PARENTING SUPPORT
AN INTERNATIONAL OVERVIEW

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EXECUTIVE SUMMARY

In recent years within Europe and beyond, the topic of parenting has come to occupy an increasingly important place upon the family policy agenda, and is most evident in new policies aimed at supporting citizens in their roles as parents.

However, there are significant differences in how parenting support policies have developed in different European countries. One of the reasons for this is that these policies have not emerged in a vacuum but in the context of particular policy traditions, embodying specific ideas about how relations between the state and the family should be constituted, and thus, delineating the field of legitimate public intervention in the family. More importantly, different family policy traditions have led to the creation of different family-oriented service infrastructures, varying in how they are organised, the population they cover, and the degree of co-ordination between them. This in turn has determined the nature of parenting support policies, as these programmes are usually built upon the range of existing services.

This report identifies, analyses and compares a range of parent and family support policies as they have developed in Ireland and in other European countries, provides a review of relevant studies on their effectiveness in promoting the physical, intellectual and social development of children, and examines how measures on parental support taken elsewhere could be integrated into the Irish system of provision.

An examination of parenting support policies in the European countries studied in this report reveals two very different models:

- The **first model** of parenting support policy is represented by Sweden and France. These countries have developed an explicit family policy with specific programmes and policies designed to achieve specified family goals. In both countries, a child-centred approach is an important component of their family policies. As a result of this, there is an extensive network of integrated, universal services for young children with links to more specialised services for children who need extra care and protection. In these countries, the main policy strategy pursued in developing parenting support services, has been to introduce a
new ‘parent-oriented’ approach into the existing range of programmes. This has been done, for example, by way of promoting and supporting parental involvement in early education and care programmes, incorporating parenting skills into existing antenatal and post-natal programmes, and introducing ante-natal programmes especially designed for fathers.

- The **second model** of parenting support policy is represented by Britain and Ireland. These countries have traditionally lacked a set of explicit and/or comprehensive policies regarding families and children, although it is possible to identify a set of uncoordinated family-related policies drawn from a wide range of policy areas. Two dominant features of family policy shared by both countries are a state reluctance towards intervention in the family and a strong anti-poverty approach to their family-related policies. Parent and family support services are patchy, uncoordinated and mainly targeted at the most disadvantaged sectors of the population. In both countries, the voluntary sector has traditionally played a very important role as a provider of services.

In recent years, however, a number of initiatives have been put in place in both countries aimed at integrating and/or coordinating parent and family support services. One such initiative is the introduction of prevention and early intervention strategies integrating health, education and family support together in one programme. These programmes are typically targeted at disadvantaged families. A second type of initiative, particularly in Britain, is the introduction of strategies aimed at coordinating a wide range of parenting support programmes traditionally provided by the voluntary sector. This has been done by way of setting up coordinating bodies with the role of expanding services, building networks and developing national standards.

In order to draw some lessons that are applicable to the Irish context, this study provides a detailed examination of coordinated family and parenting support strategies recently implemented in Britain, Australia, the USA and France, including evaluation studies available to date. These include both integrated prevention and early intervention strategies, and initiatives aimed at coordinating and expanding a wide range of parenting programmes provided by the voluntary sector. The report concludes that, in order to be effective, the programmes provided under these strategies need to be universal or, in the case of prevention
and early intervention, at least contain core programmes that are available to all families irrespective of socio-economic background. Under these strategies, core programmes can be linked to additional programmes providing more specialised services.

The report is divided into four chapters. The first chapter identifies and analyses the various policy approaches taken to supporting parents in their role as carers and educators of children in three very different policy traditions. The second chapter analyses two different models of integrated parenting support policies and provides a detailed description of some programmes. It also reviews a number of evaluation studies on one of these programmes. The third chapter examines the policy context in Ireland, taking into account its tradition of family policy, the nature of existing provision, and recent developments undertaken in the area of parenting support. The final chapter provides a comparative analysis aimed at locating the Irish experience in the wider international context, and examines how measures on parental support taken elsewhere could be integrated into the Irish system of provision.
INTRODUCTION

In recent years within Europe and beyond, the topic of parenting has come to occupy an increasingly important place upon the family policy agenda, and is most evident in new policies aimed at supporting citizens in their roles as parents. This development is being driven by a number of different inter-related factors, the most significant of which include the following:

- **Diversification of family forms.** The increased prevalence of diverse family forms has prompted a re-orientation in family policy, in which a focus upon parental ties has come to displace that of conjugal ties. Declining marriage rates, increased cohabitation, separation and divorce, and significant numbers of single parent families and reconstituted families have meant that a focus upon parenting, specifically the parental role, has come to predominate family policy, since parental ties persist in the absence of conjugal ties. (Letablier and Rieucau 2000).

- **A concern with a shift in parent-child relations and its perceived implications for social cohesion.** This concern is particularly predominant in French policy discourse and in family policy documents from the Council of Europe. Important social and cultural transformations taking place in society and the family have led to a shift in the balance of rights, responsibilities and authority relations between parent and child, leading to new sources of conflict. This is perceived to pose a threat to inter-generational solidarities and to social cohesion in general. Underlying this line of thinking is an idea of the family as the basic cell of society and the centre of social cohesion and solidarity. The development of a policy geared towards supporting parents in their role of carers/educators of children is usually recommended in these contexts.

- **Policy shift towards prevention and early intervention in the fight against social exclusion.** A new orientation of policy towards prevention and early intervention is

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2 Council of Europe (1994) *Handbook concerning recommendation No R(94) 14 on coherent and integrated family policies*.
3 Such transformations include, amongst others, an increased length in the period of a child’s dependency of their parents, democratisation of family life, and individualisation of childhood.
particularly predominant in Anglophone countries.\footnote{The USA, Canada, Australia and Britain have all implemented a prevention and/or early intervention policy strategy. In contrast to these countries, this policy shift is not as visible in continental Europe.} Prevention and early intervention policies are primarily aimed at breaking the cycle of social exclusion by targeting very young disadvantaged children and their families, and include an essential element of parental involvement and support. The two main drivers in the development of these policies are a new focus on the concept of social exclusion rather than poverty\footnote{See, for example (Lister 1998).}, and a growing body of scientific research showing the importance of the early years for the healthy development\footnote{In this context ‘healthy development’ usually refers to the physical, emotional and social development of the child.} of children (McCain and Mustard 1999).

- **Growing emphasis on children’s rights.** The publication in 1989 of the UN Convention on the Rights of the Child marked the arrival of children’s rights as a centre-stage policy issue. The Convention was the first detailed international instrument to set out the rights of all children worldwide. It confirmed parents’ prime responsibility for children’s upbringing, development and welfare, with an emphasis on the child’s right to a family life, and stressed the state’s obligation to support parents in their role of carers and educators of children. The Convention played a crucial role in the development of policies benefiting children (such as parenting support) as it provided a framework for their implementation. (Mortley 1998:16; Newell 1996).

The present report identifies, analyses and compares a range of parental support policies as they have developed in a number of different countries, and provides a review of relevant studies on their effectiveness in promoting the physical, intellectual and social development of children.

Taken in its broadest sense, there is a wide variety of policy programmes/schemes that can be included under the category of ‘parental support policies’. Examples include family cash benefit programmes, maternity and parental leave schemes, public health-care services, childcare and early education programmes, which can all be seen as providing an invaluable source of support to parents. This report, however, focuses primarily on service-oriented policies, aimed at assisting parents in their role as carers and educators of children. The research is essentially policy-focused and so programmes delivered by the non-statutory
sector will be considered only if they constitute an essential part of a wider parental support policy agenda. One such example would be national policies delivered through public/private partnerships.

This report is divided into four chapters. The **first chapter** identifies and analyses the various policy approaches taken to supporting parents in their role as carers and educators of children in three very different policy traditions. The **second chapter** analyses two different models of integrated parenting support policies and provides a detailed description of some programmes. It also reviews a number of evaluation studies on one of these programmes. The **third chapter** examines the policy context in Ireland, taking into account its tradition of family policy, the nature of existing provision, and recent developments undertaken in the area of parenting support. The **final chapter** provides a comparative analysis aimed at locating the Irish experience in the wider international context, and examines how measures on parental support taken elsewhere could be integrated into the Irish system of provision.
1. PARENTING SUPPORT IN THREE FAMILY POLICY TRADITIONS

The development of policies aimed at supporting parents in their role as carers/educators of children is a relatively recent phenomenon driven by a mixture of social, economic and political factors, many of them inter-related. To name but a few, these are transformations in family behaviour, an increased policy orientation towards children, and the fight against social exclusion becoming a priority in the social policy agenda. Also worth noting is the emergence of new communitarian thinking stressing the values of community and the family as well as the notions of social cohesion and solidarity, and the rise of a ‘third way’ in politics which, in the context of family policy, links children’s rights with parental responsibilities, seeing the state as a ‘facilitator’ rather than a direct ‘provider’ of services.  

However, there are significant differences in how parenting support policies have developed in different European countries. One of the reasons for this is that these policies have not emerged in a vacuum but in the context of particular policy traditions, embodying specific ideas about how relations between the state and the family should be constituted, and thus, delineating the field of legitimate public intervention in the family. More importantly, different family policy traditions have led to the creation of different family-oriented service infrastructures, varying in how they are organised, the population they cover, and the degree of co-ordination between them. This in turn has determined the nature of parenting support policies, as these programmes are usually built upon the range of existing services. For example, in Scandinavian countries there are no specific parenting support services as these are known in other countries such as Britain; yet there are extensive childcare and early education programmes, together with a policy of strong parental involvement in them (Kamerman 1994: 26).

The main task of this section is to compare how parenting support policies have evolved in the context of three quite distinct family policy traditions, namely that of France, Britain and Sweden. The term ‘family policy’ is here understood in the broad sense in order to include all those services for families which may play an important role in parenting support, such as

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7 For example, in the introduction to the consultation document Supporting Families (Home Office 1998: 4) it is stated that “[T]he government should offer support to all parents so that they can better support children, rather than trying to substitute for parents. There needs to be a clear understanding of the rights and responsibilities which fall to families and to government”.
mother and child health care, childcare and early education. The choice of countries is not arbitrary, as each represents one of the three welfare state regimes according to Esping-Andersen’s (1990) welfare state typology. Thus, the ‘social democratic’ social policy regime is represented by Sweden, the ‘conservative’ regime by France, and the ‘liberal’ by Britain.

