Positive Parenting:

ISPCAN GLOBAL RESOURCE GUIDE

August 2016

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Introduction

The International Society for the Prevention of Child Abuse and Neglect (ISPCAN) organized the ISPCAN *Thinking Space 2015* to focus on Positive Parenting and its contribution to the prevention of violence against children. There is a growing body of evidence that building the skills necessary for positive parenting helps protect children from violence within the family system. There is some evidence that it may also help to break the cycle of inter-personal violence across generations.

The aim of the ISPCAN *Thinking Space* is to bring international experts together in order to debate a specific child protection challenge, share theory, research and evidence-based practice on the topic, and then develop a report that will provide the international community with a 'snap-shot' of high-level clinical and policy advice that is:

- Informed by Multi-Cultural, Multi-Lingual and Multi-Disciplinary Input;
- Universally Applicable or Adaptable Across Language and Culture;
- Sensitive to the Realities of Resources; and
- A Practical Resource for the Use of Senior Practitioners Hoping to Influence Policy-Makers, Donors and Senior Officials in their Own Geographical and Cultural Areas.

This report is based on the results of research, including an international survey, expert presentations and multi-professional debates in every region of the world. Through this process a wide range of evidence-informed parenting interventions from around the world have been identified, along with insights into how these can be implemented in the most effective ways in different contexts.

The research findings and recommendations are summarized in this executive summary in order to inform the development of future global and national policy, strategies, decisions on commissioning and resource allocation, research, program development and implementation. The full report[1] provides practical examples of how positive parenting is being promoted in different parts of the world.

It is hoped that these findings will stimulate new thinking, debate, and offer valuable ideas and information for those striving to end violence against children.

Rationale for the Study

> *Families can be the greatest source of support for children but also – under unfortunate circumstances – the greatest source of harm* (Daly, 2015[2]).

Violence against children remains a major global problem, with the United Nations (UN[3]) estimating that every year between 500 million and 1.5 billion children worldwide endure some form of violence and are most at risk of violence in the home. Three out of four children between two and four years of age experience violent discipline in the home, while more than 20% suffer severe physical punishment in thirteen of the countries surveyed, boys being more likely to suffer than girls (UNICEF, 2010[4]).

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[1] The full report is available online at the ISPCAN website, www.ispcan.org
[2] Daly, M. (2015) *Family and Parenting Support: Policy and Provision in a Global Context.* UNICEF Office of Research, Florence.
[3] UNICEF (2014). *Hidden in Plain Sight: a statistical analysis of violence against children.* New York.
[4] UNICEF (2010) *Child Disciplinary Practices at Home: Evidence from a Range of Low- and Middle-income Countries.* New York.

The UN Committee on the Rights of the Child General Comment 13[5], which provides guidance on the implementation of Article 19 of the UN Convention on the Rights of the Child, recognizes the family as the first unit or system of child protection:

> States have the obligation to adopt all measures necessary to ensure that adults responsible for the care, guidance, and upbringing of children will respect and promote children's rights.

Prevention measures should:

> Support parents and caregivers to understand, embrace and implement good child-rearing, based on knowledge of child rights, child development and techniques for positive discipline in order to support families' capacity to provide children with care in a safe environment.

Recent international publications highlight the need to focus on parenting as critical to the prevention of violence, not only with regard to the protection of children in the home, but also in terms of raising children in a context of non-violence as a means of breaking the inter-generational cycle of violence. Reports from UNICEF (2014[6]), and the World Health Organization (2014[7]) advocate support for parents and caregivers and for positive non-violent parenting as a key violence prevention strategy.

> Sustained and systematic approaches can address the underlying causes of violence and make children's lives safer. Among these are programs that support positive parenting and provide welfare support for families at risk (Sethi et al., 2013[8]).

In their overview of strategies and programs that to prevent violence, the World Health Organization (2014[9]) notes that the following hold promise:

- Home Visiting Programs That Offer Parents And Caregivers Support;
- Education;
- Parenting Education Programs Which Improve Child Rearing Skills, Increase Knowledge Of Child Development And Foster Positive Child Management Skills.

UNICEF (2015[10]) reports that:

> Currently most evidence is coming from high-income countries and predominantly from Australia, Canada, the European Union (EU) and the United States. Much less documented is what drives the development of national policies and programs in low- and middle-income countries and how the provision of family and parenting support impacts on child and adolescent well-being in these contexts.

