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# TUSLA

An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Tusla – Child and Family Agency Parenting Support and Parental Participation Research Report

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Educational, Scientific and  
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# Contents

<b>1. Introduction</b>	<b>05</b>
1.1 Aim and objectives	05
1.2 Structure of the report	05
<b>2. Methodology</b>	<b>06</b>
2.1 Introduction	06
2.2 Data collection	08
2.3 Data analysis	08
2.3.1 Qualitative interviews	08
2.3.2 Quantitative data	08
2.3.3 Documentary analysis	08
2.4 Ethical considerations	09
<b>3. Findings</b>	<b>10</b>
3.1 Parenting support makes a difference	10
3.1.1 Changes in approaches to supporting parents	11
3.2 Need for specialised and diverse support	14
3.3 Awareness	17
3.4 Information	22
3.5 Collaboration	24
3.6 Training	24
3.7 Parenting Support during the Covid-19 pandemic	25
3.8 National and international review of parenting support strategies	29
<b>4. Concluding discussion</b>	<b>31</b>
4.1 Covid-19	33
<b>5. Recommendations for Parenting Support</b>	<b>34</b>
<b>References</b>	<b>35</b>
<b>Appendix 1</b>	<b>39</b>
<b>Appendix 2</b>	<b>40</b>
<b>Appendix 3</b>	<b>42</b>
<b>Appendix 4</b>	<b>64</b>

# List of Tables

Table 1: Parent participants (n=33)	06
Table 2: Tusla staff: participants and roles (n=653)	06
Table 3: Tusla-funded organisations: participants and roles (n=205)	07
Table 4: National and international parenting support strategies and approaches	09
Table 5: Review of the strengths of parenting strategies by jurisdiction	29

# List of Figures

Figure 1: Awareness of the Parenting Support and Parental Participation Programme of Work	18
Figure 2: Use of Tusla’s Parenting Support and Parental Participation Programme of Work	18
Figure 3: Awareness of Tusla’s Parenting Support and Parental Participation Programme of Work	20
Figure 4: Use of Tusla’s Parenting Support and Parental Participation Programme of Work	21
Figure 5: Has Covid-19 had a positive impact on practice?	25
Figure 6: Has Covid-19 had a negative impact on practice?	27
Figure 7: Has Covid-19 had a positive impact on practice?	27
Figure 8: Has Covid-19 had a negative impact on practice?	28

# 1. Introduction

This research has been conducted by the UNESCO Child and Family Research Centre (UCFRC) at NUIG at the request of Tusla - Child and Family Agency to support the development of a new Parenting Support Strategy. This research builds on previous studies conducted by the UCFRC on parenting support and parental participation. Tusla's commitment to supporting parents and families is emphasized in the agency's Corporate Plan (2021–2023); *'Families & communities are empowered and strengthened to keep children safe and nurtured, recognising a child's right to protection, stability and the support of a family and community network'*. Action 1.6.4 of Tusla's Business Plan (2019) called for a review and re-publication of the Parenting Support Strategy. This research study will directly inform this Strategy and Tusla's parenting support work.

## 1.1 Aim and objectives

### Aim

To review the current Parenting Support Strategy and parenting support practices to inform and support the development of a new five-year Parenting Support Strategy.

### Objectives

1. To review relevant literature, policies and strategies on parenting support and parental participation.
2. To consult with parents who use parenting support services, and practitioners working in Tusla and Tusla-funded parenting support services.
3. To integrate these findings to inform the new Strategy, in conjunction with Tusla's Parenting Lead and Parenting Strategy Working Group.

## 1.2 Structure of the report

Following this introduction, section 2 of the report details the methodological approach taken to conduct this mixed methods research. Section 3 presents the findings of the research and outlines the main themes identified. These themes include **parenting support makes a difference**, the **need for specialised supports for diverse family forms and issue-based challenges**, and the **need to increase awareness of services available as well as of the role and function of Tusla**. The research also identified the need for **information** for both staff and parents particularly with regard to the types of service available. **Collaborative work between departments, agencies, and services** as well as **training for staff** were also highlighted as themes. In addition, the research provides information on staff and parent experiences of Covid-19 and its impact on service provision. Section 4 presents a discussion on the findings while Section 5 provides recommendations to inform the development of Tusla's new five-year Parenting Support Strategy.

## 2. Methodology

### 2.1 Introduction

The methodological approach to this research is based on a multi-method strategy of primary data collection which targeted three groups: parents in receipt of parenting support services, Tusla practitioners and practitioners in Tusla funded organisations working in the area of parenting support. A documentary analysis of parenting support policies and strategies internationally was also carried out. The primary data in this study is based on semi-structured interviews carried out with parents, and two online surveys distributed to staff of Tusla and Tusla-funded organisations. Table 1 shows the number of parent interviews conducted (n=33) and the areas participants lived in.

**Table 1: Parent participants (n=33)**

Area Where Parents Live	Number
Clare	2
Cork	1
Donegal	1
Dublin	10
Galway	6
Kildare	1
Kilkenny	5
Meath	2
Wexford	5
Total	<b>33</b>

Table 2 shows the number of Tusla staff participants (n=653) and their role, while Table 3 details participants from Tusla-funded organisations (n=205).

**Table 2: Tusla staff: participants and roles (n=653)**

Role	No. of Respondents	% of Respondents
Education	140	21.44%
Social Care	128	19.60%
Not specified	79	12.10%
Family Support	67	10.26%
Children & Young People's Services	62	9.50%
Managerial	60	9.19%
Social Work	57	8.73%
Medical	15	2.30%
Other	14	2.14%
Administration	12	1.84%
Fostering	12	1.83%
Parenting	7	1.07%
Total	<b>653</b>	<b>100%</b>

**Table 3: Tusla-funded organisations: participants and roles (n=205)**

Role/ Organisation	No. of Respondents	% of Respondents
<b>Family Resource Centres</b>	57	27.80%
<b>Youth/Young People's Services</b>	34	16.59%
<b>Not Stated</b>	34	16.59%
<b>Child and Family Support</b>	26	12.67%
<b>Community Support</b>	12	5.85%
<b>Education</b>	10	4.88%
<b>Childcare</b>	9	4.39%
<b>Medical</b>	7	3.41%
<b>Tusla Employees</b>	3	1.46%
<b>Bereavement Support</b>	3	1.46%
<b>Voluntary Sector</b>	2	0.98%
<b>Rural Support</b>	2	0.98%
<b>Self-employed</b>	2	0.98%
<b>Homelessness Support</b>	1	0.49%
<b>Drug Use Support</b>	1	0.49%
<b>Suicidal and Self-Harm Support</b>	1	0.49%
<b>Funded Partner</b>	1	0.49%
<b>Total</b>	<b>205</b>	<b>100%</b>



## 2.2 Data collection

All parents who participated in the study were informed about the research by a practitioner working with them. This practitioner explained in full the research process to parents. All practitioner respondents were contacted via an email containing information about the study. Informed consent was sought from each interviewee. One to one interviews took place via telephone. The interviews were audio recorded and transcribed, and the participants' names were changed to protect anonymity. An online questionnaire was used to seek the views of staff of Tusla and Tusla-funded organisations. The questionnaire was distributed electronically via SurveyMonkey.

## 2.3 Data analysis

This section details the method of data analysis utilised for both the interviews and the surveys.

### 2.3.1 Qualitative interviews

Following transcription all interviews were analysed using thematic analysis, a rigorous approach to data analysis. The researcher systematically extracted, analysed and interpreted themes and subthemes from the interview materials, which were subsequently examined in the context of the research questions and the aims and objectives of the study (Braun and Clarke, 2006). As such, the themes that were derived can be defined as emergent concepts that frame or capture the various types of discourse or narrative that appear frequently in the transcripts. Including or excluding particular themes depends on the research questions, and the importance that interviewees attribute to particular concepts and practices is evident in the transcripts. The computer software programme NVivo was used to help manage and code the primary data collected. In addition, it was used to derive the core themes from the data findings; these themes are pertinent to the overall research questions and the aims and objectives of this study.

### 2.3.2 Quantitative data

Analysis of the two surveys used in this research focused on frequency distributions and response patterns among sub-groups, e.g. Tusla and non-Tusla respondents. Additionally, as the questionnaires contained open-ended questions, qualitative data analysis was also required. This involved establishing response categories in the open-ended questions and some quantification of these.

### 2.3.3 Documentary analysis

A documentary analysis of parenting support policies and strategies internationally was carried out. To seek insight into future areas of development for Irish parenting policy, documentary analysis was conducted on English-language sources related to parenting policy from the UK (England, Scotland Northern Ireland), Europe (Malta), and three countries outside Europe (Australia, Canada and New Zealand) in addition to a review of current Irish policy. Sources sampled included:

- policy directed at parents (Ireland, UK, Scotland, Malta)
- family support policy (Ireland, Northern Ireland)
- policy on early years of childhood (Ireland, UK)
- parenting support policy (UK, Australia)
- practitioner guides (Ireland, Australia, New Zealand, Canada).

This documentary analysis sought to identify the key features of each source. This included reflecting on the principles underpinning each document, the provisions for practice, and the utility of each source for practitioners in the field, along with challenges to its implementation. Table 4 details the documents, policies and strategies analysed.

**Table 4: National and international parenting support strategies and approaches**

<p><b>Ireland</b></p>	<p>Investing in Families: Supporting Parents to Improve Outcomes for Children (2013)</p> <p>First 5: A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028</p> <p>50 Key Messages to Accompany Investing in Families: Supporting Parents to Improve Outcomes for Children (2013)</p> <p>Parental Participation Toolkit (2015)</p>
<p><b>England</b></p>	<p>The Troubled Families Programme: Financial framework for the Troubled Families Programme’s payment-by-results scheme for local authorities (Department for Communities and Local Government, 2020)</p> <p>Supporting Families in the Foundation Years (Department of Education and Department of Health, 2012)</p> <p>Helping Parents to Parent (Social Mobility Commission, 2017)</p>
<p><b>Northern Ireland</b></p>	<p>Families Matter: Supporting Families in Northern Ireland Regional Family and Parenting Strategy (2009)</p>
<p><b>Scotland</b></p>	<p>National Parenting Strategy: Making a positive difference to children and young people through parenting (2012)</p> <p>Pregnancy and Parenthood in Young People: Scotland’s strategy to increase choices and support potential in young people (2016)</p>
<p><b>Malta</b></p>	<p>Positive Parenting: National Strategic Policy (2016–2024)</p>
<p><b>Australia</b></p> <p><b>New Zealand</b></p> <p><b>Canada</b></p>	<p>Parenting Support Guidelines</p>

## 2.4 Ethical considerations

The research was guided by key ethical requirements of doing no harm and gaining informed, voluntary consent for participation in the research. Participants indicated their willingness to participate when they filled in the questionnaire and provided their consent for an interview. All those who took part in individual interviews were asked for and gave their consent. Anonymity was guaranteed for all participants, and therefore names and identifiable personal details throughout the report have been changed. Ethical approval for this research was granted by both the NUI Galway Research Ethics Committee and the Tusla Research Ethics Review Group.

## 3. Findings

This section of the report presents the findings from the data collected for this study and outlines the main themes identified. These themes include:

- **parenting support makes a difference**
- there is a need for **specialised supports** for diverse family forms and for issue-based challenges experienced by families.
- there is a need to **increase awareness** of services available for parents and on the role and function of Tusla.
- there is a need for **information** for both staff and parents, particularly with regard to the types of service available.
- Increased **collaborative work** between departments, agencies and services is required.
- Ongoing **training** for staff is required.

In addition, the research provides information on staff and parent experiences of Covid-19 and its impact on services. Findings from the documentary analysis are also presented in this section of the report.

### 3.1 Parenting support makes a difference

The research highlighted the positive difference experienced when support was available to and accessed by parents.

#### Parents

Positive experiences spoken about by parents included supports being available within their community and increased interactions and time spent with children. For many, however, it was interaction with other parents which was particularly valuable in terms of reducing isolation, making friends and supporting each other:

*'I would be honestly lost without the ladies in the group because I became friends with the ladies apart from the group, we have made mutual friends in their Facebook group and stuff and we have private chats because we are all able to support and help each other.'* (P. 29)

As well as positive experiences of peer support, parents spoke about particular staff they had been involved with. The majority of participants interviewed emphasised that practitioners were always respectful, willing to help and supportive:

*'When we first started I felt like he was a mentor leading me to the right places that I should be and then the more it went on I felt he respected me as a mother, he knew I was a good person, he knew I was just in a bad place at the time. And then he kind of felt like more of a friend, I didn't feel like he was superior to me and I was more comfortable then.'* (P. 22)

Parents also highlighted the related feeling of being listened to and being involved in decisions made and future planning:

*'It was so simple, everything was talked about and talked through and made sure you were happy with the solutions for this problem. It was very, very good and I will be recommending it for sure.'* (P. 35)

Some parents spoke about how their experience of services was a lifeline, how it was life-changing, and how they would have been lost without it:

*'For me, it has, but that is my personal experience, I had a positive experience and my life is better now from the help and support I received, I am in a better place and that is the God's honest truth.'* (P. 27)

*'Well I kind of reached out a year and a half ago or two years ago when it was just starting off and I found it very beneficial in the way that I was able to talk to somebody about my own situation and get some advice from him. And he met me a couple of times and stayed in touch with me and also provided a service where there is like Zoom meetings once a month with different dads to just talk about what it is like being a father and different stages of development with children.'* (P. 14)

The majority of participants stated that involvement with the services made a positive difference to them and their families:

*'Yes, I think this changes me a lot because I feel better now because I have to speak to somebody because here I don't have parents or sister or somebody to speak [to] and now I have somebody close.'* (P. 8)

Some participants who were reluctant to access services initially found that their opinion changed once involved with them:

*'When I linked in with services I just think that was the best thing ever. At the time it happened I said no, no, no. But it was the best thing ever.'* (P. 61)

Parents spoke about the impact of a number of services working together to help them and their children:

*'It made a huge difference for me because it didn't take up so much time but for him, he didn't feel that everyone was on top of him or that he was in trouble. He felt that people were working together to try and get the plan for him ... I wasn't sorry that I did do the process, I thought it was great.'* (P. 53)

### 3.1.1 Changes in approaches to supporting parents

As noted, parent supports were reported as making a positive difference to parents and their families. This section details practitioners' views on changes to the approaches used to support parents over the last five years. Changes at both organisational and practice level are highlighted by the practitioners.

#### Practitioners – Tusla staff

Just under half of respondents (49.39%) reported that Tusla's approach to parenting support had changed in the last five years. A similar number were unsure whether Tusla's approach had changed or not (46.96%) and 3.65% maintained that Tusla's approach to parenting had not changed in this period. Respondents who answered that the approach had changed expanded on the changes they had noticed. The majority of comments emphasised how Tusla has worked more in partnership with parents and included parents more in decisions affecting them (n=74).

*'More supportive, a focus on what works for parents, parent has a voice, e.g. through Meitheal. There is more integration with local supports to help parents in their communities. Parents are invited to Tusla initiatives'* (HSCL Coordinator)

*'It has become more inclusive for parents giving them more of a participative role and has opened up to all parents, not just those experiencing difficulties'* (Social Care Manager)

When asked whether practitioners' own approach to supporting parents had changed within the last five years, the majority (68.66%) stated it had changed, while 16.92% stated it had not and 14.43% were unsure. Those who reported practitioners' approaches had changed in the last five years stated that they now concentrated more on parental participation, engagement, involvement, empowerment and decision-making, and on working in partnership with parents (n=118).

*'Parents are a lot more involved in the setting now and they are more valued. I believe as they become more involved and valued, we become more valued'* (Early Years Practitioner)

*'I focus more on empowering parents and give them support where they express [it] is needed rather than where I think it is needed. Work with parents to reach decisions and help them express what they need'* (Family Support Practitioner)

Respondents were asked to rate how accurate the following six statements are when working with parents in their role. The ratings ranged from *definitely true* to *definitely not true*.

1. If parents were provided with appropriate information on how to be involved.
2. If parents were supported to express their views.
3. If parents' views were actively sought.
4. If they ensured parents were listened to.
5. If practitioners worked in partnership with parents.
6. If parents were given feedback on decisions made.

The vast majority of respondents believed each statement was *definitely true*. The highest proportion of *definitely true* statements pertained to ensuring parents' views are listened to (84.90%). Very few respondents rated these six statements as *definitely not true*.

*'I always strive to ensure parents' voices are heard and that their issues are dealt with to a satisfactory conclusion' (HSCL Coordinator)*

For others, however, they described a need to achieve a balance between the voice of the parent and the voice of the child.