1.1 Three Family Policy Traditions: An Overview

Family policy in Britain has been categorised as an example of an ‘implicit’ family policy (Kamerman and Kahn 1978). This means that there has not been a set of explicit and/or comprehensive policies regarding families and children, or a set of institutions with responsibilities for family affairs. However, social policy in Britain has a family-related component insofar as: i) it is based on certain assumptions about the family (with respect to, inter alia, desired family form, division of labour among its members, responsibilities of parents towards their children and vice-versa), and ii) it has certainly exerted an influence on families and family life. In any case, those assumptions have never been made explicit in legislation and responsibility for family-related policies is spread across different departments (i.e., Department of Social Security, Department of Health, Department of Education, local authorities’ social services departments, and Local Education Authorities), typically working in an uncoordinated manner.

Britain has traditionally adopted a ‘non-interventionist’ stance with respect to the family except in cases of ‘need’ due to poverty, abuse or neglect. When the state has intervened in families and family life, the main (explicit) goal has been that of tackling child poverty. The principal mechanism used to pursue this goal has been to provide financial support through means-tested social assistance benefit programmes. The only universal cash benefit for families, the Child Benefit, has been the target of numerous criticisms and has been frozen in value a number of times, although its universality has been preserved.

This reluctance on the part of the state to intervene in the family is based on the principle that the boundary between public and private responsibilities should be sharply drawn. What this
means is, for example, that the question of whether mothers participate in the labour market or not is regarded as a private decision that is appropriate for families to make. In consequence, maternity and parental leave provisions in Britain are amongst the least generous in Europe, and public provision of childcare services, mainly designed to serve children ‘at risk’, is low and unevenly distributed across the country. This means that employers, voluntary organisations, and the private sector have filled the gaps in service provision left by the state. As a result, services for families and children are fragmented, unevenly distributed and of mixed quality, while important gaps in provision remain.

During the 1970s and 1980s, there was marked a shift in the balance between government and family responsibility towards a stronger emphasis on the responsibility of the family in society and of family members for each other. As a result of this, Britain’s non-interventionist stance was further reinforced during this period. As we will see, this is a significant shift as it provided an ideological basis for the development of parenting support services (Ringen 1997: 97).

However, of the three countries under study Britain is the one to have undertaken more substantial changes in their family policy in recent years. Since New Labour came to government, there have been substantial efforts to give a new direction to family policy, such as:

- For the first time, an explicit policy on the family has been formulated, with the publication in 1998 of a discussion document, *Supporting Families*. This is the first consultation paper on the family ever to be published by a British government.

- There have been efforts to co-ordinate family-related policies by way of setting up new co-ordinating bodies like the *Ministerial Group on the Family* and the *Family Policy Unit* involving several government departments in order to assess family-related issues holistically.

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10 This does not mean that the state has given mothers any genuine choice between staying at home in order to care for their children, or participating in the paid labour force.

11 The significance of these changes, and to what extent they constitute an important break with the tradition is still a subject of debate (Millar 2001)
• There have also been efforts to integrate and expand existing services by way of introducing national policy strategies to be implemented in partnership with both the private and the voluntary sectors (e.g., National Childcare Strategy, Sure Start).

• With respect to resources, there have been some significant budget increases in a number of family-related policy areas, such as the tax-benefit system, education, and specific national strategies such as Sure Start.

In stark contrast to the British tradition, family policy in Sweden has traditionally pursued a set of explicit and coherent objectives, especially since the early 1970s — a period when a shift to a new ‘family policy paradigm’ took place. This new paradigm has been characterised by two chief objectives: i) to promote gender equity, and ii) to facilitate the reconciliation of work and family life. In line with these objectives, the two principal elements of Swedish family policy are an extensive network of publicly funded childcare services, and an extended paid parental leave, internationally considered as exemplary.

The philosophy behind this policy is that the best way to support families is “to make it possible for both parents to work and thus enable them to ensure an adequate standard of living for their families” (Council of Europe 1999). Thus, Swedish family policy not only ‘facilitates’ but strongly encourages mothers to remain in work, since entitlement to benefits such as childcare and parental leave scheme are conditional upon labour market participation.

Despite being usually characterised as an ‘explicit’ family policy (Kamerman and Kahn 1978), the target of Swedish family policies is not the family unit but the individual members within it (i.e., children, mothers and fathers). This may be one of the reasons why the country lacks a ministry or department with responsibility for family affairs. Rather, these responsibilities are spread across different departments and government agencies (both at central and at local levels). However, unlike the case of Britain, there does not seem to be a problem of policy co-ordination, probably due to the fact that the goals of policies are clearly stated. Apart from this, services for families such as childcare and early education are uniformly spread across the country and well integrated. Although governmental responsibility for early education and care rests with the municipalities, quality standards concerning group size, staff-child ratios and caregiver qualifications as well as parental fees,
are regulated by the Ministry of Education and rigorously reinforced. The private sector (both not-for profit and for-profit) plays a very minor role as a provider.

In recent years, the ratification of the *UN Convention on the Rights of the Child* has had a significant impact on Swedish policy. Since being ratified, a number of measures have been put in place with the aim of implementing a **child perspective** in all the relevant decision-making bodies (both at a central and local level) as well as in the terms of reference for the various commissions of inquiry whose proposals may affect young people. In 1993, the Office of the Children’s Ombudsman was established as a public authority with the task of ensuring that the Convention was implemented at all levels of society, paying particular attention to the compatibility of statutory and other provisions and their implementation with Sweden’s commitments under the Convention. In 1998 the government presented a bill to parliament setting forth a strategy for the continuing implementation of the Convention. One of the objectives of this strategy was to understand the effects of various decisions from the point of view of children (Council of Europe 1999).

Although the boundaries between the state and the family are drawn differently in Sweden than in Britain, it is clearly stated (in compliance with one of the articles of the UN Convention) that the objective of family policy must be to help parents in their parental role, but not for society to assume the role of parenting. Moreover, the way people bring up their children is largely regarded as a private matter in Sweden. As a result, there is a lack of public discussion on questions about the best way to bring up children and thus how to best support parents in their parental roles (Council of Europe 1999).

While a **child** dimension runs across different governmental decision-making bodies in contemporary Sweden, in **France** the adoption of a global **family** dimension is one of the fundamental principles to which successive governments have subscribed over the last few years (Council of Europe 1999). As part of the state’s commitment to increase the family-related dimension of policies, a new co-ordinating body – the Interministerial Delegation for the Family, headed by a junior minister – was established in 1998. Its main tasks are: i) to co-ordinate family-related policies from different relevant departments, ii) to collaborate in the drafting of any piece of legislation relative to the family, iii) to prepare reports for the annual

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12 The family dimension must be integrated in i) the responsibilities of the main ministries, ii) in the objectives that the state wishes to promote, iii) in programmes involving different sectors (Council of Europe 1999)
National Family Conference, and (iv) to organise relevant research on the family (www.social.gouv.fr/famille-enfance/delegation/index.htm).

Contrary to the cases of liberal regimes such as Britain, the family in France has traditionally been considered as a legitimate object of public intervention, especially when there are children involved. This is reflected in an extended universal system of public services for very young children, in particular the pre-school system (école maternelle, covering nearly 100% of 3-6 year olds and almost half of 2 year olds) and the maternal and child health system (protection maternelle et infantile, a nation-wide network of local health agencies offering a variety of services to mothers and children). Also characteristic of the French child-oriented policy is a system of mother and child health surveillance, consisting of a number of compulsory medical examinations upon which entitlement to a number of family cash benefits is made conditional. All these interventions are directed to the health, well being, education and socialisation of the child (www.childpolicyint.org)

French family policy has been characterised by openly favouring an explicit policy involving specific institutions (Questioux and Fournier 1978: 128). At the base of this policy lies the legitimating principle – often invoked in family policy discourse – according to which the family is the basic cell of society and the centre of social cohesion and solidarity.

Traditionally, the principal aims of French family policy have been to encourage a higher birth rate (pro-natalism) and to redistribute wealth from celibates to families (horizontal redistribution). The two main policy instruments used to achieve those aims, both introduced around the time of the establishment of the system of social security in 1945 and largely favouring large families, are the main family cash allowances (Allocations Familiales) and the system of family tax allowances (Quotient Familial).

However, although these two allowances are still in place, since the 1970s French family policy has become much more diversified. The period between 1970-1990 is marked by the introduction of new programmes pursuing different objectives, especially: i) means-tested

13 These institutions give French family policy its specificity, its credibility, and its effectiveness (Lenoir 1991). They are the National Union of Family Associations (UNAF), the National Family Allowances Funds (CNAF) and the Ministry of Labour and Social Affairs.
14 See, for example, Gillot’s report to Prime Minister Lionel Jospin (1998): “Il est indispensable que les pouvoirs publics affirment leur attention à la famille qui, au-delà de ses évolutions (…) reste la cellule de base de l’éducation et de la cohésion sociale”.

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programmes aimed at combating family poverty and social exclusion, and ii) programmes aimed at giving parents a genuine choice about whether to work outside the home or remain at home to rear their children (e.g., introduction of child-rearing benefit during parental leave period). This new emphasis of family policy towards vertical, rather than horizontal, equity has led some observers to characterise the period as one in which family policy became ‘diluted’ into social policy (Council of Europe 1999). In any case, neither the strong family dimension of French policy nor its universalist orientation was ever entirely lost. The reason for this is that, despite the changes, both its institutional architecture and its traditional programmes remained more or less intact. However, as new programmes proliferated operating alongside old ones, family policy lost coherence, different programmes pursuing different (sometimes incompatible) objectives. Another consequence of those changes is that family policy became increasingly fragmented, as responsibility for different aspects of policy was undertaken by different government agencies, often working in an uncoordinated manner (Martin 1999: 30).

As indicated above, there have been recent efforts to integrate family policy by way of setting up a new co-ordinating governmental body. Although the objectives of policy remain diversified, the junior minister for the family has recently set forward seven priorities for a global family policy. These are:

- to reinforce joint parental responsibility;
- to reconcile work and family life;
- to improve family/school relations;
- to fight against poverty in families of different origins;
- to improve and simplify family cash benefits;
- to support young adults;
- to promote good intra-familial relations.