As many forms of violence against children extend across borders and many families and children move from country to country as migrants, travellers and refugees and are vulnerable to all forms of violence, it is essential to create forums in which both intra- and inter-country expertise and mechanisms for prevention

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[5] UN Committee on the Rights of the Child (2011) General Comment no 13, www2.ohchr.org/english/bodies/crc/docs/CRC.C.GC.**13**_en.pdf pp18 &19

[6] UNICEF (2014) *Ending Violence Against Children: Six Strategies for Action.* New York. p. 18
[7] World Health Organisation (2014) *Global Status Report on Violence Prevention 2014.* World Health Organisation, Geneva
[8] Sethi, D., Bellis, M., Hughes, K., Gilberi, R., Mitis, F., Galea, G. (2013) *European report on preventing child maltreatment. World Health Organization, Geneva.*
[9] World Health Organisation (2014) *Global Status Report on Violence Prevention 2014.* World Health Organisation, Geneva
[10] Daly, M. (2015) *Family and Parenting Support: Policy and Provision in a Global Context.* UNICEF Office of Research, Florence.

and management are debated and motivated. Positive child rearing and parenting practices in one country, although influenced by culture, may well offer new ideas for fostering positive practice elsewhere, with sensitive adaptation.

This ISPCAN study responds to the pressing need to bring together international research and information from evidence-based practice on how promoting positive parenting can contribute to both the short and long term prevention of violence, not only against children, but in all inter-personal relationships.

Outline of the *ISPCAN Thinking Space 2015* process

The *ISPCAN Thinking Space 2015* draws on the experience and critical thinking of people from a broad range of countries, cultures, organizational and multi-disciplinary backgrounds. Preliminary research followed by professional discussions identified key issues and dilemmas in relation to positive parenting and the prevention of violence against children, which then informed the development of a concept paper and questionnaire[11].

Two webinars[12] for ISPCAN members and for the wider professional network and public were led by international experts, followed by a virtual-on-line discussion forum. A short questionnaire of thirteen questions, available in 5 languages, along with the concept paper, was then circulated on-line to all those who took part in the video conferences and virtual forum, and to all ISPCAN members and to wider multi-professional networks around the world.

Presentations and professional discussions continued throughout 2015, with workshops[13] at regional conferences in Mexico, Romania, Malaysia and the USA. This combined on-line and face-to-face 'snow-balling' process sought to stimulate wide international participation from different regions of the world and different professions.

Key Recommendations

The resulting recommendations are intended for:

- Those responsible internationally, nationally, and locally for the development and implementation of policies, strategies, and programs to prevent violence against children;
- Senior managers and decision makers who allocate resources and commission services for children and families;
- Advisers, managers and senior practitioners/clinicians who seek to influence policy makers and senior officials in relation to preventing violence against children;
- Those working in the fields of child maltreatment and inter-personal violence
- Funders and grant-makers;
- Advocates for children's rights and the prevention of violence against children;
- Researchers and evaluators working in the field of violence prevention.

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[11] The concept paper and questionnaire were developed by Joan van Niekerk, president of ISPCAN 2014-16. See appendix 1.
[12] See ISPCAN website www.ispcan.org
[13] Workshops were facilitated by Joan van Niekerk, president of ISPCAN 2014 - 2016

KEY RECOMMENDATIONS

❖ All strategies to prevent violence against children should include the promotion of positive parenting.

❖ Definitions of positive parenting should explicitly refer to non-violent parenting approaches and the provision of safe home environments.

❖ Law, policy, and practice should be aligned and give consistent messages that all forms of violence against children are unacceptable.

❖ International outcome measures for positive parenting programs should be agreed in order to enable comparisons between programs and for longitudinal research. This should include child maltreatment outcomes.

❖ Longitudinal research studies are needed to determine the effectiveness of parenting interventions in preventing violence in the long term and across generations.

❖ Programs developed in one setting should not be applied 'as is' in new contexts and cultures without due consideration given to the need for piloting and possible adaptation to take account of different legislation, policies and cultural norms.

❖ Policy makers, funders, commissioners, and practitioners should satisfy themselves that a parenting intervention is effective in addressing the issues and contexts for which it is intended and do so by critically reviewing the quality and applicability of the evidence.

❖ Training should include skills in facilitating adult learning and motivating parental engagement, and not simply focus on program content.

❖ Information about which positive parenting programs are available and are being adopted in which parts of the world and with what results, should be collated and disseminated internationally.

❖ Measures should be taken to encourage innovation and the development and evaluation of locally-grown programs, particularly in culturally diverse, low- and middle-income countries.

Key Findings

The above recommendations are derived from the following key findings from the *ISPCAN Thinking Space 2015* study*:*

Defining the Core Elements of Positive Parenting

While there is a broad consensus internationally about what is meant by positive parenting and its core elements, this masks significant differences of emphasis, focus and interpretation. It is therefore important to clarify what is meant by the term in any inter-professional or international discussion.