*'I only say mostly true because this depends on what the voice of the child is saying also. It's important to strike a balance' (Child and Family Network Coordinator)*

Actively seeking the views of parents was indicated as being *definitely true* for 80.49% of respondents.

*'I feel that it is extremely important to listen and respect parents' views and opinions. At times, it can be best to reflect on what parents say rather than jump in with a reaction/solution. I have found, when I think reflectively, I can respond more effectively to what support I can give a parent' (HSCL Officer)*

Providing parents with the appropriate information they need to be involved was rated *definitely true* by 80.40% of participants.

*'I always do my best to fully inform parents of what the goals are and where they can access additional information' (Family Support Practitioner)*

In contrast, a Project Leader who rated this statement *unsure* suggested parents should be more informed.

*'I wonder should we provide more information – we focus mostly on engagement and relationship. Perhaps we should give out more information on the agency – procedures, complaints policy, etc.' (Project Leader)*

79.55% of participants rated supporting parents to express their views as *definitely true*. Meitheal was highlighted by a number of participants as an exemplar of this in practice.

*'Parents are encouraged to contribute and to guide the direction of our interventions. Meitheal ensures parents are in the driving seat of all meetings, when they happen, who is invited and what issues will be discussed' (Social Care Leader)*

Providing parents with feedback explaining the reasons for decisions taken was rated as *definitely true* by 73.27% of participants; for some, this was something they endeavour to do as part of their service delivery.

*'As the manager of the service, I endeavour to actively engage parents in all decision-making processes and gain their feedback on all aspects of our service' (Social Care Manager)*

72.7% of participants rated working in partnership with parents to reach decisions as *definitely true*. This approach to partnership working was viewed by many as a form of empowerment for parents.

*'It is important to empower parents to take ownership of their decisions and actions. They may need encouragement and advice to do so' (HSCL Officer)*

For others however, there are a number of barriers to the practice of working in partnership.

*'Levels of work, case load, constant pressure and re-prioritisation of work alongside complexities of GDPR/ consent issues really negatively impact on the ability to implement these aspects consistently across caseloads' (Social Worker)*



## Practitioners – Tusla funded organisations

The same questions were put to Tusla-funded organisation respondents. Just over half of all respondents stated that Tusla’s approach to parenting had changed in the last five years (50.74%) with 5.88% stating it had not, and 43.38% of respondents being unsure in this regard.

Many described a number of changes Tusla has implemented in this regard.

*‘Availing of parenting support has become less stigmatic in the past five years. Accessibility of services has increased. Communication techniques, language and approach have been adapted by Tusla so as to meet needs of parents better. Tusla’s Parental Participation is ensuring that families are being seen as a unit and worked with through building on strengths of families and identifying needs alongside parents (as opposed to for them). Therefore, empowering parents to be responsible, listened to and heard when it comes to issues relating to their family unit. Meitheal is a prime example of a service delivered through Tusla [where] parents are central to the process of all aspects of planning and implementation of services being provided for a child/children to meet their needs’ (Foróige).*

Respondents were asked whether their approach to supporting parents had changed in the last five years, 70.37% responded that it had, 20% stated it had not, while 9.64% stated it had changed somewhat. A number of respondents highlighted how parents are now considered more in practice.

*‘In the past I was more likely to focus my work with the child, particularly if I judged the parent to be struggling or less able to be there for the child. Now I am more likely to recognise and listen to the parent’s perspective and support better relationships between the parent and child and actively advocate for supports for the parent’ (ISPCC)*

*‘I was originally employed in a youth project, and this has adapted to a youth and family support project as it has become far more recognisable within our organisation that in order to ensure a child/children within a family are being empowered to reach their full potential, we must also extend that right to their parents and the whole of their family unit’ (Foróige)*

As with Tusla practitioners, respondents in funded organisations were asked to rate whether parents were supported to express their views and that these views were acted on in partnership with parents.

The vast majority of respondents believed each statement was *definitely true*. The most common approaches taken were ‘support parents to express their views’ and ‘ensure parents’ views are listened to’ (85.71%), followed by ‘work in partnership with parents to reach decisions’ (85.50%) and ‘actively seek the views of parents’ (83.97%).

As stated, 85.71% of participants rated *definitely true* for ‘support parents to express their views’, with relationships between practitioners and parents being seen as key to enabling this practice.

*‘Relationships will enhance with best outcomes when parent/guardian is constantly consulted, listened to and represented’ (FRC Practitioner)*

For others however, organisational priorities can impede this type of approach to practice.

*‘Staff in my service are very good at listening to parents concerns and priorities. Making changes to our service based on these priorities is not always supported by management’ (HSE Practitioner)*

Ensuring parents’ views are listened to was also rated *definitely true* by 85.71% of respondents, with some indicating that listening to parents works best in practice terms.

*'It is important that parents' views and concerns are listened to and to help guide them rather than to dictate the path needed – most parents have reached out for supports so guidance rather than demands work best' (Family Support Practitioner)*

Others, however, were of the view that ensuring parents' views are listened to can be difficult when dealing with some state organisations.

*'Ensuring parents' views can be difficult when dealing with schools' (Family Support Practitioner)*

Working in partnership with parents to reach decisions was rated as *definitely true* by 85.5% of Tusla-funded organisation respondents, with parents being actively encouraged to participate in the decision-making processes in most cases.

*'Parents are very welcome in the school and encouraged to be active participants in any decisions regarding their child's education' (Department of Education Respondent)*

Actively seeking the views of parents was stated to be *definitely true* for 83.97% of respondents. Indeed, some respondents indicated that organisational policies often reflect this ethos.

*'Policies focus strongly on parental participation and their assessment, planning and review processes encourage parents' views and feedback' (Barnardo's)*

82.64% of Tusla-funded organisation respondents rated 'providing parents with appropriate information they need to be involved' as *definitely true*. Many make particular efforts to ensure this is the case.

*'I always make efforts to engage with parents and empower them to support their children' (Hospice Practitioner)*

Such efforts are also extended to providing parents with feedback on reasons for decisions taken. As regards feedback from parents, however, there is an indication that feedback will be acted on only when the feedback fits with the values and the mission statement of the organisation.

*'[We] will act on constructive feedback ... if it fits with [our] values and mission statement' (Bereavement Practitioner)*

### 3.2 Need for specialised and diverse support

This section presents findings from the parent interviews and practitioner surveys on the need for targeted specialised supports to support diverse family forms and for parents facing particular issue-based challenges.

#### Parents

Some parents from family forms typically categorised as vulnerable or living in particularly challenging circumstances were of the view that more needs to be done to support their family form and circumstance. They highlighted how support for parents experiencing particular challenges requires support staff who have an understanding of the impact of those challenges and how to respond to them. For example, parents who are parenting alone spoke of the need for staff members in services to have more understanding of their situation:

*'A lot of one-parent families often talk about, when they link in with services, there is a lack of understanding or there is an experience of stigma, so you are approaching a service and your hands are out and that is really disempowering, and a lot of people don't want to do it. They will wait until a crisis, which is really not ideal.' (P. 24)*

Parents who are Travellers spoke about their fear of services and described how a supportive approach by staff members could allay those fears:

*'Yeah, not come out with the big long words and try and break it down to the way, like I said if they knew the family, like I am a Traveller, and their fear is, look we are not taking away your child, we are not going to keep him or anything, we are just here to help you if you want any help ... them kind of approaching the wrong way because I won't lie, I would be afraid, anything that was said to me, like my mother-in-law said, said it to the child, don't open your mouth if they come.' (P. 51)*

Parents who have experienced or are currently experiencing homelessness indicated the importance of supports to negate the impact of homelessness, particularly for children:

*'I literally done what they told me to do in the County Council and then I went to the social welfare when I was told to do, I was just going around, that is why I felt that I didn't know, which I didn't, I didn't know what to know to do, where to go, I had nobody who knew my story. I had no support worker, I had nobody, and I was literally on my own ... I am actually talking about someone direct for the kids that can work with them, that you maybe could talk to, help them see how they feel, help them over time. That is just for a small amount of [time] because as I said, like we will be two years here now in housing and my daughter is still going through it.'* (P. 05)

Parents living in a direct provision centre also emphasised that staff in the Direct Provision Centres need specific training:

*'I think it would be much easier if they could also educate the staff in direct provision, not just us, because some they don't really understand ... So I think they really need more training.'* (P. 46)

Indeed, certain family forms are of the view that they are not recognised by Tusla. Kinship carers described feeling invisible as a family form despite the fact that they are part of the alternative care system:

*'I am really part of this bigger group of really important carers, but they were so invisible. There is an opportunity here to really recognise and support this really, really important area of care, alternative care that isn't recognised in Ireland... I suppose looking at the parenting strategy and the 50 Key Messages and the fact that there isn't any mention... I mean it says parent carer but in the kind of parenting and different context section, it does cover substance misuse, it does cover disability or mental health but what happens when those parenting situations break down and somebody else steps in like a relative or a close friend? It is that lack of acknowledgement of Kinship Care ...'* (P. 48)

Child mental health was a topic identified by a third of participants as a challenge that lacks basic supports:

*'I just think that unless you have the money to go private, like families are literally waiting if not months then almost a year to get supports. I just think if there was anything Tusla could do to help that, maybe fund counsellors in schools or I am not sure but something for children to access counselling supports.'* (P. 18)

Such services were identified as being needed for both teenagers and parents, with parental wellbeing identified as requiring attention:

*'Well for me I guess, the stress levels sometimes with I guess Covid has brought on a lot so maybe if there was a service to actually speak to someone like a counselling service just to see how you are coping, putting the children aside, but in general your own wellbeing.'* (P. 35)

Indeed, it was highlighted how the focus on pre-natal care should include more than just a focus on the physical health of mother and baby. Some mothers identified the need for other forms of support during the pregnancy period:

*'I think before they become parents I think people should be helped too, women should be brought in to discuss, not just the birth, this is what is going to happen in the room, but how they are feeling about becoming a parent as a mother or a father. They need to feel that they are listened to, that the whole idea of this is just about becoming a good enough parent. It is not just about pre-natal, this is going to completely change everything and you need to reflect now on what you feel you need and start asking for it, how to ask and who to ask.'* (P. 16)



In addition, post-partum wellbeing was identified by a number of mothers as an area requiring additional supports, particularly in cases where post-natal depression is diagnosed:

*'I didn't expect it to last four or five months, I really didn't. And I was at the stage, I think my husband ended up taking eight or nine weeks off work because he couldn't go back to work with the way I was because I was terrified of him leaving the house, I was terrified of us leaving the house. I used to get up in the morning and give him a nudge and tell him I had to get out of the house, I had to go for a walk, I had to get away from the babies, I had to get away from him, I had to get away from everything. And I was feeling incredibly guilty because of this, because I didn't expect this, I didn't know what to expect from post-natal depression, I didn't know what would hit me. And I don't think they gave me enough resources. They are so focused on you making sure everything is okay with the baby before you leave the hospital that they don't give you enough warning that this potentially could come with it.'* (P. 09)

Fathers highlighted how more efforts are required to involve them in services, reminding us that fathers want to be involved in parenting their children:

*'I think in this day and age, men want to be equally involved in the upbringing of their children'...* (P. 14)

A number of participants emphasised that services need to be tailored towards the needs of fathers with a perception noted that services are generally geared towards mothers:

*'So, I think maybe if there was a group for guys to go maybe on a Saturday it would be vitally important, that they could sit down and talk about different scenarios, their children not sleeping or whatever ... For dads and for men, absolutely, everything is geared towards a mother.'* (P. 14)

For bilingual families a lack of clear, reliable sources of information was noted, particularly for those for whom English is not their first language:

*'So, I feel that sometimes language wise what bilingual families are given is a lot of conflicting information. And I think something that could be done, what I feel is important, is that there is the same story that goes out to parents and not a lot of different professionals giving a lot of different kinds of advice. Because I have been told more than once to stop speaking Italian to your children.'* (P. 58)

### Practitioners – Tusla and Tusla-funded organisations

For practitioner respondents the need for more specific, targeted supports for families was strongly recommended for inclusion as a focus in Tusla's updated Parenting Support Strategy<sup>1</sup>.

*'Parents are often referred from services where their children are going through an assessment or are involved in their service. I find it difficult to offer advice to parents who are experiencing behaviours associated with autism spectrum disorder (ASD) or ADHD. They need a lot of time and other parents who attend are often frightened by what they hear from these parents' difficulties.'* (Social Care Leader)

*'Some more targeted advice for different parent groups – disability, homeless, domestic violence. Generic isn't for everyone.'* (Senior Child and Family Support Network Coordinator)

*'There is a disconnect between Tusla, the disability services, mental health services and public health nurses.'* (Foróige)

*'I would like to see a focus on mental health supports for young people and parents, in particular supporting the provision of full-time counsellors in FRCs. The demand is getting greater all the time and many services don't have the resources to fund this service in a full-time capacity currently.'* (FRC)

<sup>1</sup> See Appendix 1

### What does the review of international policy and guidelines tell us?

- Other jurisdictions have supplementary or standalone guidance documents, which may be worth considering for future development in the Irish context. In particular Australia, England, New Zealand and Scotland have produced documents that target practice with families with specific needs.
- Some countries advocate for and provide a diverse range of service provision, recognising that parenting support should take different forms and respond to a wide range of families.
- The views of parents and communities are critical in local needs assessment, and in the identification of unmet needs and gaps in service provision.
- Inadequate locally based services and resources are identified as an issue in several contexts.

### 3.3 Awareness

This section presents findings on the need for improved and increased awareness and understanding of the role of Tusla, particularly with regard to its parenting support function. The section also highlights the need for increased awareness of the services and supports available to parents and families. While the findings show good awareness among practitioners of Tusla's programme of work in parenting support and parental participation (see Figures 1 and 3), there is still a need to increase awareness among practitioners and parents on the various services and supports available.

#### Parents

Parents had different views on what they expected from services prior to accessing them. Some had no expectations as they had no prior knowledge of Tusla or the services that they offer. Some spoke of concerns over being judged. For others there was significant fear of being involved with Tusla services, which, according to some, prevents people asking for help:

*'I just wish people weren't so negative about the family support, people assume that as social workers they are going to take your children, it is all negative. But it is not. I wish there was a message or there was something, people don't talk about these experiences, everybody keeps it all hush-hush and that is why it is [perceived] the way it is, you know. And that is why when people are struggling, they don't reach out for help' (P. 22)*

A number of participants reported how they had no knowledge of support services available and eventually received the required information by word of mouth:

*'Do you know what, if it wasn't for my friends recommending all of this I wouldn't even know there was any support groups or anything or where to turn to. I didn't know myself about anything like that.' (P. 61)*

Participants emphasised about the need for Tusla to inform the general public about support services available and to strive to combat the negative perception of the agency:

*'Mortifying, and there are a lot of parents out there that are struggling and could do with supports from Tusla but they really see them as people that are going to take your child away if you look for support. So, it is better to keep things a secret. I think people don't have enough information on what Tusla actually do.' (P. 53)*

*'You only really hear of Tusla, in fairness I only hear of Tusla when there is something after happening. You don't really hear of Tusla unless something has kind of gone wrong or stuff like that.' (P. 52)*

## Tusla participants

Practitioners were asked whether they were aware of Tusla’s programme of work relating to parenting support and parental participation (see Figure 1). The greatest number of respondents reported being aware of Tusla’s Parenting Support Strategy (69.59%) and Parenting 24seven (64.68%). Respondents were least aware of the Parental Participation Toolkit Briefings (49.88%) and the Parental Participation Seed Funds (46.39%).