Parenting support services are regarded as an essential component of many aspects of this policy, especially in relation to reinforcing joint parenting, improving family-school relations, supporting young adults, and promoting good intra-familial relations. In order to support parents in their educational and caring roles, the Prime Minister announced in 1998 the creation of a *Network of Parental Support, Counselling and Advice*. This is a cross-
departmental government strategy involving different departments, both statutory and non-
statutory. Its main objectives are: i) to support the development of parenting support services,
ii) to encourage all those involved in parenting support to form networks and, iii) to generate
new initiatives, covering gaps in existing services (Council of Europe 1999)

1.2 Parenting Support in Britain, Sweden and France

Britain, Sweden and France have pursued different approaches to supporting parents in their
roles of carer and educator of children. These vary according to the array of family-oriented
services already in operation in each country and the general thrust of their family policies. In
general we can distinguish three different approaches:

- All countries under study are introducing, to a greater or lesser extent, a family-support
dimension to existing universal services for families such as ante-natal and post-natal
health services (e.g., post-natal home visiting scheme);

- Of the three countries under study, only France has introduced a policy strategy
specifically aimed at the development of parenting support (Network of Parental Support,
Counselling and Advice);

- Some countries such as Britain are introducing early intervention programmes which,
although not primarily aimed at supporting parents, contain an important component of
parenting support and involvement as a means to achieve its goals (e.g., Sure Start).

Figure 1 below provides a summary of parenting support initiatives being adopted in Britain,
Sweden and France.
**Figure 1 Parenting Support in Britain, Sweden and France**

| BRITAIN | Patchy, non-integrated parenting support programmes provided by different agencies both statutory and non-statutory (the voluntary sector playing an important role) and serving different population groups. Recent government efforts to integrate programmes as part of an early intervention strategy aimed at combating social exclusion (*Sure Start*). Also, recent efforts to network non-statutory service providers by way of a newly set up national independent body (*National Family and Parenting Institute*). Universal antenatal and post-natal health services becoming more oriented towards prevention and family support. |
| SWEDEN | Lack of specific parenting support programmes. Parent education and support mainly provided through the universal maternity and child health care systems. Strong parental involvement in early childcare and education programmes. Weak role for voluntary organisations in the provision of parenting support services. |
| FRANCE | Strong emphasis on parenting in recent family policy discourse. Patchy, non-integrated parenting support programmes. Important role of the voluntary sector as a service provider although universal public services (mother and child health care and early childcare and education) becoming more oriented towards family support. Recent government efforts to network services (provided both by statutory and non-statutory agencies) and to fill gaps in service provision by way of a newly implemented national parenting strategy (*Networks of Parenting Support, Counselling and Advice*). Strong emphasis on universal service provision as an ultimate goal. |

1.2.1 Parenting support in Britain

Beginning again with Britain, parenting support within the social policy context has never been specific in legislation and there has not been an integrated policy (Mortley 1998: 18). However, in the 1998 consultation paper on family policy *Supporting Families*, there is a whole chapter dedicated to policy proposals to improve services and support for parents (see below).

As indicated above, services for families in Britain are scarce and fragmented, showing important gaps in provision. As a result the voluntary sector has played an important role as a
provider. Provision for parenting support shares those characteristics: service providers have not only been varied (schools, health services, local authorities, voluntary associations) but they have evolved independently (Mortley 1998: 18). Also, given the anti-poverty tradition of British family policy, many of these services have been targeted towards disadvantaged children (e.g., family centres). However, one notable exception to this pattern is Britain’s post-natal home-visiting services, a universal service to all parents delivered by the National Health Service.

The principal vehicles of parenting support in Britain are the post-natal home-visiting scheme, local authorities’ social services for children at risk of abuse and neglect, and programmes provided by voluntary organisations. What follows is a brief description of these services, as well as a review of recent policy developments.

A) Health Visitors: Health visitors have traditionally played a key role in parental education and support. All families receive at least one visit from a health visitor within 10-14 days of the birth of a child. After that, health visitors may have regular contact with the family until the child starts school. These later contacts take place on a voluntary basis, though, except in cases of families with particular needs, as child medical assessments can also be carried out by other medical professionals such as General Practitioners. The role of health visitors is in health promotion, screening and advice. They advise parents on matters such as breastfeeding, immunisation, child development, diet, and general childcare. Although the main focus of the service is on health education, there is an increasing focus on parenting skills (NHS Direct, www.nhsatoz.org).

B) Family Centres: Another important source of parenting education and support are the services provided by the family centres. These centres, generally located in communities with high rates of poverty, were mainly developed during the 1980s. They are operated either by local authorities or contracted out for operation by voluntary organisations. Most family centres represent their mission as strengthening family functioning through the provision of supportive services designed to help and enhance parenting skills. They usually provide services for families with children under 5 years old, which are considered
These services include home visiting, outreach services, drop-in childcare services, information, advice and counselling services and parenting education. Staffing patterns vary – while some centres are highly professionalised, in others staff is mainly composed of volunteers and parents (Kamerman and Kahn 1994: 65). The 1989 Children Act provided a new concept of family support by giving legislative expression to the idea that children are best brought up by their own families (Colton and Williams 1997: 142). This Act mandated family centres as one type of service for children ‘in need’ and their parents. The Act defines family centres as “places where a child, his parents and anyone who has parental responsibility for or is looking after him may go for occupational, social, cultural or recreational activities or advice, guidance, or counselling or the person may be accommodated whilst he is receiving advice, guidance and counselling” (Children Act (2) 1989: 18-19). However, the legislation does not specify what these centres should provide, how they should be staffed, or which children and families should be their clients. Nor does it provide funds for establishing these programmes (Kamerman and Kahn 1994: 64).

C) **Voluntary Sector:** In the 1980s voluntary organisations began to play an important role in the development and promotion of parenting support and education, especially through parenting groups (e.g., Parent Network, Exploring Parenthood and Family Caring Trust). All these programmes shared the belief that by raising parents’ confidence, skills and self-esteem, parenting, and hence child-development, could be improved and that the group environment could achieve this (Mortley 1998: 17).

D) **Recent Developments:** As indicated above, the New Labour government was the first government ever to have published a consultation paper on family policy. This document contains a whole chapter on policy proposals to improve parenting support services. The main initiatives contained in that chapter are the following:

* **Enhanced role for health visitors:** It is proposed to extend the focus of health visitors’ work beyond ‘health’ in a narrow sense to supporting families more

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15 However, some Family Centres accept all families living in the community, while others may take any child or parent who wants to participate (Kamerman and Kahn 1994: 65)

16 Under the Act, children are deemed to be ‘in need’ if they require local authority services to achieve or maintain a reasonable standard of health or development, or to prevent significant or further impairment of their health and development, or if they are disabled (Colton and Williams 1997: 142)
generally. It is also proposed to extend the number of visits to first time parents so that all of them receive a weekly visit until the baby is 6 weeks old. The 1999 consultation document *Making a Difference* (Department of Health 1999) sets out the Government’s intentions for health visitors for the next few years, assigning them a more family-centred role. Health visitors are expected to work in partnership with families, run parenting groups, improve support, advice and information to parents especially to vulnerable children and their families, and to work with local communities supporting initiatives such as Sure Start.

* Establishment of a National Family and Parenting Institute:* The Institute, established by the government in 1999 as an independent charity, is a centre of expertise on parenting and the family. It has a particular role in encouraging the development of programmes within the voluntary sector, auditing existing services so that gaps can be filled, helping to form networks amongst different organisations, and disseminating good practice. Amongst its principal tasks are: i) to advise government and policy makers on parenting issues; ii) to audit parenting support services available nation-wide; iii) to link together organisations working in the field; iii) to raise public awareness, setting up education campaigns; iv) to provide information materials for parents and those who work with them (www.nfpi.org).

* A National Help-Line for Parents:* This national help-line is expected to work closely with the National Family and Parenting Institute, providing the Institute with a better picture of parents’ needs.

* Sure Start:* This is a cross-departmental strategy primarily aimed at tackling inequality and social exclusion and promoting opportunity (www.surestart.gov.uk). This is achieved by providing better co-ordinated services (health, education and family support) at a local level, for all children under 4 years old and their families living in disadvantaged communities. *Sure Start* programmes involve local authorities, voluntary groups and parents working together in partnership. (The *Sure Start* strategy will be discussed in more detail in section 2.1.)
1.2.2 Parenting support in Sweden

In Sweden, parenting support does not constitute an independent area of policy as it is, for example, in France and more recently Britain. Some analysts see this as the result of the country’s extensive care and education programmes for young children and the high degree of parental involvement in these programmes (Kamerman and Kahn 1994). The main vehicles of parenting support in Sweden are the early education and childcare programmes and the mother and child health systems. However, a distinctive characteristic of parenting support programmes in Sweden is their strong focus on fathers. The following is a brief description of each of these programmes as well as recent developments.

A) **Support through Early Education and Childcare:** Sweden is one of the countries with the highest provision of public childcare for children between 1 and 5 years of age (after Denmark). In 1998, 73% of children aged between 1 and 5 were in some form of municipal childcare, and, of the remainder of non-attending children, 11% did so because their parents were on parental leave (Swedish Institute 1999). Municipal day-care centres are open all day all year round. Apart from regular contacts between parents and educators, more formal parental involvement is highly encouraged. Thus, extensive development work is now in progress with a view to improving parent participation and influence in these centres, including pilot projects involving school boards where parents are in a majority (Council of Europe 1999)

B) **Support through the Mother and Child Health System:** The principal vehicles of parenting education and support in Sweden are the maternity and child health clinics. This clinics, run by county councils, provide universal services free of charge to women during pregnancy (maternity clinics) and children from the day they are born until they start school17 (child health clinics). Although the clinics’ main purpose is to monitor mother and child health, they have increasingly assumed the role of supporting parents (Council of Europe 1999). The main objectives of the child health clinics are: i) to reduce mortality, morbidity and functional impairment in the child population; ii) to reduce harmful stresses on parents and children; and iii) to support and activate parents in their parenthood by creating favourable conditions for children’s all-round development. Besides the provision of information and advice on a number of issues such as child development, nutrition,

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17 Almost all prospective mothers and their children attend the clinics, which shows that they enjoy the broad support of the public.
breastfeeding and sleep, there is extra support available for parents with special needs. Moreover, the clinics run parental education courses that are available to all first-time parents (United Nations 1998). Apart from this, the clinics often serve as a base for parent support groups, providing a forum for discussion between parents and a basis for networking.