Keeping a child safe from harm is mentioned by less than a quarter of survey respondents. ISPCAN recommends that non-violent parenting approaches and the provision of a safe home environment should form core components of how positive parenting is defined and understood.

An Essential Element of Violence Prevention Strategies

Providing parenting support through the first years of a child's life is strongly supported by evidence[14] and can improve parenting, reduce parental stress, enhance the resilience of children, and prevent child maltreatment.

Parenting programs result in positive effects in low-, middle- and high-income countries and can be effective in reducing child maltreatment when applied as primary, secondary or tertiary interventions[15].

The promotion of positive non-violent parenting should therefore form a key element of each country's strategies to prevent violence against children and improve their developmental outcomes.

Aligning Law, Policy and Practice

Alignment between policy and practice is vital for effective violence prevention. A legal and policy framework that prevents all forms of violence against children in all settings, backed up by resources, research, monitoring, and data collection is essential. Without this, positive parenting programs will have limited impact.

Supporting, developing and sustaining positive parenting requires a multi-level, multi-systemic approach, which utilizes a number of different methods. Parenting interventions that focus purely on the individual family context are unlikely to succeed in isolation given that some of the factors associated with harmful parenting and violence against children are structural in nature (for example, poverty and inequality), while others are cultural (for example, discrimination based on a disability, gender or ethnicity).

Measuring Success

Internationally derived and accepted indicators of what constitutes successful outcomes for positive parenting programs should be agreed. This would enable targets to be established and measured and meaningful comparisons to be made between programs.

Comparative studies between positive parenting programs should be undertaken to assist commissioners and practitioners in making informed choices. This should enable comparisons to be made, for example, between the effect size of different programs, relative effectiveness of programs on like measures, time

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[14] See for example, Sethi, D., Bellis, M., Hughes, K., Gilbert, R., Mitis, F. & Galea, G. *European Report on preventing child maltreatment* (2013) World Health Organisation, Geneva. For further references see full report.
[15] Chen, M & Chan, K. L. Effects of Parenting Programs on Child Maltreatment Prevention: A Meta-Analysis. *Trauma, Violence and Abuse,* January 8th, 2015.

taken to complete different programs, relative uptake of various programs by different ethnic groups, and relative costs.

Outcome studies that measure the effectiveness of programs in reducing actual child maltreatment are needed. Few positive parenting studies currently measure actual child maltreatment outcomes.

More longitudinal research studies of positive parenting interventions are needed to determine their effectiveness over time, including preventing the transmission of interpersonal violence across generations.

Transferability of Programs between Countries and Cultures

Cultural norms and practices are highly significant in relation to parenting.

Cultural differences exist within and between countries, communities, and families and these need to be understood so that positive parenting can be fostered in a relevant and culturally appropriate way. This, however, is not an argument for cultural relativity - there are some universal principles about non-violent parenting which apply irrespective of culture.

While there is now good evidence for the applicability of parenting interventions across cultures and countries, it should not be assumed that an un-adapted program which has worked in one context can be effectively replicated in a new setting.

Full scale programs should not be rolled out in new contexts and cultures without due consideration of the need for adaptations. Where possible, there should first be pilot studies which are rigorously evaluated to determine relevance and cultural appropriateness, as well as to identify any necessary adaptations which should be made prior to scaling up and rolling out the program.

Selecting Interventions

Not all positive parenting programs are equally effective in preventing violence against children, nor in addressing different forms of violence. In selecting a specific intervention, commissioners and practitioners should check that the intervention is effective in addressing the issues for which it is intended and critically review the quality of the evidence.

For example, some programs may have a positive impact on a child's pro-social behavior or improve educational outcomes, but lack evidence on violence prevention. Some programs may be effective in reducing harsh physical discipline, but may not necessarily reduce neglect.

In deciding whether to mandate or roll out a particular model or program, critical appraisal of program evaluations is needed, including their degree of independence, sample size and setting.

Capacity and Quality

Organizations should invest in training and allow staff sufficient time to prepare for implementing evidence-based parenting programs.

When training practitioners to deliver educational programs for parents it is important not simply to focus on the program content but also to develop facilitation, engagement and adult education skills.

Evidence-based engagement strategies should be taught to therapists and front-line staff to help them motivate parental engagement in preventive and treatment programs and overcome the Known Barriers To Participation.

Provision of Information

Information about evidence-based positive parenting programs is not widely available in some parts of the world. Information should be better publicized and disseminated, in formats and media that facilitate informed choices about programs. This should include information about where programs have been evaluated, with what audiences and what outcomes.