## Awareness of Tusla’s programme of work in parenting support and parental participation

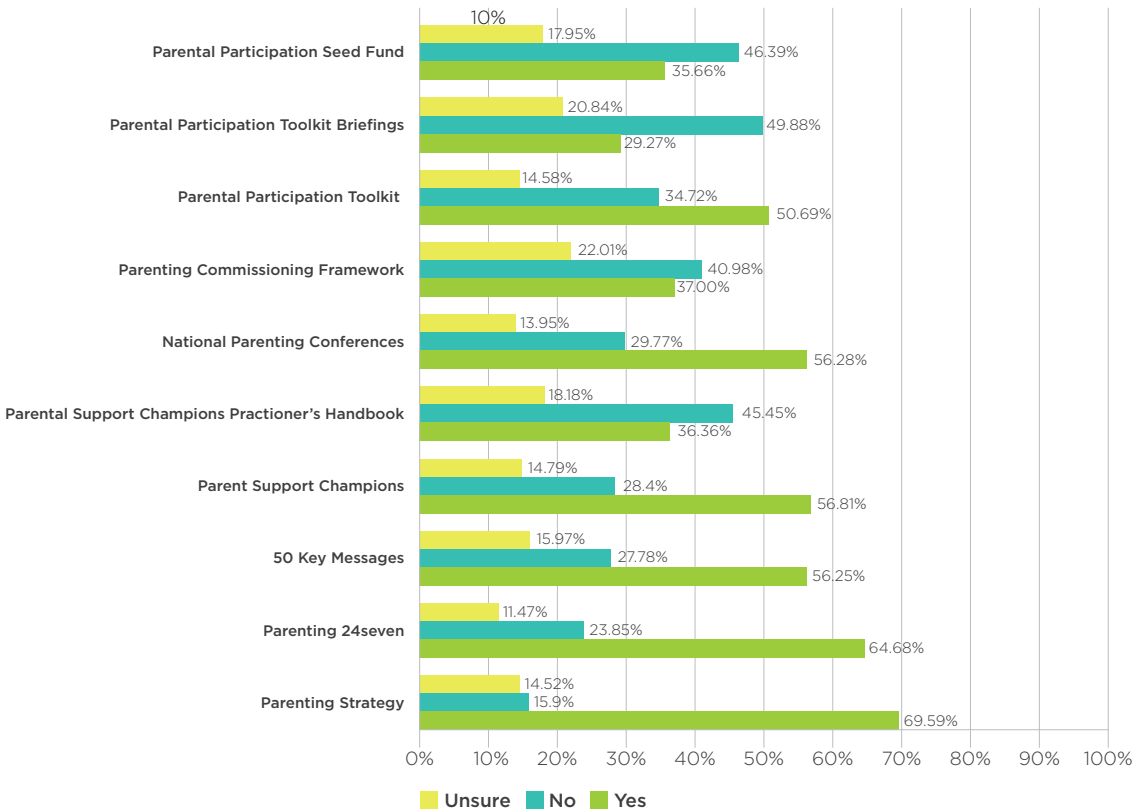


Figure 1: Awareness of the Parenting Support and Parental Participation Programme of Work

Respondents were asked whether they used any of Tusla’s programmes in their practice (See figure2). The highest proportion (29.07%) stated they did *sometimes*, 19.07% of respondents answered *usually* and the same percentage answered *never*. However, 15.58% of respondents stated they always used Tusla’s programme of work in practice.

## Parenting Support and Parental Participation in practice

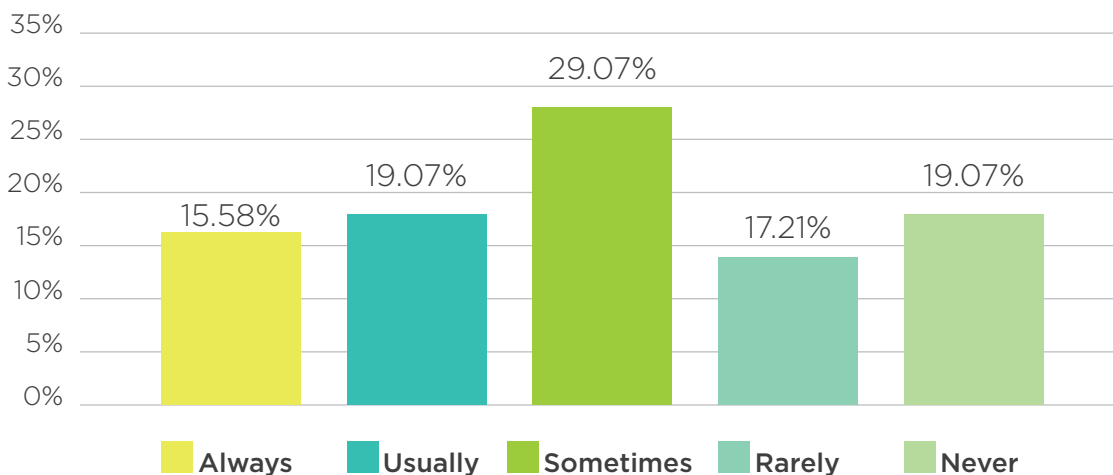


Figure 2: Use of Tusla’s Parenting Support and Parental Participation Programme of Work

Respondents were then asked to describe how they used the Support and participation programmes in their practice. Those involved in education used Parenting 24seven and Meitheal most often to provide information to parents and to inform them of initiatives and strategies. Family support workers stated they used Parenting 24seven, the Seed Fund, Parenting Support Champions, and the 50 Key Messages most often to provide information and guidance.

*'I direct parents to the Parenting 24seven website for tips and information. I also use it myself to inform practice. The parent champion representative on our team will share information and resources with us as well to use with families.'*

Those employed in social care also used Parenting 24seven, 50 Key Messages and Parenting Support Champions to inform and guide both parents and practitioners.

*'I would run Parents Plus parenting programmes and would implement its recommendations in everyday interactions with families. I would advise families of parenting support groups online and locally'*

Participants in a managerial role used much of the programme of work to encourage parental participation.

*'Any decision made that may affect the family needs to include the family's views and needs. The participation of the children and the family is fundamental. It is necessary to support families to improve the outcomes for children. Area-based approaches when deciding interventions. Meitheal is also key'*

Respondents from the Children and Young People's Service Committee (CYPSC) use the programme of work to collaborate with other agencies and encourage parental participation, most often using Parenting Support Champions and the Seed Fund.

*'We work on projects every year with parents in relation to the seed funding and involve other agencies in the project also using a collaborative approach.'*

*'By making parents aware of the different supports available, in particular seed funding is having a greater impact. Seed funding is getting to the families and parents that need it by inclusion of their views and opinions.'*

Social workers most often used Parenting 24seven to signpost parents to supports.

*'Websites are very helpful. I use 24seven a lot. Helps to de-stigmatise Tusla and makes it a universal service.'*

### Practitioners in Tusla-funded organisations

Respondents were asked whether they were aware of Tusla’s programme of work in parenting support and parental participation (See Figure 3). Participants were most aware of the Parenting Support Strategy (72.41%), followed by Parenting 24seven (70.14%). Participants were least aware of the Parental Participation Toolkit Briefings (50%) and Parental Participation Seed Funds (49.65%), similar to Tusla staff awareness.

### Awareness of Tusla’s Programme of Work in Parenting Support and Parental Participation

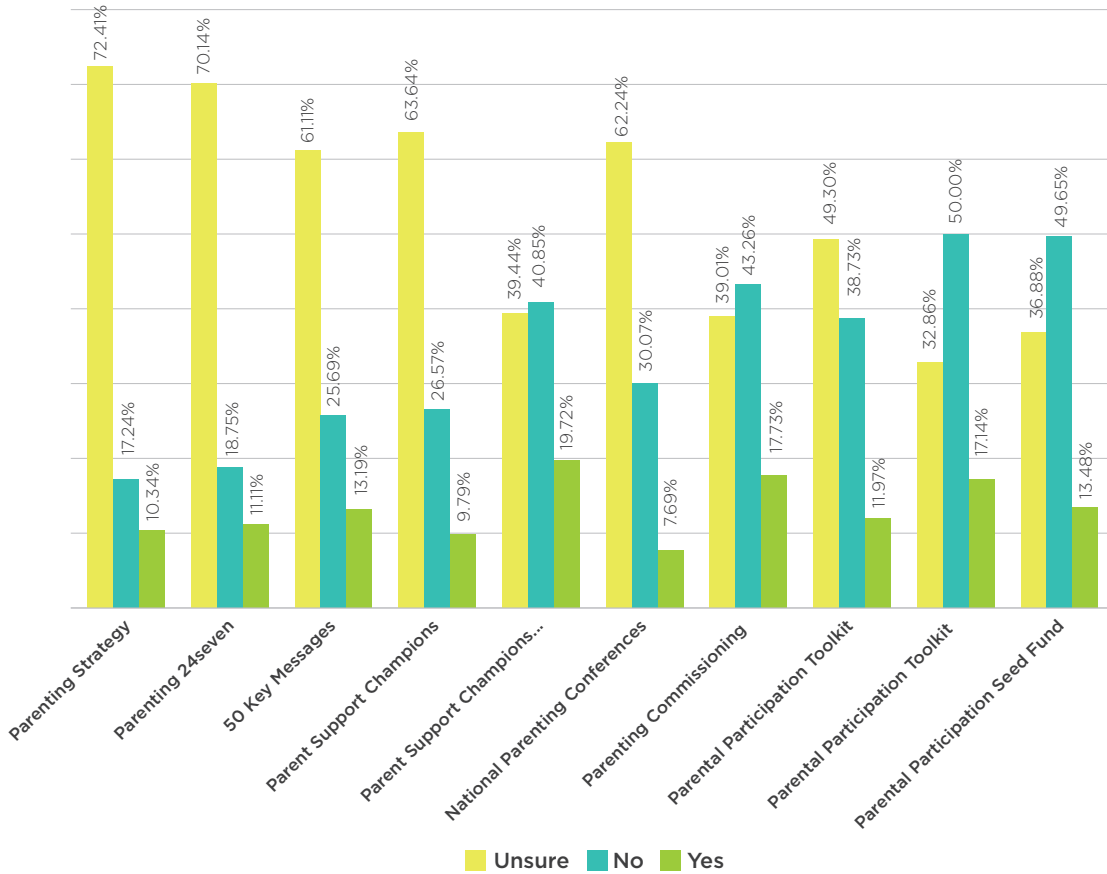
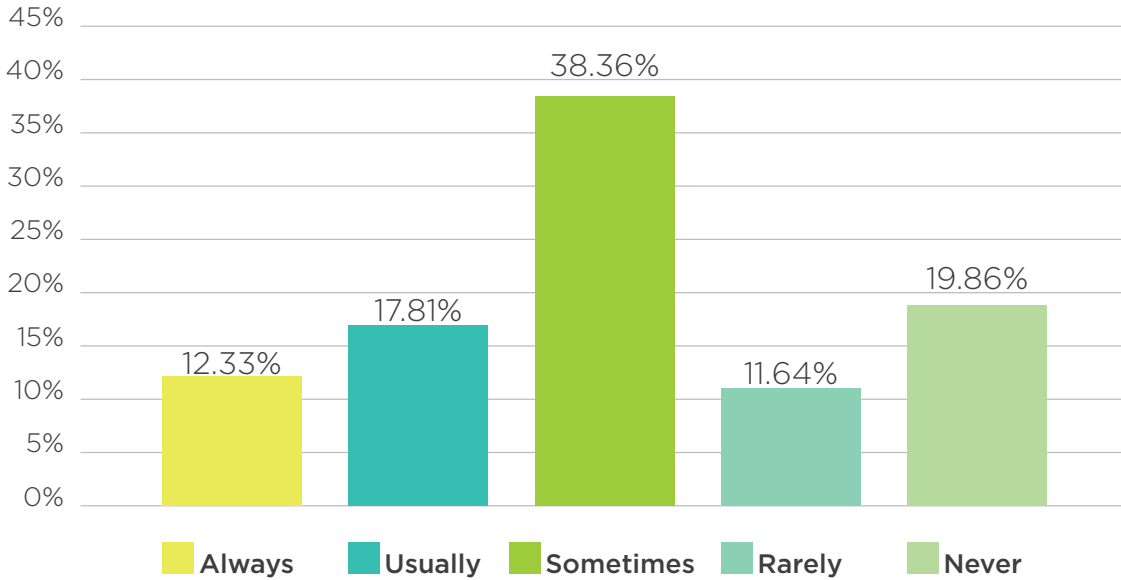


Figure 3: Awareness of Tusla’s Parenting Support and Parental Participation Programme of Work

Participants were asked whether they use any of Tusla’s programme of work in the area of parenting support and parental participation in their practice (See Figure 4). The majority of respondents stated they used the programme of work *sometimes* (38.36%), 19.86% stated they *never* used the programme while 12.33% of participants stated they used the programme of work *always*.

### Parenting Support and Parental Participation in practice



**Figure 4: Use of Tusla’s Parenting Support and Parental Participation Programme of Work**

Participants who stated that they used Tusla’s programme of work in their practice were asked to describe how they used the resources. Parenting 24seven was used most often through direct work with parents, in WhatsApp groups, and through being printed and handed out to parents, as well as ensuring colleagues and families knew about it.

*‘I bring Parenting 24seven tools into all of my groups and refer participants to [the] website and Facebook pages’ (FRC Practitioner)*

The 50 Key Messages resource was also used directly with parents to encourage positive parenting, and to inform and empower parents. Many respondents stated they used it to underpin their work practice.

*‘I encourage a positive parenting approach with clients as outlined in 50 Key Messages and direct parents to these websites so that they can inform themselves’ (FRC Practitioner)*

Meitheals were used to identify where children need supports put in place, and as a resource for supporting vulnerable families.

*‘Meitheal programme [is] used jointly between families and service providers to support families in vulnerable social situations’ (HSE)*

Respondents stated that Parental Participation Toolkits were used often, were central to interactions with parents to ensure best delivery of services and were very informative and a good way to make parents aware of the range of services.

*‘I would generally use Tusla’s Parental Participation Toolkit as [a] rule and it has become central to all interactions with parents to ensure the best delivery [of] services for each individual family’s needs’ (Foróige)*



Practitioners indicated that the Parenting 24seven Website and 50 Key Messages were used to better support parents.

*I use the Parenting 24seven resources and focus on key messages in supporting parents when communicating with them via phone or email and have included those documents and links to the Tusla website outlining these resources on our website. I send this information to parents also via links by text or email whichever they prefer' (FRC Participant)*

### What do the parenting support policies and strategies internationally say?

- Provision of targeted services may increase perceived stigma and may result in poor uptake of supports provided.
- Targeting of support can indirectly problematise certain issues, and family forms.
- Providing universal and targeted supports through the same agency is challenging as they can be perceived to be for families experiencing social problems and/or compelled to avail of the support services (Pecnik, 2014).

## 3.4 Information

This section is linked to Section 3.3 on awareness and emphasises how both parents and practitioners are of the view that more information is needed on the availability of services at a local level and on the role of Tusla, particularly concerning its family and parenting support function.

### Parents

The need for increased information was identified by the majority of interview participants. Accessible information about the availability of services was particularly emphasised.

*'Well like I mean especially for just in areas, like what is available in your particular area for parenting courses, in your community.'* (P. 16)

The need for information aligns with the theme of public awareness. Some participants were of the view that family and parenting supports are only available for families categorised as vulnerable:

*'I am married and usually you would think it is just for people who are maybe on social welfare or lone parents, you don't think there is help out there for people who are seen as, I don't know... not vulnerable.'* (P. 22)

As well as outlining the need for increased information and awareness, a number of parents suggested approaches to resolving this. Advertising to the general public using a range of formats (in hard and soft copy) was suggested:

*'I think the leaflets definitely for the course, more access to those leaflets ... Something you could download, something like that would be very good because everyone has a smart phone.'* (P. 35)

General Medical Practitioners (GPs) and public health nurses (PHNs) were also identified as a key resource for sharing information to the general public:

*'Put it in the likes of the doctor's and the baby nurse, when people are in those kinds of places where they feel safe I think maybe would be a good idea, maybe GPs recommending them because you trust your GP. I don't know where else people would go because when you are in a state when you need them you are not really in your right frame of mind and you don't be in places. It is really the GP and baby nurses are the people.'* (P. 22)

Foster parents suggested developing a resource library and support networks as potential supports for parents.

*'I suppose from the point of view of foster parents, there should be a library of information and training that you could access ... look at the likes of Barnardo's library, Tusla could have a similar library for foster parents, so you lend out the book and you send it back or whatever. So, I think it would be beneficial that way.'* (P. 49)

**If EPIC [Empowering People In Care]** were to expand and have more facilitation days in more rural areas because there is a lot of us, even in the rural community here, who have fostered children. And I think even looking at Tusla maybe pairing foster parents up, a buddy system, would be good. Because we have formed that with a family we know and when she is having a bad day and finds it overwhelming she drops the lads here. And when we find a bad day and find it overwhelming we can drop him.' (P. 49)

One novel suggestion was to use Human Resource departments in major industries and companies to disseminate information to employees:

'You know what can be good, is human resource departments of companies. But if you think of all the big companies all around, one HR manager could cover 3,000 people. And everybody reads their communications and they always send out information on wellbeing. They are always sending stuff out on your happiness, your wellbeing and if they receive something about parenting and good parenting and the importance of it I guarantee you, it would get around to everybody.' (P. 31)

### Practitioners from Tusla and Tusla-funded organisations

Practitioners also maintained that more information needs to be provided to parents on the availability of services. For some, this means formalising how parents are informed.

'We work in a community setting and try to deliver services without too much formality but perhaps we need to formalise how parents are informed' (Project Leader)

For others it means increased use of the Parenting 24seven website.

'I have sent some links to parents from parent 24 seven when they need some advice I regularly look on Tusla website for tools for myself to use when supporting parents and children.' (Family Support Practitioner)

A point to note is that information is seen as crucial to practitioners' support work with parents.