C) Recent Developments - Supporting Fathers: With respect to parenting support, Sweden is a country characterised by a number of government initiatives aimed at educating and supporting fathers in their caring roles. Many of these programmes are aimed at encouraging fathers to take parental leave. In 1994-1996 ‘Special Fathers’ Training Projects’ were tested at maternity clinics in five county council areas. These projects are carried out within the framework of existing parental education programmes for both mothers and fathers. Fathers and fathers-to-be meet in groups led by men, to discuss men’s needs and interests in connection with fatherhood. They are given information on issues related to childbirth, their rights to parental leave, how their role might change in the family, and possible conflict situations that may arise and affect the family after childbirth. Follow-up evaluations indicate that these programmes have been well received and that participating fathers have taken longer periods of parental leave than those not participating. The long-term aim is that fathers’ programmes become a regular complement to existing parental education programmes (Ministry of Industry, Employment and Communications 1999).

1.2.3 Parenting support in France
Like Sweden, public provision of services for children in France is well developed and universalist in orientation, and like Sweden and Britain, these services are extending their role to emphasise parental involvement, education and support. However, one distinctive characteristic of French child policy is the degree of control that several state agencies exercise in matters of health, development, and socialisation of young children.

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18 Parental leave in Sweden is provided for a total of 450 days, which can be taken at any time until the child is eight years of age. The mother can make use of 60 of these days before childbirth, while the rest can be shared between parents at their discretion, except for 60 days, which are reserved for the mother and/or the father (30 days each). That is, during these days, the right to parental leave is individual and non-transferable. In 1999, 36% of leave-takers were men.
The main vehicles of parenting support in France are the mother and child protection scheme, the pre-school system, and voluntary associations. In what follows I review each of them as well as recent policy developments.

A) Support through the Mother and Child Health System: The French mother and child protection scheme (*Protection Maternelle et Infantile*), founded after the Second World War and viewed by many as marking a transition of French child and family policy from charity to universal protection, involves a network of decentralised public health agencies under local control (www.childpolicyintl.org). Services are free of charge and include: family planning and counselling services, regular prenatal and postnatal examinations, home visiting services for pregnant women and children under six whose condition requires special attention, preventive health examinations and vaccinations for children from birth through the age of six, including examinations in day nurseries, nursery schools, and in the homes of qualified childminders (United Nations 1993). The 1998 Act on Combating Social Exclusion extends the role of the mother and child protection scheme to include psychological and social care for pregnant women and young mothers, particularly the most destitute (Council of Europe 1999). An important part of the activity of mother and child protection clinics has to do with mandatory health examinations at specified times following childbirth. These examinations are essential, since they are preconditions for receiving various family cash allowances (i.e., maternity leave benefits, birth grants, and family allowances). In addition to the compulsory check-ups and inoculations, there is a heavy emphasis on education and advice on nutrition, sleeping, developmental issues and family planning (Kamerman and Kahn 1994: 40-43).

B) Support through the Early Education System: Besides health, the education, development and socialisation of young children also constitutes an important area of state intervention. The French pre-school system (*école maternelle*) is often considered as an international exemplar of early education programmes (www.childpolicyintl.org). It is publicly funded, available to all children regardless of parents’ income or employment status, and free of charge. Although compulsory schooling does not begin until the age of 6, all children aged between 3 and 5, and nearly 40% of children aged 2 participate in this programme. In 19 Since the time they are born until they reach 6, children have to pass 20 compulsory examinations, 9 of which take place in the first year of their life. Apart from this, all pregnant women have to pass a total of 7 compulsory examinations at particular times. All these examinations are free of charge. Failure to attend results in the suspension of receipt of a number of pregnancy and child related cash benefits.
France, the école maternelle is highly regarded and considered to play a key role in children’s future academic success and social integration. Although initially established as an educational programme, stress is being increasingly placed on socialisation, enhancing child development as well as cognitive stimulation and preparation for primary school. There is a general trend in France towards earlier schooling and more parental involvement in the education of the child. In 1998, the Prime Minister announced that the development of early schooling from the age of 2 would be one of the main focuses of a plan to re-launch the system of ‘priority education zones’ (‘priority education zones’ are deprived areas that receive extra-educational funds). He also announced that ‘bridge-building exercises’ for 2 and 3 year olds and their parents are to be developed, enabling parents to change their views about nursery schools and giving children from disadvantaged backgrounds greater access to these schools (Council of Europe 1999). More generally, one of the policy priorities set out by the junior minister on the family is to improve family/school relations. In connection to this, both she and the minister of education announced in 2001 that the Networks of Parental Support would give preferential treatment to local projects aimed at strengthening parental involvement in the education of children.

C) **Specific Programmes:** In response to a growing interest in providing better opportunities for child development generally, and also in strengthening parent-child relations, different types of parenting support services are being developed, aimed at meeting the needs of a wide variety of children and their families (e.g., lone parents, immigrant families, stay-at-home mothers and their children, parents of young adults, etc.). Some of these services are emerging from the public system (e.g., crèche, mother and child protection, education, and the social services) while others are emerging from the voluntary sector, in particular, from the different family associations. All these services are viewed as supplementing the existing provision of services for children (Kamerman and Kahn 1994).

D) **Recent Developments:** Although services for pre-school children and their families are well-integrated in France, the recent proliferation of parenting support initiatives for older

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20 Family associations are very strong in France. They operate under the umbrella of two main national family unions (National Union of Family Associations, National Federation of Family Associations) which give them official representative powers and therefore entitlement to make representations to public authorities. Together with their representative role, family unions have set up a wide variety of services for families providing information, advise, counselling and support (Questiaux and Fournier 1978: 133-134)
children has not been carried out in a co-ordinated manner. As a result of this, services are not spread uniformly across the country and there is a lack of national standards. In order to deal with this problem, a new policy initiative was announced in 1998 and implemented in 1999. The *Networks of Parental Support, Counselling and Advice* is a cross-departmental strategy primarily involving all the relevant institutions of family policy both at central and local levels (cf., footnote 16). This initiative is primarily aimed at helping to support the diverse projects being set up at a local level, and to encourage those already involved to form networks and to generate new projects. [Details of this initiative will be spelled out in section 2.2 of this report.]

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21The main participating institutions are the following: At central level, the Interministerial Delegation on the Family, the social security family fund (CNAF) and the National Family Unions, and at a local level: regional and local governments, local statutory agencies (e.g., *Protection Maternelle et Infantile*) and family associations.
2. INTEGRATED POLICIES

This chapter analyses two different models of integrated policies of family support. The first section examines co-ordinated early intervention strategies recently implemented in the USA, Britain and New South Wales, Australia, while the second section examines a model of co-ordinated parenting support policy, namely the Network of Parental Support, Counselling and Advice recently introduced in France.

2.1 Co-ordinated Early Intervention Strategies in Britain, USA and Australia

The principal aim of co-ordinated early intervention strategies is to meet the cognitive, physical and emotional developmental needs of children by way of linking health, education and family support services together in one programme. This policy approach is particularly favoured in Anglophone countries such as the USA, Canada (excluding Quebec), Australia, New Zealand and Britain and is usually targeted at disadvantaged children and their families. Although all these countries have implemented early intervention policy strategies, either at a national or regional level, this section will concentrate on three of these initiatives operating in the USA (Early Head Start), Britain (Sure Start) and New South Wales, Australia (Families First).

This section is divided into four sub-sections. After a brief introduction regarding the social and policy contexts in which these initiatives are being introduced (first sub-section), the second sub-section describes and compares each of the three initiatives, highlighting their similarities and differences. The third sub-section briefly reports on key findings from evaluation studies carried out on one of the initiatives earlier described. Finally, the fourth sub-section reviews a number of criticisms of these initiatives coming both from supporters and critics of parenting support policies.

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22 Quebec decided not to participate in the development of the main early intervention strategy being implemented in Canada, the National Children’s Agenda. This is the only province in Canada where childcare is defined as a universal service, and the only province to have developed curricula for all age levels from infants to four-year-olds. The emphasis of its policies aimed at meeting the developmental needs of children is on universal rather than targeted services (Beauvais and Jenson 2001: 33)

23 The main initiatives operating in these countries are: Early Head Start (USA), National Children’s Agenda (Canada); Strengthening Families (New Zealand); Families First (New South Wales, Australia) and Sure Start (Britain)
Co-ordinated early intervention policies are typically targeted at disadvantaged children and their families. This approach is usually favoured in countries where there is a lack of a universal and comprehensive policy aimed at meeting the developmental needs of all children, as obtains in Sweden and, to a lesser extent, France. Thus, in order to understand the prevalence of these types of policies in the countries mentioned above it is important to see them in their social and policy contexts. According to Kamerman and Kahn (1997), the social policy traditions in these countries show a remarkable degree of similarity, especially in relation to certain historical and philosophical themes. These are:

- An emphasis on *laissez-faire* economic and social policy as the dominant ideology, limiting the role of the state in providing social protection;

- A dominant Protestant ethic with a resulting stress on individualism, self-reliance, the work ethic, voluntarism and a strong private sector;

- A shared history of poor law as the point of departure for social policy and a concern with poverty as a reference point in family policy;

- A heavy reliance on means-tested benefits, with a particular stress on social assistance as a major policy instrument directed towards the very poor;

- A strong commitment to the primacy of the family in childcare and child-rearing and the importance of family privacy;

- A highly categorical and fragmented system of social protection;

- An emphasis on personal social services targeted on the poor, handicapped and severely deprived, reflecting a focus on personal and behavioural aspects of social problems where others may turn to inadequacies in social policies, social institutions, or the economy;

- Low social spending at or below the OECD average (Kamerman and Kahn 1997: 10).

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24 *cf.*, part one of this report.
As we will see, many of these themes are to varying extents implicit in the early intervention policies described below. Thus for example, apart from the general focus on poor children, the support and promotion of parental self-reliance constitutes one of the core objectives of some of these policies. Also, the argument that some of these policies deny the social dimension of the problems they are supposed to be tackling constitutes the basis of one strand of the criticisms that are reviewed below.

Apart from these similarities in their social policy traditions, these countries also share:

- Very high levels of child poverty, when compared to other OECD countries (Appendix 1);
- A high percentage of children living in lone parent households;
- A high percentage of indigenous, aboriginal, and/or immigrant population.