An international inventory of which positive parenting programs are being adopted most frequently internationally and what is known about how well they are working would be valuable.

Bringing Future Innovators to the Table

Innovative, locally grown programs may lack access to the funding needed for rigorous evaluations and to the peer review system, but nevertheless may be effective and culturally appropriate. When deciding which programs to mandate or support, governments should consider at least one promising local program, in order to encourage innovation and avoid inappropriate bias towards established and well-resourced western programs.

Addressing Gaps in Positive Parenting Provision Internationally

The contribution of **internet-based positive parenting programs** is under-researched. One study found that an on-line program led to reductions in harsh coercive parenting and could be part of a stepped care model to promote positive parenting.

A small but growing body of research suggests that parenting interventions aimed at improving parenting in **low-resource, culturally diverse countries and in post-conflict settings** may be both feasible and effective. More development and research is needed in these settings.

Parenting interventions still tend to target or be more successful in engaging mothers than fathers. There are however some positive developments described in the report on which to build. Commissioners and practitioners should actively strive to support and engage fathers as well as mothers.

Relatively little attention has been paid to provision for the following groups, where there are known risk factors for violence:

- Young/teenage parents;
- Parents of a disabled child;
- Parents of adolescents.

Survey Respondents

A total of **35 written responses** to the survey were received from around the world, including a joint response from three respondents from two different countries, making 37 people in all. Respondents came from each of the five regions with:

- **Four** respondents from the **African** region
- **One** respondent from the **Arab** region;
- **Nine** respondents from **North America**;
- **Three** respondents from **Latin America**;
- **Three** respondents from **Asia;**

- **Twelve** respondents from **Europe**, including **two** from **Eastern Europe**;
- **Five** respondents from the **Oceania** region, with **four** from **Australia** and one from **New Zealand.**

Written responses were received from **23 countries**. This under-represents, however, the international reach of the survey, as a number of respondents are actively working in or drawing on experience from a number of countries.

In terms of their **gross national income** (GNI)[16], responses were received from countries with low GNI (2), with upper or lower medium GNI (9) and with very high GNI (12), according to World Bank classifications.

In terms of their **Human Development Index** (HDI)[17] rating, responses were received from countries with ratings on the Human Development Index (HDI) as follows: low (2), medium (3), high (6), very high (10).

The survey responses therefore provide insights from across the globe, from richer to poorer countries, from the most to the least developed countries, even though the majority of responses do come from wealthier countries in the northern hemisphere.

The highest number of the respondents were from non-governmental organizations (NGOs) (16) and universities (10), providing a balance of perspectives from the academic and operational worlds. The NGOs include both those with a children's rights/development focus and those with a child protection focus. Some respondents are involved in direct practice, some in management roles,others in research, evaluation and training. Some work with disabled children and others with culturally and linguistically diverse, and migrant families. A number of internationally recognized experts have responded to the survey, including some responsible for developing well-known parenting programs. There appear to be no survey respondents from the primary and secondary education sectors or from the statutory social services.

The numbers responding to the survey are small in global terms suggesting a lower level of confidence when making generalizations based on these findings. The written responses are, however, complemented by conference discussions of the same questions, which increases the breadth of reach and representation. The resulting diversity of respondents provides a rich variety of perspectives and insights and raises a number of critical issues for exploration. The following sections highlight responses to the survey questionnaire, which are supplemented by reference to relevant international research.

Positive Parenting Programs Identified By Survey Respondents

Survey respondents identified forty-four (44) evidence-based positive parenting programs at primary, secondary and tertiary levels of prevention**.** Thirteen (13) **primary prevention** programs were identified, six (6) of which originate in North America and five (5) from Europe. In addition there is one program from Australia and one from South Africa. Twenty-one (21) **secondary prevention** programs were identified, eight (8) of which originate in North America, nine (9) are from Europe, three (3) from Australia and one from Brazil. Ten (10) **tertiary prevention programs** promoting positive parenting were identified by respondents. Of these, five (5) originate in the USA, two (2) in Australia, one in Brazil, one in Scotland, and one in the Netherlands. For detailed information see the full report.

It is apparent from the programs identified that there is a rich and growing body of evidence-based positive parenting programs relevant to preventing violence against children, many of which have been extensively

evaluated. The vast majority of these come from high income countries, in the main from North America, Europe and Australia.

Programs typically address multiple parental and child outcomes, of which the prevention of violence to children is but one. It is necessary therefore to clarify and distinguish between programs objectives and rationales in determining their relevance.

Programs **differ** in terms of:

- Their delivery setting – (for example) clinic, school, home, primary care, hospital;
- Their intensity, from a few contacts to many;
- Their format – (for example) individual consultation, group work, online, media promotion, modular;
- Their intended outcomes;
- The basis on which they are provided – (for example) under license, franchised, not-for-profit/for-profit.