'Information is key and my involvement in various areas of the programme of work informs me and gives me guidance on what's available and this increases my knowledge in the way I can support and work with parents' (CFSN Coordinator).

### What do the parenting support policies and strategies internationally say?

- Raising awareness and providing information to the general public is a fundamental requirement if you want to ensure parents and family members know what support is available, and how to access it in a timely manner.
- Mapping current service provision as well as providing information on available support is necessary to ensure the required supports are available for all parents (Eurochild, 2011).
- Raising awareness of available services may increase uptake and remove stigma. (Shulruf et al., 2009).
- Scotland's parenting support strategy (2012) emphasises the need to achieve impact. Its particular objectives include supporting particular cohorts of parents, developing services and programmes, and addressing wider environmental and structural issues that affect families.



### 3.5 Collaboration

This section outlines participants' views on the need for increased collaborative practices between and within relevant government departments, agencies and services.

#### Parents

Many participants highlighted a need for increased collaboration among community-based services and schools:

*'I think get the schools on side, get the schools to communicate it ... I just feel that that is not targeted, that that is something that has gone to everybody in the school.'*  
(P. 18)

#### Practitioners

Both Tusla staff and Tusla-funded practitioners identified the need for more and better collaborative work between agencies.

*'From a school perspective, there aren't well established links with schools. I have found how communication occurs with us, as those on the ground supporting our families is very inconsistent ... It is unclear with relevant social workers how we work in school ... when we are linked in and contacted by social workers it is very ad hoc, with different variances of information being shared. This prevents us supporting the child in school effectively and in a discreet manner'*  
(HSCL)

*'It would be helpful to communicate with healthcare professionals at frontline level (like myself as a Public Health Nurse) to educate & enlighten us in the level of support that is available via Tusla so that we can share this information when appropriate'* (Public Health Nurse)

Indeed, there was support for the development of a service directory for all those supporting families.

*'Tusla needs to produce a very clear Booklet listing their suite of services on parenting support and issue it to schools and to every other organisation that supports families'* (HSCL)

#### What do the parenting support policies and strategies internationally say?

- Successful implementation of any parenting strategy needs to be able to demonstrate a common vision across agencies (Law et al., 2009).
- Many of the parenting support strategies require the involvement of more than one government department to deliver more co-ordinated, 'joined-up' support.

### 3.6 Training

This section presents findings on the need for ongoing, enhanced training, both general and specialised for practitioners, aimed at meeting the needs of diverse families and those with specific challenges.

#### Parents

Adequate specialised services and support staff was identified as a critical need by particular groups of parents. This included foster parents, parents living in direct provision, parents whose child/ children had a disability, parents who were homeless, Traveller parents, lone parents, fathers and others. A wide range of specialised training and supports particular to each parents' needs was highlighted. For example:

*'I think just when social workers are placing children just remember the job is not done. And I think that is a big thing. I know the book we read in college, Attachment Maltreated, or something, it was an orange book, I can remember reading it and a few lines of it, a social worker thinks when they drop the child that that is it. And I just found that really drove home to me that is exactly what happened. They got a placement, they placed him and they went back to work. And that is where the work should begin. I think leaving it until he was eight or nine and we were undergoing chaos was too late.'* (P. 49)

### Practitioners from Tusla and Tusla-funded organisations

Practitioners also suggested a need for ongoing training and specialised training for staff members (See also Appendix 1).

*‘I feel more training opportunities need to be made available to the worker as they are dealing with the family not just a national delivery programme which is only delivered as the need sees fit nationally.’  
(Social Care Worker)*

*‘In-house training for staff on support offered by Tusla – as a duty intake social worker the only support service I’m aware of are Meitheal and Tusla Family Resource Centres – I usually refer families to Barnardo’s for parenting support’  
(Social Worker)*

*‘As a Tusla-funded organisation we need to have up-to-date information and training to ensure the same messages are being promoted across the board.’ (FRC)*

#### What do the parenting support policies and strategies internationally say?

A principal guiding provision of parenting support strategies internationally advocates a need for highly trained practitioners who have access to refresher training and specialised resources as and when needed to ensure they provide the best possible supports to parents and families based on current evidence and best practice.

### 3.7 Parenting Support during the Covid-19 pandemic

Since the Covid-19 pandemic parenting and family support practices in Ireland have changed to facilitate public health and social measures aimed at containing the spread of the coronavirus. This section outlines how the Covid-19 pandemic has impacted the provision of parenting and family supports and services, as well as the impact those changes in delivery of supports and services have had on families and parents.

Experiences of the services accessed by parents varied and were reported as being both positive and negative. The majority of parents described how the pandemic impacted on the supports that the service providers could offer:

*‘... with Covid they couldn’t do what they normally do anyway so I feel they did exactly what they could have done for me at the time ... But I knew by her if they could have done more they would have.’  
(P. 09)*

However, negative experiences generally referred to issues which were outside the control of the service providers.

#### Tusla practitioners

When asked if the Covid-19 pandemic had a positive impact on respondents’ practice of supporting parents, 50.22% of Tusla practitioners stated that it had somewhat positively impacted their practice, while 39.10% stated that the pandemic did not impact positively on their parenting practice (See Figure 5).

#### Has Covid-19 had a positive impact on your practice of supporting parents?

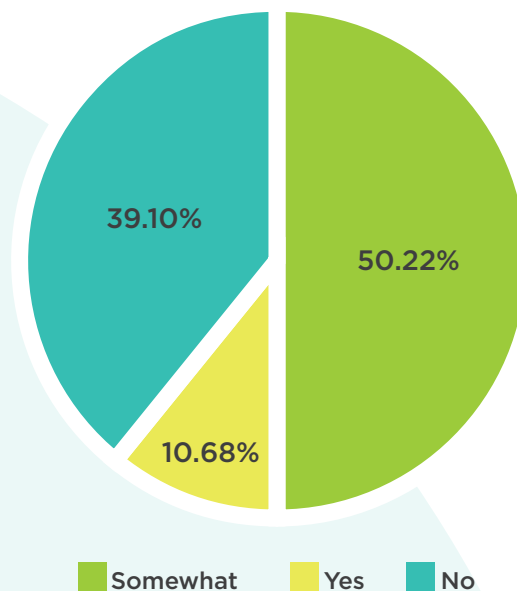


Figure 5: Has Covid-19 had a positive impact on practice?

Respondents elaborated on the positive impact that the pandemic has had on their practice of supporting parents, with **online supports** identified as particularly beneficial in terms of accessibility, flexibility and availability of parents:

*'Parents are more available for phone-in meetings, more flexible with dates and times as are colleagues and workers from other services' (Network Coordinator)*

*'The pandemic motivated us to begin online parenting courses to support parents through such an intense time and they have been so worthwhile and successful that we feel we would like to continue them online after this pandemic. The main reason for this is that online classes allow such accessibility to parents in all different circumstances. Many parents said they could not have attended a face-to-face course due to childcare needs, confidence issues, time constraints, costs, etc. That was eye opening!' (Family Support Worker)*

Increased **participation and engagement** were also identified by practitioners as being a positive consequence of the Covid-19 pandemic.

*'Building parents' capacity to support their daughter to engage with online teaching and learning and [increase in the] number of parents engaging with attendance/assessment online school platforms. Some success on engaging parents on WhatsApp video call and parents reaching out for support for their daughter' (HSCL)*

*'Parents engage more as it is mostly remote. We are part of a community centre so parents have engaged with family support if necessary during Covid-19' (Early Years Childcare Manager)*

*'Parents have been engaging very well over the phone/online availing of support' (Family Support Worker)*

Practitioners also stated that online and phone engagement was very effective in engaging vulnerable and hard-to-reach populations.

*'I've been supporting a wider cohort of parents than before. Barriers are breaking down' (HSCL)*

*'Maybe able to reach some parents online, where they were previously isolated' (Participation and Partnership Office)*

Having **more time** to provide direct support to parents as a result of not having to travel during the working day, as well as the increased availability of parents was noted as an important benefit by a number of respondents.

*'More time linking in with service users as travel has been taken out of the equation' (Family Support Practitioner)*

*'Parents have time and are generally more available using online forums' (Social Care Leader)*

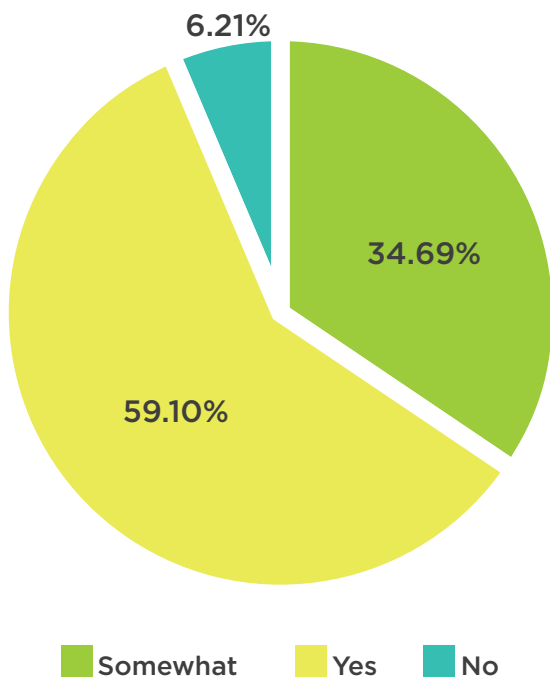
A further point highlighted by practitioners was the ability to **build relationships** while working and supporting parents remotely.

*'I have built a very positive relationship with parents through regular phone calls – parents grateful to be contacted and happy to chat on the phone' (HSCL)*

*'Parents realise that they can count on me and that I did not go away despite not being able to see me face to face. Parents realise that I am a parent too and we have supported each other as parents. There has been a lot of networking, supporting and sharing of information between individuals and whole agencies and many good working relationships have been built that will survive after Covid' (Social Care Leader)*

Respondents were asked whether Covid-19 had a negative impact on their practice of supporting parents. The highest proportion (59.10%) stated it had negatively impacted their practice, 34.69% stated it had a somewhat negative impact on practice, while only 6.21% of respondents stated the pandemic had not impacted parenting support practice negatively.

### Has Covid 19 had a negative impact on your practice of supporting parents?



**Figure 6: Has Covid-19 had a negative impact on practice?**

Respondents were also asked to describe how the pandemic had a negative impact on their practice of supporting parents. The majority of participants spoke of the loss of face-to-face contact due to public health restrictions and described support services being delivered online and over the phone as inadequate.

*‘Some parents are reluctant to use other platforms to engage and the loss of face-to-face contact has left them needing support more than ever. When a family is in crisis it is sometimes difficult to support them without being physically present’ (Teen Parent Support Worker)*

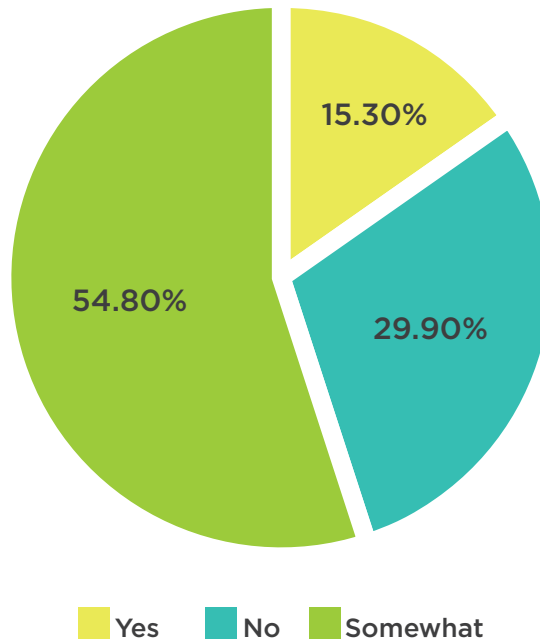
Other issues mentioned by respondents were lack of engagement, difficulty in building and maintaining relationships as well as the issue of technology.

*‘Many service providers have developed online programmes which have engaged some parents, however other parents do not have the access to technology or the skills to avail of the programmes and are further isolated when it comes to accessing supports’ (Senior Child and Family Network Coordinator)*

### Practitioners from Tusla-funded organisations

Tusla-funded organisation respondents were asked whether Covid-19 had a positive impact on their practice of supporting parents. The highest proportion (54.80%) stated it had somewhat positively impacted their practice.

### Has Covid-19 had a Positive impact on your practice of Supporting Parents



**Figure 7: Has Covid-19 had a positive impact on practice?**

Tusla organisation respondents were asked to describe how Covid-19 had a positive impact on their practice of supporting parents. Increased engagement by parents was identified as particularly positive, similar to the Tusla staff findings outlined above.

*‘It has meant more engagement from some parents through texts and online than before. This has allowed our development worker to build stronger relationships with these parents’ (FRC Participant)*

New and innovative ways to connect with parents as needs arose were mentioned, including provision of online programmes, support packs, vouchers, virtual events, socially distanced picnics and the sourcing and sharing of positive information and supports.

*'We have connected with parents online or on the phone and this has reached a wider audience than we would have previously. It is hard to assess the impact of the supports and a lot of what happened in 2020 was a reaction to circumstances. Our team were able to pull on a lot of skills to develop new approaches and programmes as the need arose. Our team became very innovative' (FRC Participant)*

Parents were stated to be less worried about travel and costs associated with childcare.

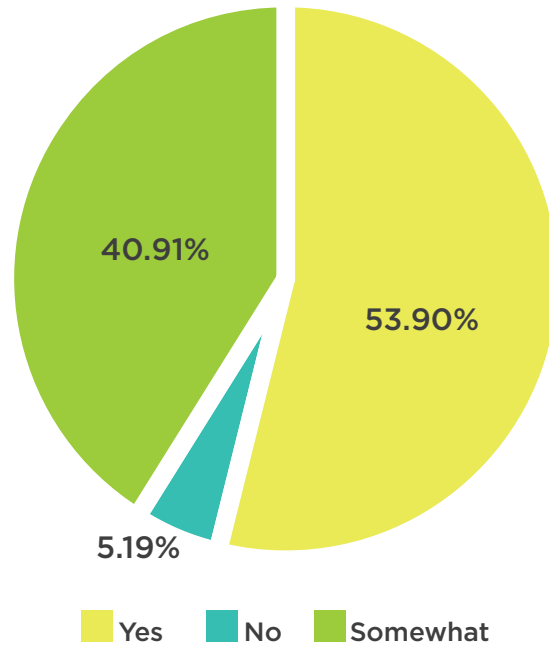
*'Parents can access services remotely and barriers such as childcare and transport are not an issue with this' (Foróige)*

As well as identifying the positive impact of Covid-19 on parents, practitioners spoke about how Covid-19 had a positive impact on their own lives in terms of work–life balance, with a more flexible working structure and having more time to train and upskill.

*'Organisation was forced to consider other ways of communication and reviewed many policies to support a more flexible management structure. Working remotely has advantages for most staff – more autonomy with work schedule and work/life balance' (YAP Ireland)*

In terms of the negative impact of Covid-19 on practice, 53.90% stated it did have a negative impact, 40.91% stated it impacted practice somewhat while 5.19% said it did not negatively impact on practice.

**Has Covid 19 had a negative impact on your practice of supporting parents?**



**Figure 8: Has Covid-19 had a negative impact on practice?**

Regarding the negative impact of Covid-19 on practice, respondents spoke of increased difficulties experienced by families and staff in a number of areas.

*'Greater number of referrals. Increased contact time. Increase of anxiety and mental health issues. Increase in concerns for young people and families dependant on face-to-face contact to gain support outside of chaotic home environments' (Foróige)*

Reduced uptake as services moved online and limited interaction and engagement were cited by a number of practitioners as negatively impacting on practice.

*'We have had to move most of our classes online. This has proved complicated and very time-consuming to get the buy-in from participants. It has meant more phone calls and some house calls to get the participants online, even then the buy-in has not been as high as in-person classes/courses/clubs' (FRC)*



Respondents also identified loss of services due to closures and loss of group work as negatively impacting on practice, with increased demand for services such as mental health and family support highlighted.

*‘Our face-to-face services have been impacted. We are not meeting with the families in group environments therefore it can be difficult to identify need. There has been an increase in need for mental health support services and anxiety in children. Families of children with additional needs are struggling to get any respite and are worried about their children’s development’ (FRC)*

Respondents stated their workloads had increased and that they found working from home stressful, causing anxiety and pressure in some cases.

*‘Providing services in a varied way via online platforms, phone contact, increased practical support, responding to varying levels of anxiety related/unrelated to Covid, being creative in engaging families’ (Barnardo’s)*

Respondents stated the families they worked with were distressed and anxious due to the pandemic and its restrictions, with increased poverty and isolation being reported.