Again, it is important to take these factors into account since many early intervention initiatives are particularly (though not solely) targeted towards those population groups.

2.1.2 Three strategies: Similarities and differences

Early intervention strategies share very similar objectives, rationales, principles and modes of operation. However, there are significant differences with respect to the intensity of their programmes, the population targeted, and the mode of targeting.

A) Similarities

As indicated above, early intervention strategies are primarily aimed at supporting the healthy development of disadvantaged children. This aim is achieved by way of a holistic approach, which brings health, education and parenting support services together in a co-ordinated way. These are government-funded, cross-departmental initiatives, yet programmes are both designed and delivered at a local level through a network of local statutory agencies and community-based voluntary organisations working in the fields of health, early education and family/parenting support. Thus, in each local area, different programmes are set up according to the range of existing services and the particular needs of the community, though programmes must include a number of core services laid down by policy.
Co-ordinated early intervention strategies adopt a partnership approach. Besides national/local partnerships, and local partnerships between statutory and non-statutory agencies, early intervention programmes typically comprise partnerships between the local agencies involved and parents. Thus, parents’ participation both in the design of the programmes and in their delivery is usually encouraged (e.g., through staff volunteering). Governmental responsibilities at a central level typically include: financial and technical assistance, policy design and development (i.e., objectives, targets, principles and standards) and evaluation guidelines.

Co-ordinated early intervention initiatives also share a common evidence-based rationale, namely: i) a good deal of research showing that the early years of a child are crucial for his/her future healthy development, ii) research on the key determinants of healthy child development, including parental influences (Belsky 1997), iii) research on the determinants of parenting and, iv) evaluation studies providing evidence that early intervention programmes, or their key components, are likely to be beneficial (Barlow 1999; Roberts 2000). In line with evidence showing the importance of the early years and the role of parental influences in children’s development, programmes under these initiatives typically serve pregnant women and very young children and their families. A key principle of all programmes is a strong parental involvement in all of their core activities. Thus, staff workers are supposed to collaborate with parents in a non-judgmental way, regarding parents as experts, and building on existing parenting skills (www.bmcc.org).

Finally, another common characteristic of co-ordinated early intervention strategies is the range of services usually included in the programmes. These comprise: i) prenatal and postnatal health services, ii) home-visiting, iii) parenting support, including information and advice on child development, parenting skills courses and counselling, and iv) childcare and early education services. However, as we will see, there is wide variation with respect to the number of core services that are required to be included in all programmes.

B) Differences

Early Head Start (USA), Sure Start (Britain), and Families First (New South Wales) provide good examples of different ways of implementing a very similar policy aimed at achieving similar goals. Figure 2 on pages 30-31 summarises the most important features of each programme.
One difference concerns the population coverage of the programmes. To begin with, looking at the numbers regarding the population served by Early Head Start programmes, one is struck by its relatively low coverage when compared to that of programmes set up under the other two initiatives. Thus, while Early Head Start programmes have been set up in all 50 states of the USA and Puerto Rico, in 1998 these programmes only served 39,000 children and their families. In stark contrast, it is estimated that by 2002 there will be 250 Sure Start programmes serving 150,000 children and their families, and this in an area with less than one-fifth the population of the USA. Finally, it is estimated that when the expansion of Families First is completed by 2002, it will serve all new parents across the whole province of New South Wales.

Another difference concerns the selection of the population covered by the programmes; in other words, the mode of targeting. Thus, in the USA eligibility to participate in an Early Head Start programme is determined by a means test whereby family income is assessed according to federal poverty guidelines. Participation is also based on referrals by local entities (www.headstartinfo.org). In contrast to this, in Britain Sure Start targeting is carried out by way of selecting priority areas (‘trailblazers’) to which government funding is made available for the establishment of a programme. These priority areas are selected on the basis of deprivation, geographical spread, and links with other government initiatives to tackle deprivation (Roberts 2000: 435). However, once a Sure Start programme is set up in one of these areas, it is open to all residents and, hence, no means test is required. Finally, Families First differs from both Early Head Start and Sure Start in that it is the only initiative providing universal access to programmes at point of entry. What this means is that the core service of Families First programmes (i.e., postnatal home-visiting services, see below) is available to all new mothers living in New South Wales. One of the principal targets of this initiative is that all new mothers who are discharged early from hospital are offered at least one visit by a home nurse.

Another difference between the three initiatives concerns the core services that every programme must provide. In effect, although the general range of services offered by

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25 These figures apply to England only.
26 One of the targets of Sure Start is that 100% of families in the areas targeted are in contact with the programme within two months of a baby’s birth (www.surestart.gov.uk)
programmes under all three initiatives is very similar, the core services that these programmes must include varies widely. In this respect, both Early Head Start and Sure Start programmes are much more intensive than Families First programmes. For example, all Early Head Start programmes must provide the following services: i) early education, ii) high quality childcare, iii) home visits, especially for families with new-borns, iv) parent education and parent-child activities, v) comprehensive health and mental health services. In contrast, Families First only includes one core service, namely post-natal home visiting services. However, many Families First programmes established in disadvantaged communities include additional services such as parenting education, health promotion, supported playgroups and so on. These additional services are typically provided in aboriginal communities, in communities with a high proportion of non-English speaking immigrants, in areas with a large number of families living in isolation, and in deprived communities with a high proportion of young single mothers. Apart from these additional services, all Families First programmes must be able to link families with special needs (e.g., parents with a disabled child) to other services in the network (www.youth.nsw.gov.au).

These sources of variation in early intervention strategies primarily concern different ways of striking a balance between the content of the programmes and the population covered by them. To put it in a nutshell, while Early Head Start programmes score high on content and intensity but low on coverage, Families First programmes score low on content but high on coverage, while Sure Start programmes are somewhere in the middle. These differences are significant in that programmes under Early Head Start may be more stigmatising than those under Families First. Apart from this, Families First programmes are likely to be more efficient in their preventative role, as both Early Head Start and Sure Start will fail to reach many families and children living in deprived circumstances (Roberts 2000). In any case, it is important to stress that any assessment will provide an incomplete picture unless other services for children and families operating independently of these programmes are taken into account — for example, as we saw in the first part of this report, Health Visitors provide a universal service to all new parents in the UK, independently of Sure Start. Another important element to be taken into account in order to get a more complete picture is the

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27 Another characteristic of Early Head Start is its highly individualised approach. Thus, staff and parents develop individualised family development plans that focus on the child’s developmental needs and the family’s social economic needs. Services aimed at meeting the social and economic needs of families include, i) adult education, literacy, and job skills training to facilitate family self-sufficiency, and ii) assistance in obtaining income support, safe housing, or emergency cash (www.headstartinfo.org)
range of services available to children and their families after exiting the programme, such as the National Childcare Strategy recently introduced in the UK, which contains a commitment to provide universal pre-school services for children from the age of 4.

**Figure 2  Main features of Early Head Start, Sure Start and Families First**

<table>
<thead>
<tr>
<th>Programme</th>
<th>Early Head Start</th>
<th>Sure Start</th>
<th>Families First</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year introduced</strong></td>
<td>1995</td>
<td>1999</td>
<td>1998</td>
</tr>
</tbody>
</table>
| **Aims**           | • To provide safe, developmentally enriching and caregiving environments which promote the physical, cognitive, and emotional growth of infants and toddlers and prepare them for future growth and development  
                     • To support parents in their role as primary caregivers and educators of their children, in meeting personal goals and achieving self-sufficiency across a wide variety of domains  
                     • To mobilise communities to provide resources and the environment necessary to ensure a comprehensive, integrated array of services and support for families | To work with parents-to-be, parents and children to promote the physical, intellectual and social development of babies and young children, particularly those who are disadvantaged, so that they can flourish at home and when they get to school, and thereby break the cycle of disadvantage and exclusion  
                     • To help children grow to their full potential  
                     • To support parents in enhancing their parenting skills and have a sense of control over their lives  
                     • To help communities build and sustain networks which will support and connect families |  
| **Target group**   | Pregnant women, children from 0 to 3 years and their families                   | Pregnant women, children under 4 years and their families                  | Pregnant women, children under 8 years and their families                      |
| **Coverage**       | Poor families (USA, Puerto Rico)                                               | Disadvantaged communities (UK)                                             | All areas of New South Wales                                                  |
| **Entitlement conditions** | Means-test                                                                       | All families in covered areas (except for more specialised services)      | All families in covered areas (postnatal home-visiting services only)         |
2.1.3 Evaluation studies

Of the three early intervention strategies analysed in this report only *Early Head Start* has been evaluated to date. However, there are numerous evaluation studies on the various components of the programmes established under each of these strategies. In what follows, some of these evaluations will be briefly reviewed.
A) Evaluations of different components of early intervention programmes

- **In the prenatal period**, several studies have indicated that social support for women at risk of a low birthweight baby has favourable outcomes. The social support and pregnancy outcome study demonstrated the effectiveness of interventions provided by midwives in ‘high risk’ pregnancies (Oakley et al. 1990; Newman and Roberts 1999: 60). In this study, a total of 509 women with a history of low weight birth were randomised to receive either social support intervention in addition to standard antenatal care or standard antenatal care only. Social support by midwives was given in the form of 24-hour contact telephone numbers and a programme of home visits providing information, counselling and advice. The babies of intervention group mothers had a mean birthweight slightly higher than that of control group babies and there were fewer very low birthweight babies in the intervention group. Also, while the number of hospital antenatal clinic visits was the same in the two groups, more women in the control group (52%) than in the intervention group (41%) were admitted to hospital in pregnancy. As follow-up has continued, differences between the intervention and control groups have been maintained, with more positive results in the intervention group. At seven years, there were fewer behavioural problems among the children and less anxiety among the mothers in the intervention group (Oakley et al. 1996; Newman and Roberts 1999: 60).

- **In the postnatal period**, an Edinburgh study provided strong evidence of the positive role that counselling provided by health visitors may play in managing non-psychotic postnatal depression. The study identified 60 women as depressed by screening at 6 weeks post-partum and by psychiatric interview at about 13 weeks post-partum. They were randomised either to eight-weekly counselling sessions by health visitors, or to a ‘normal treatment’ group. Standardised psychiatric interviews and a 10 point self-report scale were used to identify depression before and after the intervention. After three months 69% of women in the treatment group has fully recovered compared to 38% in the control group (Holden et al. 1989; Newman and Roberts 1999: 61).