Prinz[18] suggests that parenting-focused interventions have **key features in common**. They are:

- Theoretically driven and grounded in empirically derived theories about child development, family interaction, developmental psychotherapy and change processes;
- Action-focused - parents do things during the interaction, rather than just talk;
- Problem-solving oriented – addressing the problems parents face and working towards solutions;
- Offer specific, concrete, practical parenting strategies;
- Include collaborative goal setting between parent and intervention provider;
- Adopt a positive frame, building on parental competencies and avoiding blame.

Information on positive parenting programs developed in the west is relatively easy to access on the web, but it is more difficult to locate information about parenting interventions developed in low- and middle-income countries. A significant minority of respondents were not aware of evidence-based programs and some appear to be engaged in developing their own programs in response to local need without the benefit of learning from work done elsewhere.

The majority of respondents favor a **life-course approach,** that recognizes different parenting challenges at different stages of a child's life. This approach is reflected in many (but not all) of the programs identified, that are designed for parents with children in a specific age group.

A minority, however, argue persuasively for a **core principles approach** applied across the developmental trajectory. They make the case that in low- to middle- income and rural settings, programs that cover the whole of the age spectrum are more appropriate than programs targeted at distinct stages of childhood. This is because parents may have several children at different ages and may benefit from learning from other parents whose children are at a different stage. This approach is also likely to more cost-effective and practically achievable in rural areas.

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[18] Prinz, R.J. *Parenting and family support within a broad child abuse prevention strategy.* Child Abuse & Neglect 51 (2016) 400-406.

Early childhood and adolescence are highlighted as **critical developmental stages.** More programs have been identified in this survey for the early years, with very few in relation to parenting adolescents.

A child's development may be adversely affected by **disability,** and programs need to reflect this as well as the additional challenges for parents in bringing up a disabled child, often in the context of discrimination and prejudice.

Significant Barriers to Program Implementation and Strategies for Overcoming These

The most significant barriers to successful program implementation in order of number of survey responses (given in brackets) are as follows:

- Funding (21)
- Parental engagement and participation (13)
- Social and cultural attitudes (12)
- Workforce (9)
- Lack of political will (8)
- Major stresses on families (6)
- Inadequate legal, policy and standards framework (4f
- Inadequate services (4)

In addition, there are challenges in relation to the readiness of a program for implementation, ensuring quality and consistency in implementation and scale-up, ensuring the relevance of the program to context and setting, and building the evidence-base in ways that meet different stakeholder requirements. A table summarizing suggested strategies for overcoming these barriers is provided in the full report. Examples are also provided of ways to overcome barriers to participation by fathers and by parents who may be referred to as 'hard to reach', including those with major personal issues and vulnerabilities, such as mental health problems, substance abuse and domestic violence in their lives which make their engagement in parenting programs problematic.

The questionnaire asked **how cultural norms and practices impact on positive parenting.** There is a strong consensus among respondents that cultural norms and practices are highly significant when promoting positive parenting. These can be seen as positive, negative or neutral in their influence on parenting. More respondents focused on the negative impact of culture than on the positive benefits. The cultural norms most commonly identified by respondents as impacting negatively on parenting relate to **discipline, gender discrimination and male violence**.

Cultural norms and practices are not fixed, and in times of transition (such as through migration) parents are challenged by changing expectations and contradictory norms. When parental authority is felt to be under threat this can lead to an increase in hierarchical and authoritarian parenting (Losoncz, 2016[19]). Positive parenting programs can help by encouraging parents to reflect on cultural norms and to make active choices about how they parent.

Policies In Support Of Positive Parenting

The *ISPCAN Thinking Space 2015* considered examples of national and local policies and decisions which support positive parenting, and at how policy, and programs can best be aligned.

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[19] Losoncz, I. Building Safety around children in families from refugee backgrounds. *Child Abuse and Neglect 51 (2016) 416-426.*

National and local policies create the conditions in which parents raise their children. They provide the framework within which decisions are made about what services to provide to support families, how they are delivered and to whom. Survey respondents identified the following range of policies as valuable in supporting positive parenting:

- Commitment to implementing obligations under international law and UNCRC;
- Commitment to end corporal punishment in all settings. Law alone is insufficient;
- National policies to support parents/caregivers to access basic services for their children and address poverty, which is a major risk factor for poor or negative parenting. These include equal access to free education, health care for children, maternity and post-natal care and social welfare provision for those in need;
- National policies that affirm the importance of parents, such as maternity leave and paternity leave;
- Social welfare policies that provide funds to support vulnerable families through cash transfers;
- A comprehensive national violence prevention strategy/ road map plus a plan of action including early childhood development strategies;
- Policies and decisions which help to strengthen and develop inclusive supportive communities;
- Criteria, standards, norms and code of ethics in relation to children and positive parenting with a practice model;
- Educational programs in schools for future parents that promote non-violence and gender equality;
- Access to funded parenting programs for all.