*‘A lot more need in the community we work with, digital and food poverty that needed to be addressed. Courses and services being run remotely which has been a challenge’ (Empower)*

### 3.8 National and international review of parenting support strategies

As part of this study the researchers conducted a SWOT analysis of parenting support strategies and approaches in other jurisdictions. This is a useful framework for analysing the strengths, weaknesses, opportunities and threats of those strategies. The aim of this SWOT analysis is to help build on what works well, to address what may be lacking, to minimise risks, and to take the greatest possible advantage of chances for success. Table 5 below details the strengths of the different strategies reviewed.

**Table 5: Review of the strengths of parenting strategies by jurisdiction**

Country	Strengths
<b>Ireland</b>	<ul style="list-style-type: none"> <li>Informed by UNCRC</li> <li>Child development</li> <li>Targeted/universal</li> <li>Early intervention</li> <li>Partnership</li> <li>Evidence-based</li> <li>Life course</li> <li>Coordination</li> <li>Participation</li> </ul>
<b>United Kingdom</b>	<ul style="list-style-type: none"> <li>Outcomes focused</li> <li>Complex/marginalised families</li> <li>Early intervention</li> <li>Collaboration</li> </ul>

<b>United Kingdom</b>	<p>Work–life balance</p> <p>Engaging fathers</p> <p>Focus on poverty and financial supports</p>
<b>Scotland</b>	<p>Focus on attachment</p> <p>Acknowledge range of circumstances, new communities and diversity of parenting norms</p> <p>Stigma and fear barriers to engagement</p> <p>Public health professionals identified as key for targeting supports and engaging fathers</p> <p>Support for separated parents</p> <p>Employment circumstances of parents and associated challenges recognised</p> <p>Focus on interdepartmental input for success, measurement and outcomes</p>
<b>Malta</b>	<p>Malta use of national media to promote awareness</p> <p>Focus on avoiding duplication</p>
<b>Australia</b>	<p>Social inclusion = overall goal</p> <p>Cultural and contextual sensitivity</p> <p>Focus on gender-based needs and grandparents</p> <p>Considerations for professionals</p>
<b>New Zealand</b>	<p>Mental health and addiction services make a difference</p> <p>Integrated into the support services</p> <p>Mapping of supports</p>

In this review of parenting support, which included 16 policy and guideline documents from eight countries, it is clear that Ireland’s parenting support provisions are well advanced. The current Parenting Support Strategy stands up well in comparison to other strategies in the European context. Its key message is bolstered by the 50 Key Messages guidance document (2013), which contains guidance on when support is required and awareness of contemporary parenting messages and child development. However, it does not reflect on barriers to practice or strategies to overcome them, so future strategies could consider the barriers to practice that may emerge in the field, and strategies to address them.

## 4. Concluding discussion

This research highlights a number of themes which can usefully inform Tusla's Parenting Support Strategy. First is the importance of providing parenting support for families. It is evident from the research that parenting support can make a significant difference in the lives of families. Parents' experiences show how the various supports have positively impacted their lives and assisted them with challenges, particularly one-on-one supports.

Support is needed for people parenting with particular challenges and in certain family forms. The research highlighted that parenting supports for diverse family forms need to be further developed. Fathers, foster parents, kinship carers, lone parents, parents in direct provision, Traveller parents, those parenting through homelessness and bilingual parents (and others) all require particular supports tailored to meet the specific needs of their particular family forms. Issue-based parenting supports are also required. Child mental health; parental mental health and wellbeing, including pre- and post-natal support; and school refusal were highlighted as particular issues requiring further attention from parenting support services. Practitioners from Tusla and Tusla-funded organisations also highlighted the need for more targeted services for diverse family forms and for people with particular issues such as parenting in situations of domestic violence, parenting with a disability, and child and parent mental health. Indeed, parents and practitioners alike spoke of the increasing need for counsellors to deal with the issue of mental health.

Other jurisdictions have also acknowledged the need for specific supports for diverse family forms as well as issue-based supports. The literature shows that a number of countries have produced supplementary, standalone guidance documents to accompany generic parenting support policies or strategies. In particular, Australia, England, New Zealand and Scotland have produced documents that emphasise and inform on best practice with families with specific needs. Some countries also have more diverse provision, recognising that parenting support should take different forms and appeal to different kinds of families (Department for Education and Department of Health, 2012). In this regard the views of parents and communities are critical to processes of local needs assessment and identification of unmet needs and gaps in services (Churchill, 2013).

The research also highlights a need for increasing awareness of Tusla's family and parenting support services as well as improved understanding of the role of the agency in supporting families at all levels of need, not just its role in child protection. This finding mirrors previous findings in this area (Crosse and Devaney, 2018), which also highlighted this need. Tusla continues to be perceived by the general public (including parents) as a child protection agency as opposed to a family support agency (O'Connor, Mc Gregor & Devaney, 2021). There is a very real fear expressed by participating parents about the agency's role in relation to supporting families and this fear, which is often reinforced by negative press and social media, is a significant barrier to families help-seeking behaviours. This concern is also acknowledged by practitioners from both Tusla and Tusla-funded organisations, who maintain that such perceptions make it difficult to get some parents to meaningfully engage with services. Moreover, despite good practitioner awareness and use of Tusla's programme of work in the area of parenting support and parental participation, some practitioners portray little awareness about the family and parenting support services offered by Tusla. Therefore, this research highlights the need to increase this awareness among practitioners and the general public, with a range of fora recommended to achieve this aim.



The provision of information was also highlighted by both parents and practitioners as an area that requires increased attention. Despite Tusla's efforts over recent years, information on services available is not reaching the entire parent population. Parents in this research spoke of having no knowledge of services and supports available that might assist them in dealing with particular family circumstances or issues. This research highlighted cases where families were dealing with life-changing issues on their own, completely unaware of the supports available to them. The issue of lack of awareness has been identified in other jurisdictions and the international research recommends mapping of local services to enable provision of information. According to Eurochild (2011) there is a need to map current service provision and gaps as well as to provide information on available support. Raising awareness of available services may increase uptake and remove stigma. Moreover, mapping of services may also help practitioners to support families at local level and assist them to raise their own awareness. While there is no doubt that mapping of services is difficult and time-consuming, based on international literature it is a necessity if services want parents and family members to know where and how to access support in a timely manner (i.e. early in the genesis of a difficulty they are experiencing).

This research highlights that there are a range of support services available, and practitioners have a role in providing information to family members on available supports. However, in order to do this they need to be aware of services available with increased collaboration between agencies and organisations emphasised as a means of ensuring this awareness. Both parents and practitioners identified a need for increased links between local services (for example, between Tusla, PHNs and schools), as well as increased links between government departments and between departments and services. Such collaboration would assist with mapping of services, identifying inadequate service provision and responding to identified gaps.

In addition, it was noted in both this research and the literature reviewed that a coherent tiered approach supporting parents and families with wider structural issues is needed. Issues such as housing, poverty, security and safety need to be dealt with at departmental level in order for family and parenting support interventions to have the best chance at successful outcomes. The absence of these fundamental supports leads to serious consequences for children and families. Indeed, any implementation of a parenting support strategy needs to demonstrate a common vision across agencies (Law et al., 2009) and many of the parenting support strategies reviewed for this research involve more than one government department to deliver more coordinated, 'joined-up' supports.

As well as the need for a coordinated approach and increased links between agencies, this research identified training as a requirement to meet the needs of diverse family forms and families with particular challenges. Both parents and practitioners identified a need to understand the particular challenges that some families face, be it because of their particular family form (lone parents, non-Irish parents), the situation that they are parenting in (homelessness, direct provision), or particular issues that they are experiencing (child/parent mental health). In addition, practitioners identified a need for training on the availability of supports in local areas, which will increase awareness of what is available. The literature in this area emphasises the need for professional staff who are highly trained and have the required knowledge and understanding to support parents and families (Janta, 2013).

The need for research and evidence on best practice was also identified by the practitioners in this study. Some practitioners identified the need for support from the agency to routinely evaluate their work. While evaluations are conducted utilising various tools, there is a view that these are inconsistent and that standard evaluation tools with training in how to conduct evaluations are required. The research in this area suggests that the participation of those whom the policy affects be given consideration, as is the case with Scotland (2012), which included the voices of parents in the development of its strategy and also Malta (2016), which asked children for their views on what they need from their parents when constructing its policy.

## 4.1 Covid-19

With regard to the experiences and impact of Covid-19, parents acknowledge that changes to support services as a result of the pandemic were not the fault of service providers. Many spoke about how service providers did everything they could to support their families despite the difficulties. Practitioners describe how their practice work was impacted negatively by the pandemic. Practitioners highlighted difficulties and challenges such as parents losing contact with services, difficulties in linking parents with support services, difficulties building and maintaining relationships with clients due to lack of face-to-face contact. In addition, practitioners spoke of increased workloads and digital poverty, which also had negative impacts on practice. Despite the obvious difficulties and challenges some spoke about the positive impact of Covid-19 on their practice work. The delivery of supports online made the supports more flexible and accessible for some parents and parents were more available to participate in supports. Notable is the finding that there have been increases in parental engagement as a result of changes in the way that some support services are delivered.

## 5. Recommendations for Parenting Support

This section of the report presents recommendations from this study to inform Tusla's new Parenting Support Strategy. The recommendations are derived from the primary research conducted for this study as well as through the review of national and international parenting support policies and strategies.

### **Parenting support makes a difference**

Provide a consistent accessible message to all parents and family members that support is available and that if availed of this support can make a positive difference to them and to their children

### **Increase general awareness on the role and function of Tusla – Child and family Agency**

Deliver ongoing public awareness campaigns at local, regional, and national level to provide knowledge and understanding of the services and supports provided by Tusla and partner agencies

### **Provide accessible information on services available for parents**

Provide accessible information to parents and family members on the type and range of supports available and on how and when to access them.

Provide information to practitioners working with parents, children, young people and families on the supports available and on how and when to access them.

Encourage practitioners to support parents to access services.

### **Specialised support for diverse family forms and for issue-based challenges is required.**

Provide a range of locally based universal and specialist supports for parents and family members which reflects diverse family forms and identified need.

Map service provision across range and type of support highlighting and responding to identified gaps.

Continued provision of virtual parenting supports.

Respond to structural inequalities impacting on children, young people and parents.

### **Interagency collaboration and coordination is necessary**

Ongoing systematic coordination and collaboration between departments, agencies and services is required.

Organisational culture needs to support such collaboration and coordination throughout organisation levels, and across sectors.

### **Staff training and development**

All practitioners require adequate knowledge, understanding and resources to ensure they can respond to the needs of all parents and family forms. Continuous upskilling and professional development is required in this regard. This includes specialist training and resources.

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# Appendix 1: Suggested improvements and inclusions

Tusla STAFF	Funded ORGANISATIONS
<b>Suggested improvements to Tusla’s approach to Parenting Support (top 4)</b>	
<ol style="list-style-type: none"> <li>1. More local services/easier to access</li> <li>2. More targeted supports (specific needs, cultural, ethnic, bereaved, new mothers, disability)</li> <li>3. More training/specific training</li> <li>4. Better awareness among staff</li> </ol>	<ol style="list-style-type: none"> <li>1. Awareness</li> <li>2. Collaboration</li> <li>3. Specialised supports</li> <li>4. Funding</li> </ol>
<b>Suggested improvements for Parenting Support Practice (top 4)</b>	
<ol style="list-style-type: none"> <li>1. Involvement/listen/feedback/kin</li> <li>2. Education &amp; training – specific training (mental health, education sector training)</li> <li>3. Specific supports (disadvantage, ethnic, alcohol, drugs, cultural, rural, sexual abuse)</li> <li>4. Coordination of supports</li> </ol>	<ol style="list-style-type: none"> <li>1. Universal supports</li> <li>2. On the ground (in counties/communities)</li> <li>3. Involvement of parents</li> <li>4. Specialised supports (direct provision, mental health, trauma, housing, migrants)</li> </ol>
<b>Suggested further information considered useful for the Strategy</b>	
<ol style="list-style-type: none"> <li>1. More specific supports</li> <li>2. Collaborative interagency work</li> <li>3. Community-based support/universal</li> <li>4. Input of parents</li> </ol>	<ol style="list-style-type: none"> <li>1. Specific supports</li> <li>2. Involvement of parents</li> <li>3. One key message</li> <li>4. Public awareness</li> </ol>
<b>Suggested inclusions for the Strategy</b>	
<ol style="list-style-type: none"> <li>1. Specific supports</li> <li>2. Collaborative interagency working</li> <li>3. Community-based support</li> <li>4. More input from parents</li> </ol>	<ol style="list-style-type: none"> <li>1. Specialised supports</li> <li>2. Parents participation/views</li> <li>3. One key message</li> <li>4. Awareness</li> </ol>



## Appendix 2: Parenting support policy review: Learning for Ireland

In a review of 16 parenting support policy and guideline documents from eight countries (detailed in Table 4) it is clear that Ireland's provisions are advanced. At a national level Ireland has a parenting support strategy that clearly sets out a rationale for the provision of parenting support linked to the wellbeing and development of children in vindication of their rights, which strengthens the role of government in supporting this practice. This article also sets out the form this support will take (targeted universalism), which is intended to promote parental engagement with services at the earliest point in order to improve long-term outcomes. It provides a model for assessing a continuum of need (Hardiker, 1991) but extols a strengths-based approach to avoid service user dependency and professional blaming and a model for evaluating evidence of best practice in literature (Gillen et al., 2013). This document stands up well in comparison to other strategies in the European context and is bolstered by a supporting document that contains guidance on when support is required and awareness of contemporary parenting messages and child development in the 50 Key Messages document (Tusla, 2015 a). This document suite was recently expanded with a well-developed strategy that focuses on the formative early years of child rearing; this reiterates the commitment to the rights of the child and early intervention to ensure the best long-term outcomes as a rationale for practice. In addition to this, partnership working can be enhanced through the application of the Parental Participation Toolkit (Tusla, 2015b) in service planning, implementation and evaluation.

This Irish Parenting Support Strategy is an aspirational document and does not reflect on barriers to practice or strategies to overcome them, so future strategies could consider the barriers to practice that may emerge in the field and strategies to address them. This has been considered in the Parental Participation Toolkit (Tusla, 2015b), which deals with hard-to-engage parents; the Australian guidelines for engaging fathers in child and family services (Berlyn, Wise & Soriano, 2004); and the Scottish Strategy for Teenage Parents (2016) (this includes consideration of peer support and increased pathways to care on a local basis). In other policy contexts consideration is given to accessibility in terms of information, guidance and services in order to support the engagement of both rural and new communities, which is important given the variety of norms or circumstances of parenting (Govt of Scotland, 2012; Govt of Malta, 2016; Department of Health, 2009; Price-Robertson and McDonald, 2011). A consideration of cultural sensitivity may also enrich any future strategy on parental support as Ireland is a modern multicultural society (Kealy, 2019; McGarry, 2012), and has a legally recognised indigenous ethnic minority population.

While Ireland has a comprehensive compendium of parenting issues and prompts for intervention and support in the 50 Key Messages (2015a) document, it is worth noting that other jurisdictions also have supplementary or standalone guidance documents. This may be an area for future development in the Irish context. In particular Australia, England, New Zealand and Scotland have produced documents that target practice with specific populations. Scotland (2016) has a target strategy for teen parents as in that national context early parenthood is linked to areas of disadvantage, challenging circumstances and poor longitudinal outcomes for mothers and children. In this strategy it is noted that teen parents need support to engage with services in a timely manner that is suitable for their age and circumstances. New Zealand (2013) has identified addiction and mental health services as having a role in supporting improved outcomes for children and young people by identifying whether service users are parents, and drawing their families into service planning and support. In many policy documents across Europe, the importance of paternal engagement to the development of children is affirmed. Only Scotland and Australia consider the inclusion of fathers in child welfare services and outlines

how their engagement is to be encouraged. The Scottish (2016) strategy for teen parents outlines how teenage fathers can be engaged, while Australia has outlined how fathers can be encouraged to engage through marketing, male facilitation and male-friendly spaces, targeted messaging and respect for employment time commitments (Berlyn, Wise & Soriano, 2004).