- The impact of **early education programmes** for toddlers on their intellectual, emotional and social development has been widely researched. For example, a series of American longitudinal studies examining the effects of early educational interventions on the
intellectual development of deprived children found that these interventions had a positive influence on the children’s intelligence quotients. One of these studies concluded that “early education programmes can in some way improve the ability of low-income children to meet the requirements of their school” (Lazar 1977: 28; European Commission 1995). Another study examining the impact of pre-school education on the socio-affective development and motivation of children found that children who attended pre-school showed fewer inhibitions than others on entry to primary school and that they were better able to express their need for assistance, recognition and contact (Beller 1983; European Commission 1995). The study also found that these children were more inclined to act independently. Another study examining the impact of family involvement on the education of children concluded that involving parents in pre-school educational activities brings about a change in the family environment, increasing the aspirations both of the parents for their children, and of the children themselves. According to the authors of this study, involving parents in educational activities increases parents’ awareness and skills in relation to the education system, and this may have an indirect impact on their children’s intellectual functioning at the point of entry into school. Other variables, which contribute to success at school, are in turn influenced by this impact: motivation to succeed, attitudes in class, and parent’s perceptions and aspirations (Lazar and Darlington 1979; European Commission 1995).

**B) Evaluation of Early Head Start**

The evaluation only provides an analysis of programme impacts across a wide range of child and parent outcomes at a point about two-thirds of the way through children’s Early Head Start programme (when children were 2 years old). Seventeen programmes from across the country, located in all regions and in urban and rural settings, participated in the evaluation. The families participating in these programmes reflect the diversity of families served by all Early Head Start programmes. To be eligible for the research, Early Head Start applicants had to be either pregnant women or families with a child 12 months old or younger. Data for the evaluation report came from parent services follow-up interviews completed 6 and 15 months after enrolment and from parent interviews, direct child assessments and videotaped parent-child interactions when children were 14 and 24 months old. The key findings are as follows (Department of Health and Human Services 2001):
• By 2 years of age Early Head Start children were functioning significantly better than children in the randomly selected control group across a wide range of cognitive, language and social-emotional development measures. Thus, Early Head Start children scored higher on a standardised assessment of infant and toddlers cognitive development. They were also reported by their parents to have larger vocabularies and to use more grammatically complex sentences at age 2. Finally, Early Head Start children displayed lower levels of aggressive behaviour according to ratings completed by their parents. Early Head Start, however, did not have an impact on children’s ability to regulate their emotions or to engage in task-oriented behaviour during the cognitive assessment. Similarly, no differences were seen in children’s engagement, negativity, or attention span while playing with their mothers in a videotaped free-play interaction.

• The evaluation found that the Early Head Start parents gained more knowledge of infant-toddler development and were more likely to provide experiences and environments known to support the early cognitive and social development of children than did control group parents. Findings also suggest that Early Head Start reduced the stress of parenting. Thus, the home environments of Early Head Start 2 year-olds were more supportive and stimulating of cognitive development, language and literacy than control children’s homes (based on standard scale measuring the presence of stimulating toys and books in the home and parents reading and talking to their children). Also, Early Head Start mothers displayed more supportive parenting behaviours. They showed greater enjoyment, sensitivity and less detachment, and extended play to stimulate the cognitive and language development of their children. Apart from this, mothers were more emotionally responsive, displaying greater warmth, praise, and affection towards their children. Finally, Early Head Start mothers were less likely to report having spanked their child in the past week than control group mothers.

• Few overall effects on family health emerged, consistent with the few overall differences between programme and control groups in the receipt of health services (Medicaid and State Children’s Health Insurance Programmes have made health care services widely accessible to low-income families). Early Head Start and control group children did not differ in their health status as reported by parents. Similarly, Early Head Start parents did
not differ from control-group parents in their self-reported health status when their children were 2 years old.

2.1.4 Criticisms
Critics of parenting support policies argue that they are “about refining the mechanisms by which the state, in particular, persuades parents from disadvantaged groups into accepting their position and ensuring that their children learn merely to conform” (Smith 1997:115; Lloyd 1999:116).

It is also argued that all parents should be entitled to parenting support services since any father or mother, regardless of their socio-economic status, may encounter difficulties in rearing their children. In Britain, Barnardos has called for an agenda for action that encompasses the full range of parenting programmes, and that apply at local as well as national level. According to Barnardos, this agenda must be available to all parents according to need (Lloyd 1999). Although Barnardos welcomes the Sure Start initiative, it does so with some reservations with regard to the mode of targeting, since not all disadvantaged children live in communities which are identified as poor. Barnardos maintains that, if the programme is to develop beyond its current period of operation, more work will be needed on the relative effectiveness of universal and targeted benefits (Roberts 2000).

The next section examines an example of a policy action on parenting support carried out in France, very much like the one that is being advocated by Barnardos in Britain.

2.2 Co-ordinated Strategies of Parenting Support: The Network of Parental Support, Counselling and Advice in France

A) General description and objectives
A different model of an integrated policy of family support is the one provided by the recently established Network of Parental Support Counselling and Advice in France. It is important to stress that this is not an early intervention policy like the ones reviewed above but a parenting policy, and as such, is not primarily directed at meeting the developmental needs of young children. Rather, its chief aim is to support parents who may be experiencing

28 Réseaux d’Écoute, d’Appui et d’Accompagnement des Parents
difficulties in carrying out their roles as educators of children. The policy is directed at all parents (regardless socio-economic background) with children of ages ranging between 0 and 20 years old.

The two chief objectives of the policy are: i) to give expression to the government’s commitment made in the 1998 National Conference on the Family to support parents in carrying out their parental responsibilities, ii) to respond to the needs of all families, supporting all parents who are confronted with difficulties in exercising their parenting role.

B) Rationale
The policy is presented as a social cohesion measure and this is what gives it its rationale. The policy logic proceeds as follows:

- The family plays a fundamental role in social cohesion;
- Central to this role is the educational role of parents, for which they have primary responsibility;
- Because of a variety of social circumstances, it is becoming increasingly difficult for many parents to fulfil these responsibilities;
- The state has a duty to safeguard social cohesion;
- Therefore, the state has a duty to assist parents who may be experiencing difficulties in fulfilling their educational responsibilities. (Bulletin Officiel 1999; Gillot 1998)

C) Goals and principles
The main targets of the initiative are: i) the enhancement of the quality of parenting support programmes already in operation, ii) the creation of new programmes in order to close gaps in service provision, and iii) the development of local service networks comprising both statutory and non-statutory providers.

The range of parenting support services included in the Network is very wide, including e.g., parent groups, open school activities, teenagers/parents mediation. However, in order to ensure consistency in service delivery, all Network participating service providers must subscribe to a charter of principles. These are:

29 In this context, the educational role of parents is to be understood in an integral sense to include transmission of values and family histories, etc.
• Respect parental roles and competencies: parental authority and responsibility, transmission of family history, caring, protection and development of children;

• Prioritise programmes that support parent-parent relations already provided by the voluntary sector (e.g., parent groups);

• Support the creation of new programmes;

• Initiate training and development courses for voluntary and professional staff in order to promote less authoritative and more collaborative ways of working with parents, building on parental skills;

• Ensure that programmes are open to all parents in the community, taking into account the diversity of economic, social and cultural backgrounds of the population in the area;

• Elaborate a code of ethics that promotes a balance in intra-familial relations and that includes all family types;

• Be ready to collaborate in a service network composed of voluntary and professional workers who, despite their diversity, share a commitment to support families.

\[D\) Organisation\]

The **Network of Parental Support Counselling and Advice** operates in a similar way to early intervention strategies in that they are both cross-departmental initiatives, involving different levels of government, voluntary associations and parents, and delivered at a local level by a network of community-based statutory and non-statutory agencies. The policy is implemented around four principal axes:

• A **Network fund**, jointly set up by the state and the social security family fund (CNAF). In 1999, total funding amounted to FF163 million. In order that the policy is implemented

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30 At a central level the **Network of Parental Support Counselling and Advice** is managed by a national co-ordinating group. At a local level, the initiative is managed by local committees.
uniformly across the French territory, state funds are allocated to each département according to the proportion of the population under 20 years old.

- A national co-ordinating group, headed by the junior minister of the family and including representatives of the ministry of education, the ministry of youth and sports, the ministry of justice, the social services department, the national unions of family associations (UNAF), other voluntary associations, and the family fund of the social security (CNAF). The principal responsibilities of the co-ordinating group are: i) to elaborate a charter of principles to which every participating programme must submit to, and ensure that this charter is strictly observed (see above), ii) to ensure that the policy is implemented in close co-operation with the local committees (see below) and, iii) to promote the evaluation of programmes.

- Local committees (comités départementales) including representatives of local authorities, local branches of the family fund (CNAF) and voluntary organisations working in the field of parenting support. The committees are responsible for ensuring programme co-ordination and information exchange, excellence in service delivery, and evaluation of programmes.

- A national support unit. The main tasks of this unit are: to facilitate information exchange amongst different providers, to provide technical support in the establishment of local networks, to organise conferences involving participating members, to publicise participating parenting support programmes through a national database, to mobilise agencies working in the field of parenting support, to ensure that programmes reach a large number of families and to provide information services.

31 Local administrative unit, larger than the municipality but smaller than the region.
3. PARENTING SUPPORT: THE IRISH CONTEXT

Having reviewed parenting support strategies emerging in the context of three different traditions of family policy in chapter 1, this chapter examines the policy context in Ireland in order to set the basis for a comparative analysis that locates the Irish experience in a wider international context (chapter 4). The chapter is divided into two sections. Section 1 identifies the main features of family policy in Ireland, examining the different models of family-state relationships upon which this policy has been based. Section 2 outlines the main vehicles of family and parent support services in Ireland, including recent developments in the field, and examines the key issues arising in the context of these developments.