Positive changes in parenting norms, attitudes and behaviors are more likely when legislation, policy, services and professional practice all send consistent messages that all forms of violence against children are unacceptable. Legal reforms on their own and programs provided in isolation are likely to have only limited impact. Integrated, consistent, system-wide approaches are needed, backed by adequate resources. Examples of these from different countries are provided in the full report.

Developing the Evidence-Base

The *ISPCAN Thinking Space 2015* explored how the evidence base for positive parenting as a means of preventing violence against children is being developed in different countries and what indicators are being used to measure impact. It then examined different perspectives on what constitutes 'good enough' evidence.

A wide range of evidence sources are being used internationally, including longitudinal studies of cohorts of children, attitudinal surveys, research on child maltreatment, corporal punishment and different aspects of child development. Systematic reviews and meta-analyses provide useful critical overviews of the evidence. Partnerships between academics and service providers, supported by funders, are carrying out rigorous evaluative research of program outcomes using quasi- and experimental designs. Expert panels review the quality of evidence for different programs and publish their findings in certain countries such as Australia[20] and the USA[21].

Much of the work to develop the evidence-base is taking place in higher income countries, mainly in the West. A small but growing body of research[22], [23] suggests, however, that parenting interventions can be successfully delivered in resource-constrained, culturally diverse settings, including rural and post-conflict

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[20] See website www.aifs.gov.au/cfca
[21] See website www.cebc4cw.org
[22] For example see Sim, A., Puffer, E., Green, E., Chase, R., Zayzay, J., Garcia-Rolland, E. & Boone, L. (2014) *Parents Make a Difference: Findings from a randomized impact evaluation of a parenting program in rural Liberia.* International Rescue Committee. http://www.rescue.org/sites/default/files/resource-file/ParentsMakeDifference_report_FINAL_18Nov14.pdf
[23] For example see Daly, M. (2015) *Family and Parenting Support: Policy and Provision in a Global Context.* UNICEF Office of Research, Florence.

settings. More research is needed in these areas. There remain large parts of the world where the evidence-base for positive parenting programs is not being developed, well-used or disseminated at all.

In order to evaluate the impact of individual parenting programs a range of standardized instruments are in use internationally. However, there is a lack of consistency in the measures being used, with some positive parenting programs developing their own indicators and outcome measures, rather than using standardized or nationally agreed measures. This makes meaningful comparisons between programs a challenge.

Determining what is **'good enough' evidence for positive parenting** is complex and contentious, with tensions between what is desirable and what is feasible, given resource constraints. Investing in a randomized controlled trial (RCT), which is widely seen as the desirable gold standard for evaluations, may mean there is no money for interventions in some contexts. What is sufficient depends on the purpose for which the evidence is being used. For example, whether it is being used to decide on program implementation, commissioning, funding, endorsement, scaling-up, or for deciding on the suitability of a program for transfer to another context or for a particular audience. Arguably, making parental participation in a positive parenting program compulsory is unethical without rigorous evidence of its effectiveness.

Setting the evidence standard too high can stifle innovation and the development of home-grown programs, particularly in resource constrained parts of the world:

> *Where commissioners of services are "in thrall" only to RCTs, they often fail to take into account the relevance of the evidence with which they are presented, and expend public resources on inappropriate interventions and services* (Christine Puckering, Scotland[24]).

What works well in one setting with one audience and has a strong evidence base, may not work well in another. What is needed will vary according to population, context, culture and the nature of the problem.

Preventing the inter-generational cycle of violence

Finally, the *ISPCAN Thinking Space 2015* explored the belief that effective parenting programs can break the cycle of violence by adults and children, in the longer term.

Some survey respondents are unsure that we yet have the evidence to support this, but many more are convinced through their own clinical experience, well-evidenced theory, 'common sense' and logic that positive parenting can help to break the cycle of violence.

There is a growing body of evidence which suggests that some parenting interventions can help to break the cycle of violence. Sweden is seen as providing an excellent example of this through the prohibition of corporal punishment backed up by public education and parental support. Approval for and use of corporal punishment in Sweden has reduced significantly since the ban; young adults who grew up with the protection of this legislation were less likely to be suspected of physical abuse[25] and, "for a period of 11 years after the introduction of the ban, no child died as a result of physical abuse in Sweden[26]".