The Troubled Families Framework (2020), which is a document targeting certain families from England, arguably takes a deficit view of both the population it targets and the services that support them, criticising the service landscape for failing to make a meaningful difference in outcomes for the most marginal families and requiring evidence of improved outcomes as a prelude to funding. Conversely in the Australian context, consideration has been given to the circumstances of families and the idea of social inclusion as a frame for family support and a means to achieve the overall aim of social inclusion within Australian society (Caruana & McDonald, 2011). In these guidelines, in addition to acknowledging the personal challenges facing parents, an awareness of structural and contextual factors that affect parenting is promoted. This focus on social inclusion is alluded to in other jurisdictions through a focus on labour market activation or the effects of poverty (e.g. England, 2012 & 2020; Malta, 2016). However, in the Australian context it is used to give weight to the practice of family support as promoting social inclusion, which produces benefits for society. Ireland links parenting support to social goods, as do other countries, including Scotland and Malta. It may be that framing the social benefits of parental support in terms of social inclusion (the social, economic and civic participation of individuals) can strengthen its claims in this area, particularly as universal parenting interventions have been linked to social mobility as well as improved outcomes for children (Caruana & McDonald, 2011; Social Mobility Commission, 2017).

The Irish parenting support provisions are comprehensive in terms of rationale, principles and approaches; identification of parents in need of support; and knowledge. There is an acknowledgement that threats to the provision of supports can include inadequate services and resources in several contexts (Ireland, 2019; Govt of Malta, 2016; Dept E. & Dept H., 2012). Some jurisdictions have reflected on how their service landscape can be developed and improved to achieve their goals (Govt of Northern Ireland; Govt of Malta, 2016). Scotland (2012) stands out in that its parenting support strategy has an entire chapter devoted to ensuring that the strategy goes beyond aspirational to having an impact by mapping its objectives for development, supporting particular cohorts of parents, developing services and programmes, and tackling issues that affect families in the wider context. The feasibility of mapping the service context in order to replicate this detailed list of commitments may be limited by time but it is worth drawing attention to this detailed conclusion to the strategy as an aspiration for future work in the Irish context.

The participation of those whom the policy affects has also been considered by Scotland (2012), which included the voices of parents in the development of its strategy, and by Malta (2016), which asked children for their views on what they need from their parents when constructing its policy. Given Ireland's widespread commitment to participation, this is an area that may warrant attention in the development of future strategies.

# Appendix 3: Parenting support SWOT analysis

## Parenting support policy in Ireland

### Investing in Families: Supporting Parents to Improve Outcomes for Children (2013)

*Key features:* The rationale for providing support to parents is underpinned by the awareness that it provides societal benefits as well as benefits for the child. This strengthens the argument for this practice to be supported by government resources. However, at its most fundamental this strategy affirms the centrality of parenting support to the goal of protecting children and vindicating their rights.

This document links parenting support to previous policy documents, demonstrating both the utility of practice to overall goals regarding child welfare and development, and the vindication of their rights.

The provision of formal support in this strategy is a form of targeted universalism, based on the understanding that parenting is a complex task that varies across the life course, and that all parents may need help at some points, but that some will need extra assistance. The Hardiker Model is used to demonstrate the continuum of need. This approach to the provision of support is intended to provide non-stigmatising entry points for parents who need support, which can then be scaled according to need through a scale of more intensive supports. However, the goal is early intervention and prevention.

This strategy provides practitioners with principles for practice, including an understanding of what effective parenting is, and what parenting support should entail. It advocates for a respectful strengths-based approach to parenting to avoid cultures of blame, or dependency on services.

This document also affirms the importance of evidence-based approaches to parenting support and provides a frame for how practitioners and policy makers can assess the strength of evidence-based research.

Strengths	Weaknesses	Threats	Opportunities
<p>Refers to the UNCRC, which lends this document strength in terms of accountability for its implementation.</p> <p>Supporting parents has benefits for children (development and protection) and society, enhancing the rationale for its implementation.</p> <p>Having both targeted and universal support will decrease stigma around accessing services. Services can be scaled according to need, encouraging engagement with services. Hardiker Model used to illustrate the continuum of need. Outlines the types of services and interventions that can address each level of need.</p> <p>Early intervention is important to address issues before they become entrenched.</p> <p>Partnership approach will avoid culture of blame and service dependency. Advocates for a strengths-based approach which can enhance the capacity of parents.</p> <p>Practitioners supported to draw upon evidence-based practice based on a frame to evaluate the strength of claims in research regarding best practice.</p>	<p>This is an aspirational document and does not reflect on barriers to practice, or strategies to overcome them.</p>	<p>This document outlines a targeted universalist approach to the provision of parenting supports however, the availability of formal support can vary by area and this has implications for whether this principle of practice can be achieved.</p>	<p>Future strategies could consider the barriers to practice that may emerge in the field, and the strategies to address them.</p>

## First Five (2019–2028)

*Key features:* This document recognises that the first five years are formatively significant so aims to take action on threats to development by tackling inequality using a whole-government whole-society approach. It recognises that the state has a central role to play in ensuring the conditions for children to flourish as outlined by the UNCRC. It is based on research evidence showing that home and family have by far the biggest impact, which is why supporting parents through various services and social provisions are key to this document.

This document maps the various forms of health and social supports available in Ireland, including helplines, parenting programmes and home-visiting, and notes that these are supported by research evidence. However, it also notes that services and support provision may vary considerably, depending on families' circumstances and location, with many children and families missing out on the services they need.

*New Parental Leave Scheme:* this scheme entails extended entitlements to leave and promotes family-friendly working environments in recognition that parental care is significant to the child's development and health at the infant stage.

*New Model of Parenting Support:* this strategy promotes accessible, high-quality information and guidance to promote healthy behaviours, facilitate positive play-based early learning and create the conditions to form and maintain strong parent–child relationships. A continuum of parenting services ranging from universal to targeted, including high-quality parenting programmes, will provide this support to parents. These supports are implemented in recognition that stress, conflict and depression pose a threat to parenting capacities with implications for child health and development, and some parents may need more support than others.

*New Developments in Child Health:* this strand aims to promote positive healthy behaviours within families, as a form of preventative action that will support healthy development. It outlines a number of programmes already in existence that can assist parents and families to adopt or maintain healthy behaviours, ranging from healthy eating to activity, road safety education, tobacco reduction, substance harm reduction, and a maternal strategy. Parental support is also considered, as social and emotional health is linked to family stress, maternal mental health and trauma, which can have a significant impact on development. This document outlines how parental awareness of child emotional wellbeing can be promoted through the education system in the Early Learning and Care (ELC), and PLC curriculum.

*Reform of the Early Learning and Care System:* there are arguably elements of support for parents in this strand as it sets out the goal of improving affordability, accessibility and quality in the ELC system, which can support parental engagement in the workforce.

Strengths	Weaknesses	Threats	Opportunities
<p>Consideration of rights lends this strategy strength in terms of accountability.</p> <p>Focused on a particular life stage that is crucial in terms of children’s overall development.</p> <p>Holistic account of the child’s development and acknowledgement of the importance of parents as a foundational consideration strengthening the rationale for parenting support.</p> <p>Strong focus on early intervention and prevention to prevent problems escalating.</p> <p>Variety of approaches to parental support are outlined, relevant to different stages of the life course, underpinned by evidence. Supports include affordable childcare, social support and awareness-raising support, e.g. health promotion.</p> <p>Greater alignment of and coordination between services envisioned as a way to ensure effective support. Use of early years settings to promote awareness of child development and wellbeing.</p>	<p>Parents from minority communities who may be experiencing challenging circumstances or dealing with ill health may not be so engaged with their child’s education and so miss out on some of the awareness of child wellbeing provided through curriculum.</p> <p>Accessibility of information, guidance and support may need consideration if new communities are to be included in universal supports.</p>	<p>The range of supports that are available to parents in the first five years may vary by area and may not be accessible to all parents.</p> <p>Alignment of services requires oversight, coordination and information-sharing, all of which require time and resources to ensure quality supports are available to all parents regardless of location.</p>	<p>The various forms of support and service that can offer support to parents outlined in this document are useful for planning and delivering supports at local level. This form of mapping and scoping the range of supports, linking them to areas of action, could enrich documents such as the parenting support strategy.</p>



## 50 Key Messages to Accompany Investing in Families; Supporting Parents to Improve Outcomes for Children (2013)

*Key features:* This document contains key messages drawn from research to support evidence-based practice for professionals and as such is a compendium of learning relevant to the profession. This report concludes with a reference list to enable practitioners to deepen their knowledge regarding each message. The nature of the messages is considered here; however, for brevity, only a selection are used as examples of each type of message.

*Seven General Messages* (Section 1, messages 1–7): These messages relate to the foundations of positive development for children that parenting provides: a caring relationship underpinned by a positive authoritative approach that role models good behaviour and problem-solving skills. Healthy diet, awareness of child safety and social support for parents are also presented as foundational here.

*Supporting Parenting Across the Life Course* (Sections 2–5, messages 8–31): This is followed by four sections relating to parenting across the life course of the child: preparing for and becoming a parent (Section 2, messages 8–19), birth to 5 years (Section 3), 6 to 12 years (Section 4), and 13 to 17 years (Section 5).

*Contexts of Parenting* (Section 6, messages 32–50): This final section considers the different circumstances in which parenting occurs and the needs for support that parents may have. Practitioners may need to refer parents for additional supports, for example in cases of domestic violence (6: 40) or bereavement (6: 41–42).

Strengths	Weaknesses	Threats	Opportunities
<p>Bolsters the Parenting Support Strategy and services, providing a compendium of messages derived from research to inform evidence-based practice.</p> <p>Gathers extensive evidence-based knowledge and presents it in sections relating to life course, circumstances and parenting in general for use as an accessible practitioner reference guide.</p>	<p>This document contains an array of useful information pertaining to effective parenting across the life course. However, for ease of practitioner navigation it could be more clearly presented in terms of the categories of messages within each section. For example, some messages provide knowledge on issues in parenting; others contain guidelines for practice.</p>		<p>Further categorisation within sections would enhance it as an accessible practice guide.</p> <p>This document could benefit from periodic review and restructuring, which would provide practitioners with an up-to-date field guide. This could include additional information on guidelines for practice with certain populations, or signposting to referral agencies if the need for support goes beyond the parameters of the professional’s practice.</p> <p>There is room to consider the inclusion of benefits and supports available to parents in particular circumstances in order to enhance professional signposting.</p>

## Parental Participation Toolkit (2015)

*Key features:* This toolkit aims to support parental participation within welfare practices. It is an extension of the Parenting Support Strategy in which partnership working is identified as an important aspect of practice that aims to avoid a culture of professional blame and dependency on services while building parental capacity. This document embeds parental participation in the context of family support and illustrates through the use of the 'My World Triangle' how central the role of the parent is to ensuring the conditions of a good childhood in which children flourish. It reiterates the parenting support principles outlined in the Parenting Support Strategy and signposts the organisational structures and resources that will facilitate this form of practice. This ranges from CFSNs and parenting conferences, to Parenting 24seven, an online website that provides information and awareness-raising tools to parents and practitioners to assist parents to parent more effectively.

In Section 2 this toolkit examines in depth the concept of parental participation, outlining the various levels of involvement, the multidimensional nature of participation across life course and circumstances, and its advantages (benefits for parents and relevant service-level decision-making, whether individual or collective). The principles underline practice and encourage practitioners to implement participation in a meaningful way (working in partnership; focus on outcomes; strengths-based; transparent; inclusion and equality; diversity; and role modelling across different formats).

Section 3 presents the toolkit. In this section 'tool' refers to type of participation opportunity and this is further categorised in terms of whether it targets individuals or groups, and the stage of project or service life that it occurs in, whether planning, delivery or evaluation. There is also a reflection on its cost. An analysis of each form of participation is then conducted to identify its objectives, methodology, strengths and weaknesses as an aid to practice learning so that practitioners can decide on the most appropriate method of participation for their practice in parental support. Following this reflection on the multiplicity of participation strategies, universal guidelines are presented that are relevant to the four stages of implementation (exploration, action planning, implementation, evaluation). The four stages of implementation are then outlined, with each stage broken down into three further stages: exploration, action planning and evaluation.

Section 4 promotes the concept of the *reflective practitioner* as an aid to practice, drawing on Kolb's Learning Cycle to illustrate this practice, moving from abstract theorisation to active experimentation, to concrete experience and reflective observation once the initial round has been completed. This is followed by a discussion on key research messages, as understanding what parents want and need from participation in context is the key to successful participation practice. This includes

- ⦿ being treated with respect,
- ⦿ having competencies acknowledged,
- ⦿ having a voice,
- ⦿ experiencing teamwork and flexibility on the part of services,
- ⦿ collaborative and cooperative communication, and
- ⦿ non-judgemental attitudes.

Barriers to participation are considered from both a practitioner and parental perspective. For parents this can include not feeling informed about the purpose or who is present; feeling outnumbered; perceiving a lack of respect or negative attitude; or issues with accessibility, social and cultural issues; and not understanding help-seeking patterns. It is recommended that professionals develop the competencies and knowledge required to work across different cohorts, maintain a non-judgemental approach and seek partnership. The enablers of participation are considered next, which include environment, information-sharing, clarity of roles, active encouragement of voice, taking a strengths-based approach, following up on agreed plans and providing practical assistance when necessary.

There is also special consideration of working with seldom-heard parents and the factors that may inhibit participation, and issues that arise when engagement is not voluntary. Here strategies include targeted early intervention, non-stigmatising entry points, practical supports and time to build relationships.

Strengths	Weaknesses	Threats	Opportunities
<p>Extension of the Parental Support Strategy and an important addition as it progresses beyond the aspirational to focus on how parental participation can be promoted in the planning, implementation and evaluation of services.</p> <p>It promotes a strengths-based partnership mode of working, as prescribed in the Strategy, which is intended to reduce blaming and dependency among service users while developing their capacities.</p> <p>It provides a clear outline of what participation is, along with a rationale for practice as supporting the quality of support services.</p> <p>The toolkit itself consists of a series of reflective practitioner guidelines that encourages</p>		<p>Participation is a time-consuming practice that requires careful planning, implementation and review. Its successful implementation depends on the capacity and resources of the organisation or service. This may be affected by multiple factors such as level and number of families being supported at any given time, funding for staff, and geographical location, with the implications of this last factor for practical support and accessibility.</p>	

Strengths	Weaknesses	Threats	Opportunities
<p>consideration of the quality of practice, as well as planning and implementation tools tailored to the stage of practice that the parent is involved in to ensure the participation process is effective.</p> <p>Reflects on the barriers to and enablers of participation, from both practitioner and parent perspective. Provides awareness of issues that may prevent parental engagement and the professional attributes and practical support and strategies that would address this.</p>			

### Parenting support policy in England

#### The Troubled Families Programme: Financial framework for the Troubled Families Programme’s payment-by-results scheme for local authorities (Department for Communities and Local Government, 2020)

*Key features:* This document targets *specific families* with multiple and *complex problems* through an *incentive approach* as it notes services have not been successful to date in addressing problems within particular families. *Early intervention* is a key aspect of this programme, and *interagency collaboration* will be key to this targeted support. Every local authority must have a troubled family outcomes plan that details the outcomes which will be indicative of successful intervention. This document outlines *certain instances in which parents may be targeted for an intervention*. Supporting parents into *employment* is one of the key principles of intervention in this document, and the identification of other problems and challenges within the family circumstances should form the basis of targeted support to enhance parents’ employability. *Unsafe relationships* and circumstances of domestic violence are other key areas relevant to targeted parental support in this document, as is *parenting with mental ill health, substance misuse or underlying health conditions*. If local authorities enhance outcomes for these families, then they can claim a payment from government.

Strengths	Weaknesses	Threats	Opportunities
<p>Intends to incentivise the attainment of outcomes for families with the most complex problems on the basis that interventions in this area have been unsatisfactory to date.</p> <p>Focus on those families who are the most marginalised, and on parents with a history of unsafe relationships, ill health and substance misuse. Employability is to be a key area that will enhance outcomes for these families.</p> <p>Focus on early intervention, interagency collaboration, outcomes and planning.</p>	<p>Focused on troubled families, their circumstances and parental employability, this document problematises this cohort, which may have implications for the way services interact with them in pursuit of funding. A focus on parents' problems as barriers to employability in order to demonstrate outcomes, for example, might mean that therapeutic supports are given less weight in practice.</p>	<p>Based on the idea that prior service provision has failed to make a difference, this strategy attempts to drive change by incentivising service delivery. This means that organisations which demonstrate favourable outcomes for families with multiple and complex problems will receive funding. Some services may struggle to provide interventions initially, which could weaken their capacity to seek funding.</p>	<p>Programme development and expansion for services that can adapt to this model of funding provision.</p>

**Supporting Families in the Foundation Years (Department for Education and Department of Health, 2012)**

*Key features:* While this focuses on family support some of the supports discussed are *specifically targeted at parents, for example, practical help, information giving, informal or therapeutic support* (57). Families are recognised as the most important influence on early years development, and warm authoritative parenting practices are recognised as essential for children to develop confidence, become autonomous and display empathy, while reducing the risks of behavioural issues. Parents are also recognised as the child’s primary educators, helping children gain language and literacy skills (35). More flexible parental leave forms part of this support strategy, to enhance work–life balance and allow parents to provide this formative care for children (35).

