child welfare centres. These are available in the majority of municipalities and take the form of group-based parenting programmes dealing with cognitive behaviour and social learning theory. Roughly half the parenting programmes offered by municipalities are directed at parents whose children have behavioural problems, just less than one-quarter to parents whose first language is not Swedish, and one-fifth to parents of disabled children, according to the Public Health Agency (Lundqvist, 2014a).

Parenting education is reputed to have grown in popularity. Between 2004 and 2007, the proportion of the parent population participating in group-based parenting education rose from 2 per cent to 7 per cent, according to the Swedish National Institute of Public Health (Larson, 2008). These figures, coupled with the extensive involvement of civil society, suggest there is considerable public acceptance of the idea of parenting support as achievable through educational parenting programmes. Of the four parenting programmes that dominate provision (Connect, COPE, Incredible Years and Comet), three were developed and licensed in Canada or the USA, and the fourth is a Swedish variant of an American parent management training programme with a behavioural focus. These and others commonly used programmes (International Child Development Programme, Active Parenting, ABC and Triple P) are evidence-based programmes, which are heavily prioritized in Sweden. A recent evaluation showed that a quarter of municipalities implement evidence-based parenting programmes – some in collaboration with Swedish universities. More than half cooperate with churches or NGOs to run established evidence-based programmes (ibid.). In addition, parenting programmes are proofed from a child-rights perspective before selection (Eurochild, 2012).

Additional forms of parenting support are universal family counselling and psychiatric support for children and youth run by social services, and counselling over the telephone or internet provided by municipalities or NGOs. The dual focus of recent policy and government investment has been on improving coordination between the sectors involved in parenting support and increasing the volume and reach of provision. The latter has entailed expanding the number of arenas for health promotion and physical spaces for parents to meet, and increasing the workforce trained in implementing an evidence-based parenting programme (Lundqvist, 2014b). These injections of resources stand to raise the proportion of state employees with a permanent position in parenting support above the 10 per cent identified in a recent evaluation (ibid.).

The rapid roll-out of parenting support in Sweden has been achieved by the high involvement of municipalities in resourcing and administering direct provision. An evaluation by the Public Health Agency showed that 87 per cent of municipalities organize structured and systematic parenting support activities, including staff training, strategy development, monitoring and facilitating intersectoral coordination and collaboration between government and civil society (Lundqvist, 2014a). As there are existing high rates of engagement in child health centres and childcare, most families are multiply connected to services. Systems exist to ensure that children do not fall through the net. For example, the dossier of information on the child is passed between health services and the school, thereby acting as a repository of information on inputs provided by each service and their outcomes for that child, their parents or the family.

THE ROOTS AND ORIENTATIONS OF FAMILY AND PARENTING SUPPORT

In Sweden families are perceived as oriented towards work and child-rearing in equal measure, and children are regarded as potentially at risk from the pressure placed on parents to balance parenting with income generation. Policies and provision have the dual aim of reducing child risk, and achieving gender and socio-economic equity more broadly. While the discourse of family policy tends to be gender neutral, fathers are a specified subject of family policy in relation to parental leave. However, parenting support policy generally does not highlight issues pertaining to gender equality. It is notable that parenting support services do not fall within the policy arena termed 'economic family policy' in which policies guiding parental leave and allowances sit. Current policy framing parenting support services does not attempt to reconcile these tensions, and instead has a gender-neutral, or indeed gender-blind, position on 'parents' (Lundqvist, 2014b).

For many decades, the principal mechanism for achieving gender equality aims has been state investment to share the costs of child-rearing and safeguarding child health. Parenting education has long been regarded as a way of enhancing democracy and gender equality, and is thereby consistent with broader contemporary social and family policy ambitions (Lundqvist, 2014a). During the 1990s the political discourse moved away from more directive notions of parenting support to those seen to need it, and towards one of bolstering parental competence and offering 'support in parenthood' more generally. Accompanying this shift was an imperative for freedom of choice in a context where the specificity of parental needs was acknowledged. However, the goals of family policy remained the same, so parenting support services and family policy reforms are not two sides of the same coin.

Since 2000, the two main influences on the form and function of parenting support have been the state's concerns with child health and its implications for long-term well-being, and its interest in the evidence base associated with parenting programmes. The new health policy of 2006 included a specific focus on depression, obesity and other lifestyle-related health problems in young people, and resulted in the government's proposal for a long-term National Strategy for Developed Parental Support (Eurochild, 2012; Opengov. se, 2008, p. 69, cited in Lundqvist, 2014a) as a principal mechanism for addressing these problems. Adopted by Parliament in 2009, the strategy focuses on improving parenting through increasing parents' knowledge about child health and development and strengthening parents' social networks (Eurochild, 2012). Its primary aims are protecting children's health and social well-being in the immediate and long term. Accordingly, the National Institute of Public Health was charged with operationalizing this strategy, led by the Minister for Health and Social Policy.

International actors, specifically the individuals and institutions involved in the development and marketing of evidence-based parenting programmes, have been important players in Sweden's trajectory of decision-making and provision. Evaluations of impact in the fields of family and parenting support are limited in number and focus. A national evaluation to compare the effectiveness of parenting programmes (targeted to specific or high needs groups) showed positive outcomes for stronger parenting abilities and reductions in child behavioural problems, and very little variation between programmes (Lundqvist, 2014b). These programmes were also found to be cheaper than many other family interventions and therefore considered by the state to be cost-effective. As yet, there are no evaluations of Swedish parenting programmes applied universally (ibid.).

CONCLUDING NOTE

Sweden has a long history of comprehensive policy and provision to support the economic and social welfare of family members, and specifically children, mothers and fathers. There has been a strong turn to parenting support in recent years. Universal in its ambition, the primary motivator appears to be child outcomes in the short term and over the life course within a broad-based public health agenda. The positioning of parenting support within the health sector explains its predominance over family support as a concept that guides provision. Despite having relatively small funds attached, parenting support as a policy has exerted an important influence on service provision and on family life in Sweden. Large-scale roll-out of parenting support has occurred only in the last five years and is set to continue.

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UNICEF Office of Research - Innocenti
Piazza SS. Annunziata, 12
50122 Florence, Italy
Tel: (+39) 055 20 330
Fax: (+39) 055 2033 220
florence@unicef.org
www.unicef-irc.org

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