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[24] A survey respondent

[25] Durrant J.E. (1999) Evaluating the success of Sweden's corporal punishment ban. Child Abuse and Neglect, 23,435-448

[26] Davies, C. & Ward, H. (2013) op.cit. p. 61

The Council of Europe[27] reports that:

Positive parenting programmes can enhance the resilience children in all settings. Increased resilience reduces the likelihood of children reacting with violence or falling victim to it in any of the settings identified in the UN Study.

In her systematic review of 22 RCTs of parenting interventions to prevent child abuse tested, MacKloskey[28] concludes that:

> *Parenting interventions **can** stem the cycle of events by which child abuse elevates the societal risk years later for wife abuse, sexual aggression, and heightened violent crime. Focusing attention on parenting interventions, even in early childhood, may reduce gender-based violence, child abuse and other forms of aggression in adulthood.*

More long term follow-up studies which focus on the violence prevention outcomes of positive parenting are needed to evidence this convincingly.

In conclusion

> *By definition, child maltreatment by a family caregiver is parenting gone awry. That prevention of child maltreatment would not directly involve the strengthening of parenting is not an easily defended position.... Parenting focused intervention is not the only piece needed in a prevention strategy but it is a crucial piece nonetheless* (Prinz, R.J., 2016[29]).

The *ISPCAN Thinking Space 2015* has drawn together international and multi-disciplinary expertise on the contribution of positive parenting to violence prevention. Experiences and opinions have come from low-, middle- and high-income countries in every part of the world and from clinicians, academics, educators and policy makers. Positive parenting programs have been identified at primary, secondary, and tertiary levels of prevention, many of which are supported by good quality evidence.

The *ISPCAN Thinking Space 2015* has provided insights into the policies and interventions that are being rolled out internationally and the extent to which these are aligned; the barriers to implementation and some strategies for overcoming these; the principles and approaches being promoted in relation to positive parenting; the sources and distribution of programs; and the extent to which a life-course approach is seen as important by respondents. There is a widespread belief from those involved, based on logic, theory, professional experience and growing research evidence, that positive parenting has a significant contribution to make to preventing violence against children in both the short and longer term.

[27] Council of Europe *Policy to support positive parenting* (2007) Council of Europe Publishing.
[28] MacKloskey, A. *Systematic Review of Parenting Interventions to prevent child abuse tested with RCT designs in high income countries.* www.svri.org
[29] Prinz, R.J. Parenting and family support within a broad child abuse prevention strategy. *Child Abuse and Neglect 51 (2016) 400 – 406.*

REPORT OVERVIEW

Question 6: In your experience how do your cultural norms and practices have an impact on positive parenting?

- Differing cultural norms and practices
- Norms with the greatest impact on positive parenting
- Positive or negative?
- Transition and change
- Examples of how programs address cultural norms
- Key findings

Question 7: What policies and decisions can be used to support positive parenting?

Question 8: How do we align programs and policy?

Question 9: How is the evidence base being developed in your country?

- Examples from different countries
- Key findings

Question 10: Do you have a clear score card or indicators to measure impact?

Question 11: In your country what constitutes a 'good-enough' evidence base for positive parenting?

- Transferability of programs
- Key findings

Question 12: Given limited resources what would you prioritize as a best investment in promoting positive parenting?

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III.   **SECTION 3:** Questions And Issues For Further Debate And Research

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Section I: Introduction

The International Society for the Prevention of Child Abuse and Neglect (ISPCAN) organized the *ISPCAN Thinking Space 2015*[30] to focus on Positive Parenting and its contribution to the prevention of violence against children. There is a growing body of evidence that building the skills for positive parenting helps protect children from violence within the family system. There is some evidence that it may also help to break the cycle of inter-personal violence across generations.

The prevention of and appropriate response to violence against children remains an on-going world-wide concern and challenge. The *World Report on Violence against Children* notes that: "documentation of the magnitude of violence against children shows clearly that it is a very substantial and serious global problem" (Pinheiro, 2006[31]). The report emphasizes that violence against children occurs in every society and country and has a profound impact on the health and well-being of children. It also highlights the importance of equipping parents and caregivers of children with the knowledge and skills to parent without violence.

The aim of the *ISPCAN Thinking Space* is to bring international experts together in order to debate a specific child protection challenge, share theory, research and evidence-based practice on the topic, and then develop a report that will provide the international community with a 'snap-shot' of high-level clinical and policy advice that is:

- Informed by multi-cultural, multi-lingual and multi-disciplinary input;
- Universally applicable or adaptable across language and culture;
- Sensitive to the realities of resources; and
- A practical resource for the use of senior practitioners hoping to influence policy-makers, donors and senior officials in their own geographical and cultural areas.