Enhanced online and helpline services, parenting and relationship courses are intended to ensure accessibility of services, while early intervention is a key strategy to achieve the goals of positive child development. The latter will be achieved through professionals across a range of early years education and care services identifying emerging needs, providing reports of child development to parents and encouraging the take-up of supports. This includes enhanced home-visiting programmes in which visitors will engage parents in a Healthy Child Programme (4–5, 35 & 40). Parental participation in the running of children’s centres to ensure they meet the needs of families is also a key parental support outlined here (35).

This document aims to promote *evidence-based parenting support* through quality programmes that include relationship, child development and co-parenting support. The *engagement of both parents* is recommended in order to enhance the effectiveness of parenting support (42).

This document recognises that some *parents will need extra support*, and outlines who these parents are (e.g. lone parents, substance misusers, teenage parents, homeless parents, parents experiencing domestic violence), and uses the *PREview* system as a guide for a professional response to needs for support. This can include:

- ◉ providing extra support and guidance;
- ◉ using evidence-based methods;
- ◉ referring families or individual family members to specialists, and working with the specialist service to support the family or individual;
- ◉ providing evidence-based intensive programmes, for example, structured home-visiting programmes which seek to engage with both parents, whether or not they live together, as well as other key carers;
- ◉ arranging access to support groups;
- ◉ organising practical support, for example, working with a childminder or nursery on the importance of play (20 & 44).

*Targeting parental risk factors reduces the risk of problems being transmitted to their families* (46). For example, this document recognises that disadvantaged families will need a range of targeted financial supports to support them on their transition back into work, including tax credits and affordable childcare so that families can rise out of poverty (47).

Strengths	Weaknesses	Threats	Opportunities
<p>The centrality of the parents’ role in their child’s development is acknowledged and this affirms the importance of parenting support.</p> <p>Outlines a variety of supports for parents to enhance their capacity and awareness, e.g. ante-natal support, enhanced online support, help groups and parenting and relationship courses accessible on a universal basis. Notes that some groups may need targeted supports.</p> <p>Attention to work–life balance.</p> <p>Addresses the role of fathers and the importance of engaging both parents to ensure programme effectiveness.</p>	<p>This document lacks a rights-based rationale which would enhance the strength of its rationale.</p> <p>This document contains comprehensive and wide-ranging consideration of the variables that lead to positive child development and the role of professionals in supporting this.</p> <p>However, as parenting support (Sections 4 &amp; 5) is subsumed into a larger conversation its accessibility as a practice guide for professionals to support parents is diluted.</p>	<p>The availability of support services in certain areas may pose a threat to the attainment of this policy’s goals. For example, long waiting lists for relationship counselling in certain areas may mean that it is not possible to support shared parenting at the early stages of a relationship ending.</p> <p>Private sector support for flexible working arrangements may threaten this aspect of the strategy unless legislated for.</p>	<p>This document contains the foundation of a standalone parenting support guide which would be more accessible to professionals working in the field.</p>



Strengths	Weaknesses	Threats	Opportunities
<p>Financial supports for parents are listed, and it is recommended that targeted financial supports (childcare) are an important response to these circumstances, so that families can rise out of poverty.</p> <p>Early intervention is seen to be key to the effectiveness of interventions and the attainment of improved outcomes for children.</p> <p>Interagency working between relevant professionals is key, and children’s centres are identified as a hub to target parents that need support.</p>			

**Helping Parents to Parent, Social Mobility Commission (2017)**

This literature review maintains that there is *evidence that policy can influence parents’ behaviours* (parenting style, creation of supportive home environment, family relationships, parental stress and mental health) and this can have an *impact on outcomes for children*. Giving parents an awareness of *child development* is particularly effective (4). This document considers the *links between low social mobility and parenting factors and notes that countries that rank highly on the social mobility index have universal parenting interventions* (6). This literature review also assesses universal parenting interventions in the early years of family life, with examples from several countries. To varying degrees, these were found to be *successful in improving children’s outcomes, at least in the short-term, through influencing and altering parenting behaviours* (37).

Strengths	Weaknesses	Threats	Opportunities
<p>This literature review aims to inform policy development. The findings of the review maintain that there is evidence that policy can influence parents’ behaviour and have an impact on outcomes for children. It notes that there are links between low social mobility and parenting factors and that countries that rank highly on the social mobility index have universal parenting interventions.</p>			<p>This document provides a rationale for parenting support which could provide the basis of a standalone parenting support strategy, particularly when taken in conjunction with the provisions in Sections 4 &amp; 5 of the Supporting Families in the Foundation Years (2012) document.</p>

## Parenting support policy in Scotland

### National Parenting Strategy: Making a positive difference to children and young people through parenting (2012)

*Key features:* This document's aim is to act as a vehicle for valuing, equipping and supporting parents to be the best they can be so that they, in turn, can give the children and young people of Scotland the best start in life (7). It begins with a consideration of why parenting matters as foundational to the positive development of children and avoidance of negative outcomes such as offending behaviour and substance misuse, through the development of self-control and resilience, thereby benefitting society. This document acknowledges that other variables may be linked to these social problems, such as poverty, environment and friendship, but affirms the central role of parents (10–11).

In the second section this strategy refers to the rights of the child to be supported by their parents, and aims to ensure that Scotland's parents have the skills and knowledge to provide that support with confidence.

The third section outlines issues in parenting today. Changes in family composition, maternal engagement in the workforce and the resulting importance of 'parenting' by alternative caregivers is now acknowledged. It is also acknowledged that Scotland is becoming more culturally diverse, and that there can be differences around parenting norms amongst new communities. Disadvantage is linked to parenting alone, and it is noted that it can have a wide impact on outcomes for children. However, this document maintains it is important to avoid making generalisations or assumptions about family make-up or material wealth and the quality of a child's upbringing. What matters most, research shows, is responsible, committed and stable parenting by people who genuinely care about the child (14–5).

Accessible information and guidance including information on nutrition, healthy behaviours and behaviour management is a key part of this strategy (19–24). Universal parenting programmes that build knowledge and capacity and give parents take-home strategies to use could empower parents to be the best they can be. But particular parenting programmes will be targeted at the parents of children who display behavioural difficulties at an early age, and parents experiencing mental health issues (25–7).

Challenges to engagement are addressed in Section 6, including the fear of stigma or of losing parental control; these prevent many parents asking for help. Parents have said that if local services were better promoted, and supports were more accessible, this could promote engagement (28). Public health visitors will be involved in screening and will help identify parents who need intervention and supports, e.g. monitoring child development, parenting capacity and family matters including domestic abuse and parent–child relationships, along with wider parental health such as smoking, alcohol or drug abuse, and mental and physical health during the early years. The visitors will also promote the role of fathers in their child's health and development (30).

This section also discusses the issue of parental employment and its impact on the circumstances of parenting and commits to addressing worklessness in parents. The strategy aims to promote more flexible working practices for parents and provide better access to information regarding benefits and funding for childcare. It also commits to developing ways to support parents back into work (32).

Relationships between parents after separation can also impact on a child's development so this strategy aims to promote positive relationships through the development of a new website, investment in counselling and relationship support, and provision of an updated parenting agreement pack (34). The issue of fathers' involvement in children's lives is also considered. Funding has been committed to organisations that raise awareness of the importance of paternal involvement in parenting, and public engagement will be sought to understand issues affecting the engagement of men in parenting and in early years settings (35–6).

Accessible specialist information, advice and support services have been tailored to meet the needs of particular groups of parents, for example, lone parents (37), parents of disabled children (38) and parents of teenagers (39). This strategy also considers teenage parents as their children are more likely to experience poor outcomes. This issue is linked to deprivation as 75% of teenage parents come from the most deprived areas of Scotland (33–4). Support such as ante-natal and post-natal groups are aimed at younger mothers, where they can establish social networks with their peers; these are a good way of providing the right support. Parents in prison need bonding time to support positive development (39).

Section 7 acknowledges that foster parents and the government are in fact parenting young people in care and training information, guidance and practical support should ensure that young people are receiving the best care possible.

Strengths	Weaknesses	Threats	Opportunities
<p>Based on the idea that parents’ role in their child’s development is vital, that the child’s positive development is a social good.</p> <p>Focus on early intervention.</p> <p>Parents were consulted in its development and their suggestions are integrated into this policy.</p> <p>Acknowledges the rights of the child to be supported by their parents and aims to ensure that parents have the skills and knowledge to achieve this.</p> <p>Clear vision of optimal parenting outlined in this report based on positive parenting and secure attachment.</p> <p>Universal provision of information, guidance and programmes but targeted supports for some cohorts of parents.</p>		<p>A very comprehensive and ambitious strategy including 82 commitments for action, which would require time and resources to implement, and which may be subject to ongoing changes in the wider social and governance milieu.</p> <p>Private sector support for flexible working arrangements may threaten this aspect of the strategy unless legislated for.</p>	

Strengths	Weaknesses	Threats	Opportunities
<p>Acknowledges a range of circumstances that might impact on parenting and considers new communities and the diversity of parenting norms.</p> <p>Avoids generalisations about the quality of parenting by the make-up of the family/circumstances. Notes that stigma and fear of losing control are identified as barriers to engagement with parenting support. For this reason, supports should be more widely promoted and efforts should be made to make them accessible to all.</p> <p>Public health professionals are identified as key to screening for targeted support, in terms of skills, health behaviours and risk factors in the home. They are identified as professionals who can help promote the engagement of fathers.</p> <p>Relationships after separation are identified as an area in which parents might need support, and how this is to be attained is outlined. The engagement of fathers in parenting is given some consideration.</p>			

Strengths	Weaknesses	Threats	Opportunities
<p>Employment circumstances of parents are considered and flexible working practices, information about benefits and funding for childcare, and a commitment to supporting parents back into work are all outlined.</p> <p>Notes that parenting support alone cannot address parenting issues and that other policy provisions regarding early years provisions and poverty strategies are also important.</p> <p>Focus on measurement and outcomes and provides a logic model that outlines the aims.</p>			

**Pregnancy and Parenthood in Young People: Scotland’s strategy to increase choices and support potential in young people (2016)**

*Key features:* This document focuses on a particular population that may need additional support for their parenting; this will be achieved through *improved service coordination, informed by data and greater partnership working that is responsive to the needs of young people* (12).

The second strand of this strategy sets out its aims of enabling and empowering young people so that they feel they have more control over their lives, allowing them to feel a sense of self-efficacy and providing equality of opportunity for the future (14). Within this strand a range of risk factors for teenage pregnancy have been identified and areas of actions to address these risks are outlined. These include low educational attainment, which is to be addressed through the flexible provision of learning, and early intervention (14–5). This strand of the strategy also aims to promote positive relationships and sexual wellbeing. This is intended to reduce the risk of early intercourse. Positive relationships with parents are also to be encouraged as this is a protective factor for young people’s behaviours, reducing the risk of teenage parenting (15). Informing young people about safety in relationships is intended to protect against exploitation (15). Promoting social and emotional wellbeing through participation in healthy activities will support the young people to develop safe, healthy and equal relationships and reduce the risk of unhealthy sexual behaviour (16). The provision of Relationships, Sexual Health and Parenthood education is acknowledged as a key intervention to support positive relationships and reduce rates of pregnancy in young people (16). This education should be combined with accessible sexual and reproductive health services in which provision of contraception can help reduce the numbers of teenage pregnancies (17 & 21).

Young pregnant women are more likely to have complex social needs including socio-economic deprivation, current or recent experience of being looked-after, homelessness, poor engagement with education and involvement in crime. Such factors are also associated with lower levels of access to and use of services (26). The third strand focuses on pregnancy in young people and identifies a number of important action areas to address timely access to services. The early identification of pregnancy is key to support timely access to maternal or abortion services, as data suggests that young parents present later for care than their older counterparts. This should be addressed by education and support for the disclosure of pregnancy (21). Enhanced pathways to care are also recommended for this young cohort to ensure quicker engagement with health services (22). This document outlines how chaotic lives for some young people may present barriers to accessing maternal services in a timely manner as other issues may take priority (e.g. homelessness). Low income or accessibility of services presents a barrier, and the strategy recommends local pathways to care as being important to address this issue (22). Supports targeted to this age group may overcome barriers for young parents and young fathers. This will allow young parents to access positive benefits that come from peer support or peer mentorship (27).

The fourth strand outlines the quality, integrated support for young parents and their families needed to support better engagement with services and in the longer-term greater engagement in education, training and employment. Young parents need tailored supports and interventions. They may need help with housing, childcare funding and income maximisation in order to progress in education and the labour market, or to address circumstances where there is domestic violence or substance misuse (25).

Strengths	Weaknesses	Threats	Opportunities
<p>Focus on a particular population that may need additional support responsive to their needs, targeted through improved service coordination and informed by data and greater partnership working.</p> <p>Aims to empower young people so that they feel they have more control over their lives, allowing them to feel a sense of self-efficacy and providing equality of opportunity for the future.</p> <p>Identifies a range of preventative strategies that can reduce teenage pregnancy, including education and social engagement.</p>	<p>This particular document lacks the acknowledgement of strengths that is included in the broader strategy and this may have an implication for how staff and various service providers respond to the young people. This may counteract the aim of empowerment.</p>	<p>The development of accessible services in local areas is a crucial part of this strategy, which relies on more accessible localised pathways to care to support earlier intervention.</p>	



Strengths	Weaknesses	Threats	Opportunities
<p>Outlines the challenges faced by teenage parents to illustrate the range of supports that might be needed and the effect of these challenges on service engagement. Advocates for enhanced accessible localised pathways to care that support earlier engagement.</p> <p>Outlines the reason for targeted ante-natal services including elements of peer support to enhance the engagement of young parents, and fathers in particular.</p>			

**Parenting support policy in Northern Ireland**

**Families Matter: Supporting Families in Northern Ireland Regional Family and Parenting Strategy (2009)**

*Key features:* This strategy aims to ensure that all children get the best start in life and are helped to reach their full potential irrespective of race, gender, religious belief, age, sexual orientation, disability, background or circumstances, by empowering and assisting parents to be confident and responsible. This will be achieved by ensuring all parents can access information and services in their local areas to support them in carrying out their responsibilities. Some families experiencing personal or social problems such as relationship breakdown, unemployment, ill health or homelessness may need access to services to help them through a difficult time. Early intervention can help avoid situations deteriorating (6).

This strategy affirms that parents are the people best placed to raise their children except for extreme circumstances where the welfare of the child is at risk. It respects the independence of parents, who, even when they do need help, still want to be in control. It refers to Article 8 of the European Convention on Human Rights, which upholds the right to family life. For this reason, a balance between intervention and assistance is maintained and rights and responsibilities that fall to families and those that fall to government are differentiated (6). This document also refers to the UNCRC, which recognises the family as the fundamental group of society and the natural environment for the growth and wellbeing of all its members and particularly children, so that the family should be afforded the necessary protection and assistance to allow it to fully assume its responsibilities (9).

This strategy promotes a multi-agency approach to support; however, in line with the aim of empowering parents, it states that it is important that these agencies work in partnership with them (6). DHSSPS wants to involve children, young people and their families and communities in the development of preventative services in order to develop capacities and raise awareness about service provision (16).

This document recognises a variety of family forms including circumstances in which children and young people are not able, for whatever reason, to live with their birth families, or where caregivers other than parents are caring for them and responsible for their welfare (7).

This strategy notes the links between poverty and parenting challenges and presents this as an additional rationale for intervention and the prevention of crisis through support (9).

Integrated planning is an aim of this strategy, to ensure that support is seamless, and includes stakeholders at government and regional level (10–2). A common assessment initiative called Understanding the Needs of Children in Northern Ireland (UNOCINI) is being developed to ensure a consistent approach to assessment of a child's and their family's needs and an appropriate response (36–7). The development of a regional information service will ensure that parents can readily access information on services available, assist with timely referrals, and be a resource for service planners, helping to identify areas of unmet need and avoid service duplication (29).

This strategy also draws upon the Family Support Model developed by Pauline Hardiker, which enables a 'whole-system' approach to service planning to be conceptualised and emphasises the important links between the different levels of provision. Further, it is important that adequate service provision exists at all levels of the family support continuum (18).

This strategy focuses on universal support and preventative and early intervention services to support parents, children and young people, not only at particular times of need or stages in the development of the child, but continuously throughout children's lives (24). This strategy is also focused on providing services that are responsive to the perspectives of families regarding their needs, are based on evidence and promote the best outcomes for children and their families (28).