3.1 The Irish Family Policy Tradition

Family policy in Ireland has not been an explicit area of public policy. Contrary to the case of France, where the term ‘family policy’ has been widely used to designate an area of public policy involving specific government agencies, until very recently Ireland has not had a government office of the family, and the term ‘family policy’ itself has only recently begun to be used in social policy discourse (Fahey 1998: 384). This, however, does not necessarily imply that Ireland does not have a family policy. Even though the family has not been an explicit area of state intervention in Ireland, it is possible to identify:

- A variety of uncoordinated policies drawn from a wide range of policy areas and comprising distributive, supportive and regulatory measures that are relevant to family issues;

- A set of assumptions, ideals, and images about the family and state-family relationships underlying those policies (Fahey 1998: 385).

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32. In recent years, there have been moves towards making the family an explicit area of public policy. Thus, the newly elected government in 1997 changed the name of the former Department of Social Welfare, which became the Department of Social, Community and Family Affairs. Also, following recommendations of the Commission of the Family, a Family Affairs Unit was established within the department with a number of responsibilities for family affairs.

33. These policies comprise both distributive (cash-transfers, social services) and regulatory measures (legislation).
Analyses of the tradition of family policy in Ireland identify two main stages in its development, each dominated by competing sets of ideas about the relations between the state and the family and about family structure and family life.  

The first stage, which covers the period from independence to roughly around the late 60s/early 70s, is based on an ideal of the family as a solidaristic mini-community where individual welfare is deemed to depend on the individual’s inclusion into a family unit. The family type that is promoted by this ideal is one where each of its members has a well-defined role, and where the male of the household is seen as the dominant figure (Fahey 1998). State-family relations under this stage, often characterised as ‘minimal interventionist’, are dominated by a reluctance on the part of the state to intervene in what is considered to be the absolute privacy of the family (Kiely 2000: 261). Catholic social teaching on the family, informed by the principle of subsidiarity, is seen as a major shaping influence. This anti-statist stance towards the family is particularly evident in:

- The cash-transfer system, dominated by low level, flat-rate payments principally aimed at the alleviation of poverty, with additional payments for family members. Social policy during this period is characterised by a prevalence of the old Poor Law, a reluctance to develop social insurance, and the freezing and/or effective cut-backs of some benefit rates such as the old-age pension (Fahey and McLoughlin 1999:125-126).

- The social service system, characterised by a lack of state involvement and by a strong presence of the Catholic Church as the main provider of services, especially for disadvantaged and marginalised groups. These arrangements fitted well with the principle of subsidiarity, according to which the state should not undertake functions which could be fulfilled by individuals on their own or by the local community. When families and communities could not help themselves, the church saw itself as the appropriate agent. One important development arising from the acceptance of the principle of subsidiarity was the growth of an extensive voluntary sector.

34 The characterisation of the tradition of Irish family policy tradition provided here is based on following three studies: Fahey (1998), Fahey and McLoughlin (1999), and Kiely (2000).
35 In Fahey’s analysis (Fahey 1998), this stage is called ‘patriarchal familialism’.
36 The principle of subsidiarity ordains that a social function should be performed by the lowest and smallest group in society capable of performing it efficiently. Direct state intervention is seen as a last resort, permissible only to the degree that the natural order of the lower unit is maintained or restored (Daly 1999).
- A heavy reliance on private family law, which is reflected in a lack of legislative measures aimed at protecting vulnerable individuals within the family (e.g., child protection and protection of other family dependants). As a result of this, the state had very few powers with which to intervene in order to protect children at risk within the family, or to protect women from sexual or other physical violence within the home.

The **second stage** in the development of Irish family policy, normally dated some time between the national programme of industrialisation in the late 60s and the entry in the European Economic Community in 1973, is characterised by important changes to family policy which represent a shift away from the privatisation of the family tied to a patriarchal conception of family structure and life (Kiely 2000: 262). Family policy during this period is based on a philosophy of individual rights, which are common to all persons and not contingent on one’s sex or family status. The new emphasis on individual rights underpinning family policy is particularly evident in a range of policy measures such as the introduction of benefits to deserted wives and unmarried mothers, the consolidation of social insurance, the removal of the marriage bar on employment, and the abolition of the Poor Law (Fahey and McLoughlin 1999: 126-127). However, it is important to emphasise that this stage in the development of family policy did not replace the former one, so that competing ideological principles underpinning family and family-related policies continued to live side by side.

The second half of the 1990s brought a number of significant innovations in family policy, although these have yet to be analysed within the context of the Irish family policy tradition. In 1995 the government set up a commission with a view to examine the needs and priorities of families and to recommend how they can be strengthen and supported in the future. In its final report, the Commission on the Family set out the principles which should underlie the formulation of policy in relation to families, delineated the overall objectives of family

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37 The legal foundations of parental rights rest on articles 41 and 42 of the Constitution. According to articles 42.1, “The State acknowledges that the primary and natural educator of the child is the family and it guarantees to respect the inalienable right and duty of parents to provide, according to their means, for the religious and moral, intellectual, physical and social education of their children”.

38 In Fahey’s analysis, this stage is called ‘egalitarian individualism’ (Fahey 1998).

39 According to Kiely (2000), while family policy in the 70s and the 80s was dominated by egalitarian principles, today it is dominated by the value of individualism. However, he does not provide any evidence to justify this claim.
policy, and made a number of recommendations in order to meet those objectives. Overall, the policy response recommended by the Commission in meeting these objectives is service-oriented. Since the publication of the Report, some of its recommendations have been implemented and the field of family services in Ireland has undergone significant developments, especially in the areas of social inclusion and counselling services. Some of these developments are reviewed in the following section.

3.2 Parenting Support

This section focuses on Irish policy concerning family and parenting support services, with special emphasis on key issues arising in connection to policy development in this area. The section is divided into two subsections. The first one provides a general overview, while the second provides a more detailed description of current programmes and recent developments in the area.

3.2.1 Overview

As we saw in the last section, social services have been one of the most under-developed areas of the Irish welfare state. Provision is poor and, where available, limited to people deemed in need or at risk. Traditionally, the main service providers have been voluntary organisations and community groups, often tied to the Catholic Church. These have played a pioneering role in the development of services, with the state becoming involved in a supportive role at a later stage (Curry 1998: 172). Although the role of state services have been increasing since the 1970s (especially with the development of services provided by the health boards), voluntary organisations, often working in partnership with statutory agencies, continue to play a very important role in this area.

Family support services, including parenting programmes, follow this general pattern: statutory provision is insufficient and, where available, limited to families and children who are either disadvantaged or deemed to be ‘at risk’. Furthermore, responsibility for family support and related services is scattered amongst different government departments, typically working in isolation from each other at the levels of policy development and of service delivery.

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40 This constitutes the first major report on family policy ever to be published in Ireland. Its overall objectives are: 1) building strengths in families, 2) supporting families in carrying out their functions, 3) promoting continuity and stability in family life and 4) protecting and enhancing the position of children and vulnerable dependent family members.

41 These include voluntary organisations operating at either a local or national level, community development associations, and mutual support and self-help groups (Curry 1998: 170)
delivery. This lack of co-ordination has resulted in important gaps in provision and lack of regulations concerning standards and training and qualifications of professionals.

Voluntary organisations and community-based groups, often working in partnership with the statutory sector, play a very important role in the provision of services. Yet, there is a wide variation in both the availability and the content of the different programmes they provide, as well as in the level of training of their facilitators.

Since the 1990s there have been important developments in the field of family support services, particularly in the following areas: i) prevention and early intervention services (e.g., Community Mothers, Springboard Project); ii) support services for socially excluded families (e.g., Family and Community Resource Centres); and iii) counselling services (e.g., Marriage Counselling Services). [For a more detailed description of these programmes, see below].

Two key issues have arisen in the context of these developments, namely:

- The need to expand services, filling the gaps in the existing system;
- The need to co-ordinate efforts, both between the different government departments responsible for family support and related services, and between the different statutory and non-statutory providers.

3.2.2 Current provision and recent developments

The main government departments having responsibility for family support and related services are:

- The Department of Health and Children, through the child care and family support services and other related services provided by the health boards;
- The Department of Education, which has responsibility for a number of early education programmes for disadvantaged children, as well as for co-ordinating policy development on early education;
The Department of Social, Community and Family Affairs, which has responsibility for supporting and developing voluntary activity in the field of family support through the provision of grant schemes to voluntary organisations and community groups.

For a listing of programmes operating under these departments, see figure 3 below.

A) Department of Health and Children. The Health Boards constitute the main providers of statutory family support services in Ireland, especially since the introduction of 1991 Child Care Act, which placed a generalised duty on health boards to provide childcare and family support services to vulnerable children and their families. Since then, a number of services have been developed to implement the Act. These include a wide range of both preventive and therapeutic services, provided in a variety of settings, and run either directly by the area Health Boards or in partnership with voluntary agencies or community groups. In its final report, the Commission of the Family looked at family support services provided by the health boards and made a number of recommendations with a view of developing these services. In putting forward these recommendations, the Commission focused on two particular issues: i) the need to develop services, especially those which are more preventive in nature (Public Health Nurse, Community Mothers, Family Support Workers — see figure below) and ii) the need to enhance the co-ordination and integration of services (including those provided by other government departments) in order to maximise their beneficial impact on children and their families.

Since the publication of the Report, the main developments to date have been:

- the establishment of an integrated early intervention initiative— Springboard Project — in a number of disadvantaged communities. This project involves several state agencies, the voluntary sector and the local community, and provides a wide variety of services including parent education, home-based parent and family support, therapeutic work, child development/education interventions and youth and community work;
- the expansion of some home-based preventive services (Community Mothers programme) to other health boards.

B) Department of Social, Community and Family Affairs. One of the main activities of the department in relation to family support services is to support the development of services
provided by voluntary and community groups through the allocation of grant schemes. The two main grant schemes are: i) The Family and Community Service Resource Centre Programme, and ii) the Scheme of Grants for Locally Based Community and Family Support Groups. Following recommendations of the Commission on the Family, the level of funding for family support activities within the voluntary and community sector has increased in recent years. For example, between 1997 and today, funding available for Family and Community Resource Centres rose from £700,000 to £3 million, as a result of which the number of centres available throughout the country increased from 10 to 75. (www.dscfa.ie)

C) Department of Education. The Department of Education provides support for a number of early education programmes for disadvantaged children such as Early Start and the Rutland Street Project. There are, however other departments who also have a role in early education and care, typically working in isolation from each other. These are:

- the Department of Justice, Equality and Law Reform provides funds for the development of childcare provision outlined in the Equal Opportunities Childcare Programme 2000-2006;
- the Department of Social Community and Family Affairs provides annual funds to support provision of out-of-school hours childcare services in disadvantaged communities,
- the Health Boards have responsibility for the notification and inspection of pre-school services. Also, they provide financial supports to certain pre-school services catering for children who are regarded as being at risk or disadvantaged.