Information should be accessible through a variety of formats, such as written information packs/leaflets, face-to-face consultation, media and appropriate methods of signposting (29). It is important that this resource be accessible to a diverse group of people, irrespective of rurality, poverty and language (29–30). The stigma perceived to be associated with using social services or specialist services will be overcome by the use of other venues for consultations with families, such as schools, community centres, GPs' surgeries, etc., where it is normal to see a parent present (29).

Service provision should be available for families that want or need additional services and support. These include those services selected by families, for example, universally accessible parenting education appropriate for different life stages; relationship support; anger management, debt management and positive parenting programmes including awareness on legal changes regarding physical punishment. This document provides a list of services and programmes where such support can be accessed (31–4).

Strengths	Weaknesses	Threats	Opportunities
<p>Well-developed rights-based rationale for supporting parents to discharge their duties to the best of their ability.</p> <p>Promotes partnership working.</p> <p>Promotes targeted service provision for life stages and various issues that parents may face and provides a list of services working in these areas.</p> <p>Promotes service user participation in the development of services to promote awareness and develop capacities.</p> <p>Draws upon the Hardiker Model to illustrate the continuum of need.</p> <p>Inclusivity statement also recognises diverse family forms. Strong focus on the accessibility of information, guidance and service.</p> <p>Promotes non-stigmatising universal routes to support in the community.</p> <p>Strives for integrated service provision and a common holistic assessment of family needs to ensure appropriate response across service networks.</p>		<p>The integration of services and the development of a central information system requires time and resources.</p> <p>Promoting the participation of service users requires time and resources.</p> <p>These considerations could interact with conditions in the wider governance and social system.</p> <p>Attention is paid to access to services in different geographical areas, e.g. rural. This may be challenging to achieve.</p>	

## Parenting support policy in Malta

### Positive Parenting: National Strategic Policy (2016–2024)

*Key features:* This strategy begins with an acknowledgement of the crucial role that families play in vindicating the rights of children (4). The strategy is also based upon the premise that supporting a positive approach to parenting is a cost-effective investment in the future of Maltese society and a major support for parents as they face the challenges of parenting today (6). Positive parenting prioritises children’s best interests to help them grow in an environment conducive to healthy development (6).

Throughout this Strategic Policy, a number of universal interventions that build on current services are proposed in order to facilitate early intervention at different stages of the family life cycle. With respect to parents who are deemed hard to reach or most at risk, specialised and targeted interventions will also be provided (6).

Strategy will include a bottom-up approach. This strategy affirms children as rights holders who can contribute to decision-making and consulting with them can support parents to better address their needs. Therefore, children will be consulted in the development of services (8). By empowering mothers, fathers and other significant caregivers to have a voice and share their views on parenting, this Strategic Policy enables them to mobilise their resources and use their own skills to buffer and protect themselves against potential risks (8).

This strategy reflects on the changing context of parenting including the impact of divorce. An increase in intercultural marriage and the number of multicultural families living in Malta call for a more culturally sensitive approach to positive parenting, the stigma faced by same sex couples, and insufficient foster parent placements (11–12).

This document notes that services in Malta are fragmented and states that greater synergy is needed to operate effectively and avoid duplication of effort through central information management and multilevel planning. It is also noted that some areas are under-served and that professionals need training to support the promotion of positive parenting, so systemic training will be provided (15–6).

The Strategic Policy proposes outreach services for parents living on the margins of society, and who may not come forward to make use of available community services (15–6). The strategy identifies the health sector as a key agent in the promotion of positive parenting and identifies a number of areas in which it takes action, including ante-natal systematic screening of the mental health of the expectant mothers and of any adverse situations in the home. Parent-craft services are also available as part of ante-natal care, where information and guidance is given to expectant parents. Efforts should be made to engage parents who do not participate. Training for professionals will enhance their support for parents raising a child with a disability. Reviews over time will provide opportunities to support these parents in any difficulties they might have in this lifelong task (16–7). The strategy notes that there is no support intervention available for parents of children with challenging behaviour or children from difficult families and this requires development via therapeutic programmes (18).

The strategy identifies educational settings as places where support can be offered. ELC settings are identified for promoting early interventions, and positive parenting can be promoted through shared activities. Disadvantaged parents are given priority and provided with free places to allow them to access this service (18). Schools have been identified as places where parenting support can be delivered. Where appropriate, parents or grandparents are to be actively recruited to attend positive parenting courses at schools or FRCs. Self-help groups for parents or grandparents are to be set up when the need arises (20–1).

The document outlines a number of parenting circumstances in which support will be provided. Separating parents will be expected to attend a relationship education programme so that they are sensitised to the importance of prioritising the needs of their children and positive co-parenting. This programme will be evaluated by professionals working at the Family Court (21). Screening and ongoing support for prospective adoptive parents and foster carers will be carried out including training of foster carers, therapeutic support, and active engagement with biological parents (22–3). Fathers and mothers will be targeted in contexts of domestic violence services (25). A media-based parenting programme will introduce awareness of positive parenting to the general public (27–8). The strategy will ensure the introduction of FRCs in the community, particularly in under-served areas. Their introduction will fill an important gap in services for families at community level, by offering information, support and advice in the early stages of a difficulty while also providing parenting programmes and cultural and social activities (27).

Strengths	Weaknesses	Threats	Opportunities
<p>Rights-based rationale for provision of support clear. Benefits for children, parents and society outlined.</p> <p>Developed view of positive parenting.</p> <p>Intends to consult with both children and their parents in the development of services and programmes.</p> <p>Recognises diversity of family forms.</p> <p>Universal provision of a variety of information, guidance and support activities, including making use of national media to promote widespread awareness and conversations around good parenting.</p> <p>Targeted support for families in challenging circumstances.</p> <p>Promotes the development and expansion of infrastructure to avoid duplication of practice and ensure that under-served areas can access services.</p>	<p>Does not strategise explicitly for the engagement of parents reluctant to access services, although it does recommend outreach using existing community services.</p> <p>Potentially compulsory element to parent participation in co-parenting courses after separation assumes a deficit of co-parenting capacity and risks undermining parents' sense of control and responsibility. It may be inadvertently stigmatising.</p>	<p>Underdeveloped, regionally variable services. As yet reliant on mainstream universal services to implement targeted supports. This could interact with issues at the wider governance level, which could affect the roll-out of these services.</p>	<p>This document provides a rationale for parenting support, which could provide the basis of a standalone parenting support strategy, particularly when taken in conjunction with the provisions in Sections 4 &amp; 5 of the Supporting Families in the Foundation Years (2012) document.</p>

Strengths	Weaknesses	Threats	Opportunities
<p>This includes supports for parents of children with challenging behaviour and the roll-out of FRCs as a holistic accessible access point to support.</p> <p>Makes good use of existing universal services to provide targeted supports and engage in outreach with marginalised parents.</p>			



# Appendix 4: Three international parenting support policies

## Parenting support guidelines in Australia

There are well-developed parenting support programmes in Australia and early intervention is a key practice area (Families First Programme). There is no unified family support or parenting support policy that sets out a vision and a plan to achieve it. However, parenting support provisions are scattered through various guideline documents relating to specific categories of caregiver, as described below.

### 1. *Parker and MacDonald (2010) Assessing and responding to parenting support needs in disadvantaged families: Lessons from parent education programmes:*

This document is a worksheet published by the Australian Government that makes a case for **parenting support as contributing to the positive development of the child, mapping the forms** that it can take and providing **practitioners with information** they need to provide this support **especially in contexts of disadvantage**. This document maintains that early intervention in the form of education programmes that address interactions and relationships improve long-term outcomes (1).

This document then provides **practice considerations** of professions beginning with *assessment of needs* (it is acknowledged that these may be complex and the parent might not fully understand them), *exploring the parent understanding of child development* (to reassure them and work on their understanding of life-stage issues), *identifying the most appropriate format for education and support* (parents' capacities vary) and addressing logical issues (making sure supports are accessible (2–5)).

### 2. *Caruana and McDonald (2011) Social inclusion in the family support sector:*

This document is unique in that it encourages the family support sector to consider the context of parenting and social exclusion as factors that affect parenting, locating some of the sources of challenges in social systems, in addition to providing support to parents. This **reframing of service delivery** lends weight to broader, societal-level goals to reduce disadvantage and achieve equality for all citizens. The discussion asks practitioners to reflect on how **meeting the material needs of parents** may be an important **precursor to their engagement in other services such as parenting education** programmes. **Advocacy** on behalf of marginalised families in contexts of disadvantage is suggested as a way to draw attention to the importance of material needs.

This document also advocates for greater community voice in identifying need for services and how they work, and **asks staff to consider how they relate to their clients** and reflect on stereotypes or negative beliefs. The approach recommended is to:

- ⦿ build on individual and community **strengths**
- ⦿ build **partnerships** with key stakeholders
- ⦿ develop **tailored services**
- ⦿ place a high **priority on early intervention and prevention**
- ⦿ **integrate services and solutions**
- ⦿ use **evidence-informed approaches** appropriate to the local area
- ⦿ **target areas of greatest need.**

Strategies to better engage and sustain effective work with marginalised families potentially require a greater investment in staff time, training and resources.

### **3. Price-Robertson and McDonald (2011) Working with Indigenous children, families and communities: Lessons from practice:**

This document is a worksheet published by the Australian Government as a guide to **planning and delivering services to Aboriginal and Torres Strait Islander children, families and communities**. It is acknowledged that social problems are often deeply entrenched, and need to be approached with **consideration of historical, social, community, family and individual factors** that can vary by location and circumstance.

It recommends that practitioners adopt a **partnership** approach; ensure services delivered are **culturally competent**; develop and retain appropriate **staff**; cultivate **networks and relationships**; and adopt an **action research approach**.

### **4. Committee Report (2013) Grandparents who take Primary Responsibility for Raising their Grandchildren:**

This document recommends that the Australian Government: **undertake research to understand the extent of grandparent child rearing and the feasibility of developing supports** including counselling or demographic-specific supports (Aboriginal), convene a forum to raise awareness and recognise the contribution of grandparents in this role, and extend financial and social support provided by community organisations (e.g. Aboriginal).

### **5. Berlyn, Wise and Soriano (2004) Engaging fathers in child and family services: Participation, perceptions and good practice:**

This document outlines the concept of **'involved' fathering**, where men participate more directly and equitably in child rearing, rather than from 'arm's-length' or through financial contributions. Research has indicated that involved fathering **has positive benefits for child wellbeing**. Child and **family services** have been identified as having a **role in supporting and promoting father involvement**, by understanding the obstacles that fathers face accessing services, as well as good practice in engagement and service provision.

A number of **sociocultural, service and other factors act as barriers to fathers' access to services** and services that were most successful at engaging with fathers were specifically tailored to men and exclusive to fathers.

Fathers and professionals shared the view that positive father engagement is most likely in situations where the facilitator is male and a father himself, is liked and trusted, and creates dialogue by sharing personal experiences. Conversely, fathers were alienated by experts and a highly structured programme format, and preferred informal, peer discussions and 'hands-on' programme activities.

This document reviewed service **strategies to improve father participation**. These included: introducing **flexible hours** of operation in recognition of employment times, employing **male facilitators**, developing **father-specific services, marketing services to men in male spaces**, using **male-friendly language and advertisements**, creating service **venues where men felt comfortable**.

**6. Parental Support and Responsibility Act 2008 (2008–2016):**

Australia has a **law that can compel parents to engage with parenting supports and education programmes in order to execute their parental responsibilities**. In Part 2 Section 5 of the Act the government acknowledges and supports the primary role of parents in safeguarding and promoting the wellbeing of children and sets out its aim to support and reinforce the role and responsibility of parents to exercise appropriate control over the behaviour of their children. The Act (Part 3) also facilitates information-sharing among and between government and service agencies appointed to work with families under a responsible parenting agreement, while Part 4 states that parents can voluntarily enter into an agreement, or a responsible parenting order (Part 5) can be imposed by the Children’s Court of Western Australia.

Strengths	Weaknesses	Threats	Opportunities
<p>Aspiration to support parents using social inclusion as an overall goal.</p> <p>Focus on strengths-based and partnership working.</p> <p>Cultural and contextual sensitivity (particularly when it comes to indigenous and marginalised populations and areas of disadvantage).</p> <p>Focus on fathers and gender-based needs for engagement.</p> <p>Focus on grandparents and need for more information to support this group of caregivers.</p> <p>Outline of practice considerations for professionals in various contexts with focus on particular area in each publication.</p>	<p>While there is a clear articulation of practice values within these guideline documents, there is no overarching strategy setting out a coherent vision for parenting support across different areas of practice that might support accountability and meaningful change.</p>	<p>Legislation that compels parental responsibility may not engage with the strengths of parents and risks professional blaming or dependency on external supervision.</p>	<p>Development of an overarching national strategy that integrates the strengths of these guideline documents while delineating national goals.</p>

## Parenting support guidelines in New Zealand

While New Zealand has provided a comprehensive map of parental supports, educational programmes and research relating to parenting topics and best practice online, it does not appear to have a consolidated policy on either parenting or family support that articulates a reason for practice and a vision for what this practice can achieve.

Family and parenting support is given some consideration in the Well Child/Tamariki Ora National Schedule (2013). This document is an early years document that promotes positive interactions, health education, developmental awareness, and intervention and support in circumstances of violence or child maltreatment. The document is supported by a directory of relevant literature and several practitioner handbooks covering peri-natal mental health, parenting skills and support, strengthening family relationships, and building social connectedness and social capital.

Parenting support is also alluded to in Supporting Parents, Healthy Children: Supporting parents with mental illness and addiction and their children: A guideline for mental health and addiction services (2015). This document is of interest because of its **strengths- and needs-based focus, which avoids deficit accounts of families and highlights ways in which services that work with these families can promote the best outcomes for children by including families in their intervention and care planning**. The rationale for this document is that children with parents who have mental health and/or addiction issues can do well, because **risks to their future outcomes are malleable**, meaning that measures can be taken to reduce them (1–4).

Mental health and addiction services have a responsibility to identify and address care and protection issues (14). They need to have systems for **identifying service users who are parents and work with them to identify any parenting support they require while facilitating access to parent education and support programmes**. Services should also consider the family of parents in plans for acute mental health episodes that consider children's care and safety, including access and visits during hospitalisation. They should take action to **ensure families and whānau (extended families) participate in all aspects of service delivery** and develop specialist mental health services for high-needs families and whānau with infants while improving **responsiveness to the needs of new mothers** with high-prevalence mental health and/or addiction issues (15). It is important to deliver services in a way that is **culturally safe** and appropriate for all service users and their families and whānau (19). In developing this guideline, the views of parents and young people were gathered on how services can work best for families and whānau (21).

To support this practice three layers of elements were identified: **organisational-level elements** (planning, data collection, and leadership and policy), **service-level elements** (champions, service audits, family-friendly environments, resource mapping, coordination and interagency information-sharing, and care and protection support for children) and **practice-level elements** (pathways for support, family-friendly practice).

Strengths	Weaknesses	Threats	Opportunities
<p>Recognises that the providers of mental health and addiction services can make a difference to children’s lives if they ascertain whether their service users are parents or not, and if so integrate the family into the support processes.</p> <p>Recognises that families with challenges may present on a continuum of strengths and needs, and the strengths of families should always be recognised.</p> <p>Culturally sensitive.</p> <p>Provides a list of organisational and practice factors that will assist services to support service users who are parents and their families.</p>	<p>Relatively underdeveloped policy despite being supported by practitioner guides and a well-developed suite of parenting support services and programmes.</p>	<p>Organisations’ capacity to support family engagement.</p>	<p>An overarching strategy for parenting support may enhance practice by setting out universal principles for practice and a vision for outcomes.</p>

**Parenting support guidelines in Canada**

Canada does not appear to have an overarching family support or parenting support policy although it does have a number of programmes that provide support to families. These include:

- the Aboriginal Head Start Initiative, offering individualised social support for families through home visits
- the Canada Prenatal Nutrition Programme (CPNP, 2004) with a focus on mothers of young children and their capacity to provide a healthy environment for their children
- the Community Action Programme for Children (CAPC), which provides long-term funding for the health and development of ‘at risk’ children through community coalitions (CPNP, 2004; Shulruf, O’Loughlin & Tolley, 2009).

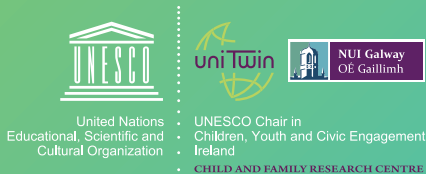
While these targeted services are valuable, it may be beneficial for the national government to develop a parenting support strategy that articulates a vision of a good childhood, and the role of these programmes in addressing this issue.











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