A lack of inter-departmental co-ordination has been identified as one major issue for policy development as this has contributed to various problems, including important gaps in service provision and lack of regulation concerning quality standards. Thus, under existing arrangements, the form and content of early education provision is a matter for the various providers. In addressing these issues, the 1999 White Paper on Early Education included a commitment to develop and publish a ‘specimen’ curriculum for pre-school children and to set down minimum quality standards for the educational/developmental content of programmes (Department of Education 1999).
D) Voluntary Organisations. As indicated above, the voluntary sector plays a very important role in the provision of family support services. There is a wide diversity within these organisations in relation the type of programmes provided, their scope of activity, their sources of funding and level of training of their facilitators. Thus, some of these organisations operate locally, while others operate at a national level; some operate within the health boards, while others receive funding directly from government departments; some offer general family support programmes, while others offer programmes that are more issue-specific (Curry 1998: 169-170; McKeown 2000).

Two reviews of parenting programmes in Ireland carried out in 1995 and 1997 revealed the wide variation in both the availability and the content of these programmes, and emphasised the need for better co-ordination. Drawing on these reviews, the Report of the Commission of the Family proposed the establishment of co-ordinating bodies, both at national and regional levels, in order to tackle this problem. On this proposal, a national co-ordinating group, initiated by the Family Unit of the Department of Social, Community and Family Affairs and drawing on the principal agencies involved in the provision of parenting programmes, would be responsible for: i) developing standards, ii) setting up a library and information service and iii) promoting the benefits of parenting education. This group would be linked to regional support teams, composed of regional co-ordinators from within the voluntary sector, and whose main responsibilities would include: i) auditing programmes available in the region, ii) being an access point for information about parent education, and iii) organising training and support of facilitators. (Department of Social, Community and Family Affairs 1998: 91-92).

However, there have been no developments on this proposal to date. After the publication of the Report of the Commission on the Family, family support policy within the Department of Social, Community and Family Affairs has focused on the development of family services aimed at tackling disadvantage (e.g., Family Resource Centres) and those aimed at promoting stability and continuity in family life (Marriage Counselling Services; Family Mediation Services).
### Figure 3  **Principal Family Support Programmes Provided Directly or Indirectly by Government Departments**

<table>
<thead>
<tr>
<th>Programme</th>
<th>Department</th>
<th>Coverage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Springboard Project</strong></td>
<td>Health and Children</td>
<td>Targeted</td>
<td>Integrated early intervention initiative involving relevant state agencies, the voluntary sector and the local community. Focused on <strong>supporting families with children deemed ‘at risk’</strong>. Services include family support, early education and therapeutic work.</td>
</tr>
<tr>
<td><strong>Community Mothers</strong></td>
<td>Health and Children</td>
<td>Targeted</td>
<td>Home-visiting service operated by the health boards whereby volunteer mothers give <strong>support to first-time parents in disadvantaged areas</strong>.</td>
</tr>
<tr>
<td><strong>Family Support Workers</strong></td>
<td>Health and Children</td>
<td>Targeted</td>
<td>Home-visiting service operated by the health boards whereby volunteer mothers <strong>support families having difficulties</strong> in caring for their children.</td>
</tr>
<tr>
<td><strong>Family Resource Centres</strong></td>
<td>Health and Children</td>
<td>Targeted</td>
<td>Directly run by the health boards or operating under contract with voluntary organisations. Usually work with <strong>referred families</strong> providing therapeutic interventions in order to strengthen the family unit. Services include mother and toddler groups, parenting courses, after school groups and teenage groups.</td>
</tr>
<tr>
<td><strong>Public Health Nurse</strong></td>
<td>Health and Children</td>
<td>Universal</td>
<td>Home-visiting service provided free of charge to <strong>all families</strong>. Babies are visited and examined by a public health nurse within a short period after discharge from hospital.</td>
</tr>
<tr>
<td><strong>Home/School Liaison</strong></td>
<td>Education and Science</td>
<td>Targeted</td>
<td>The scheme aims at maximising the participation of parents of primary school children <strong>living in disadvantaged areas</strong> in their children’s learning process. It raises awareness in parents of their own capacities and assists them in developing relevant skills.</td>
</tr>
<tr>
<td><strong>Early Start</strong></td>
<td>Education and Science</td>
<td>Targeted</td>
<td>Educational intervention programme aimed at promoting the education and development of pre-school children <strong>in disadvantaged areas</strong> in order to reduce the risk of future failure in school.</td>
</tr>
<tr>
<td><strong>Grants for Locally Based Community and Family Support Groups</strong></td>
<td>Social, Community and Family Affairs</td>
<td>Targeted</td>
<td>Grants to community and family support groups involved in programmes of self-help and personal development that are designed to <strong>tackle disadvantage</strong> and improve family life.</td>
</tr>
<tr>
<td><strong>Family and Community Service Resource Centre Programme</strong></td>
<td>Social Community and Family Affairs</td>
<td>Targeted</td>
<td>This is a three-year core-funding programme to support a network of Family and Community Resource Centres throughout the State. The aim of these centres is to <strong>combat disadvantage</strong> by improving the functioning of the family unit. A number of services aimed at enhancing individuals’ potential and self-esteem are provided.</td>
</tr>
</tbody>
</table>
4. CONCLUSION: HOW DOES IRELAND COMPARE?

In this concluding part, parenting policy in Ireland is located within the wider European perspective.

From an examination of parenting support policies in the four European countries studied in this report, it is possible to identify two very different models. As seen above, these models are shaped by a tradition of family and family-related policies, and by the character of existing services — that is, their range and scope, their objectives, the nature of their providers, and the degree of co-ordination between them.

The first model of parenting support policy is represented by Sweden and France. These countries have developed an explicit family policy with specific programmes and policies designed to achieve specified family goals (Kamerman and Kahn 1978). In both countries, a child-centred approach is an important component of their family policies. As a result of this, there is an extensive network of integrated, universal services for young children (e.g., mother and child health clinics, early education and care centres) with links to more specialised services for children who need extra care and protection.

In recent years, increased awareness of the role of parenting as a key to child welfare have resulted in the development of parenting support services in both countries. The main strategy used to achieve this has been to introduce a new ‘parent-oriented’ approach into the existing range of programmes. This has been done, for example, by way of promoting and supporting parental involvement in early education, incorporating parenting skills into existing antenatal and post-natal programmes, and introducing ante-natal programmes especially designed for fathers.

However, policy strategies for the development of support services for parents of older children (e.g., teenagers and young adults) have taken a rather different route, at least in France. This is because of a traditional gap in statutory services for children of this age group – a gap that has been partially filled by the voluntary sector. The newly established Networks of Parental Support, Counselling and Advice aims at filling these gaps and improving co-ordination amongst the different service providers.
The second model of parenting support policy is represented by Britain and Ireland. These countries have traditionally lacked a set of explicit and/or comprehensive policies regarding families and children, although it is possible to identify a set of uncoordinated family-related policies, drawn from a wide range of areas such as health, education, labour, tax and social security. Two dominant features of family policy shared by both countries are a state reluctance towards intervention in the family and a strong anti-poverty approach to their family-related policies. Thus, the cash transfer system is dominated by low level social assistance payments, while the social service system is poorly developed and mainly designed to serve people deemed ‘in need’ or ‘at risk’ because of poverty, disability, abuse, or neglect.

In both Britain and Ireland, the development of family support services during the 1990s has been followed by the introduction of new child protection legislation that is informed by the idea that children are best brought up by their own families. In order to minimise those circumstances in which a child might be removed from his/her own family, both the 1989 Children Act in Britain, and the 1991 Child Care Act mandate local health authorities to provide family support services for children who are not receiving adequate care and protection.

Another important driver in the development of family and parenting support services in these countries is a new focus on the concept of social exclusion rather than poverty. Insofar as social exclusion is seen as a developmental process involving multiple dimensions (e.g., poverty, ill-health, poor education etc.) a common policy response has been the introduction of prevention and early intervention strategies that integrate health, education and family support together in one programme (e.g., Sure Start, Springboard). These programmes are typically run by public/private partnerships (involving statutory agencies and voluntary organisations) and delivered at a local level.

While statutory family support services in Britain and Ireland are predominantly targeted at the most disadvantaged sections of the population, there is a large variety of parenting programmes provided by the voluntary sector/community groups. The fact that these programmes have been in increasing demand over the past few years has been brought to the attention of policy makers as an indication that all parents, irrespective of socio-economic background, may need extra-support at some time or another. Two major problems have been
identified in relation to these programmes, namely: i) important gaps in service provision, and ii) lack of uniform standards. In Britain, the government has recently addressed this issue by way of establishing a National Family and Parenting Institute with the task of auditing services, developing standards, supporting the creation of new programmes, and encouraging the formation of networks amongst the different providers. In Ireland, the Report of the Commission of the Family contained the proposal to tackle one of these issues by way of creating a national co-ordinating group for Parent Training working together with regional support teams but, as indicated earlier, there has been no follow-up on this proposal to date.

The *Network of Parenting Support, Counselling and Advice* recently introduced in France provides an example of a policy strategy to co-ordinate a wide range of dispersed parenting programmes that are provided by a variety of government agencies and voluntary organisations. This strategy, however, is more comprehensive than the measures proposed by the Commission on the Family, insofar as the *Network* also includes a generous core-funding programme to support the creation of new services and aimed at closing the existing gaps in provision.

Besides the proposal to co-ordinate existing parenting programmes in Ireland, the Commission on the Family also put forward the view that a greater focus should be placed on child and family support services at a preventive level, and that these services should be better integrated and co-ordinated. The various integrated prevention and early intervention programmes examined in this report provide examples of different ways in which this has been done elsewhere. As indicated earlier, though, the effectiveness of these programmes in their preventive role will vary depending on the geographical spread and on the conditions of eligibility of the programme. Thus, programmes containing universal services at point of entry (*Families First*) will be more effective in this respect than programmes available only to families living in deprived areas (Sure Start) as these will fail to reach many families that could benefit from them.
REFERENCES


APPENDIX

Child poverty in OECD countries