This report is based on the results of research including an international survey, expert presentations, and multi-professional debates in workshops region of the world in 2015/6.Through this process a wide range of evidence-informed parenting interventions from around the world have been identified, along with insights into how these can be implemented in the most effective ways in different contexts.

In presenting these research findings and recommendations ISPCAN aims to contribute to the development of global and national policy, strategies, research and programs. The report provides practical examples of how positive parenting is being supported in different parts of the world. ISPCAN aims to help organizations and individuals work out which interventions are likely to make the biggest difference in keeping children safe from violence and promoting their well-being. It is hoped that the resulting findings will stimulate new thinking and debate and offer valuable ideas and information for those striving to end violence against children.

Audience:

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[30]The *ISPCAN Thinking Space* was previously known as the *Denver Thinking Space*. This was changed by decision of the ISPCAN Executive Council in 2015.
[31] Pinheiro, A. (2006) *Report of the independent expert for the United Nations study on violence against children.*
http://www.ohchr.org/EN/HRBodies/CRC/Study/Pages/StudyViolenceChildren.aspx

- Those responsible internationally, nationally and locally for the development and implementation of policies, strategies and programs to prevent violence against children in all regions of the world;
- Senior managers and key decision makers who allocate resources and commission services;
- Advisers, managers, and senior practitioners/clinicians who seek to influence policy makers and senior officials in relation to preventing violence against children;
- Those working in the fields of child maltreatment and inter-personal violence (IPV), in different professions and sectors, such as social care, child welfare, education, health, juvenile and criminal justice, international development;
- Funders and grant-makers;
- Advocates for children's rights and the prevention of violence against children;
- Researchers and evaluators working in the field of violence prevention.

Background on ISPCAN:

The International Society for the Prevention of Child Abuse and Neglect (ISPCAN), founded in 1977, is the pre-eminent non-government multi-disciplinary international membership organization working in the field of child protection.   ISPCAN brings together a worldwide cross-section of committed professionals to work towards the global prevention and treatment of child abuse, neglect and exploitation globally.

ISPCAN's mission is to prevent cruelty to children in every nation, in every form: physical abuse, sexual abuse, neglect, street children, child fatalities, child prostitution, sex trafficking, children of war, emotional abuse and child labor.

ISPCAN's mission is to support individuals and organizations working to protect children from abuse and neglect worldwide.

ISPCAN's objectives are to:

- Increase awareness of the extent, causes and possible solutions of all forms of child abuse;
- Disseminate academic and clinical research to those in positions to enhance practice and improve policy;
- Support international efforts to promote and protect the rights of the child;
- Improve the quality of current efforts to detect, treat and prevent child abuse;
- Facilitate the exchange of best practice standards being developed by ISPCAN members throughout the world; and
- Design and deliver comprehensive training programs to professionals and concerned volunteers engaged in efforts to treat and prevent child abuse.

The *ISPCAN Thinking Space* Concept And Origins

As many forms of violence against children extend across borders and many children move from country to country as refugees and are vulnerable to all forms of violence, it is essential to create forums in which both intra- and inter-country expertise and mechanisms for prevention and management are debated and motivated. The ISPCAN Executive Council identified in 2011 the lack of opportunities afforded for senior practice experts in child protection from around the world to gather in one place to discuss important areas of their practice. As ISPCAN's unique membership composition and credibility offers a platform for international leadership with a mechanism to facilitate such an undertaking, the ISPCAN Executive Council conceived biennial practice/policy workshops, under the auspices of ISPCAN, to consider emergent topics of relevance within the field of child protection, in order to provide the international community with a snap-shot of high-level best-practice and policy advice that would be informed, multi-cultural, multi-

lingual, multi-disciplinary, broadly applicable, sensitive to the realities of resources and practical for senior practitioners and policy makers in their own geographical and cultural areas.

In developing the *ISPCAN Thinking Space*, ISPCAN identified that:
- There was a need to re-examine the best practice in published literature, from the perspective of different countries and cultures, in terms of priorities and/or resources;
- The published evidence-based/evaluated literature in the area of child abuse was predominately in English, and based upon the experience of countries which have invested in the management and prevention of child abuse and neglect;
- It was timely to review what is known about the outcomes of these efforts and to present available evidence as to what interventions are available and should be considered from an international perspective;
- For those purposes, the multicultural and multidisciplinary perspectives of a group of clinicians and academics with diverse cultural, language, and regional expertise in the promotion of positive parenting and the prevention of child maltreatment are welcomed and supported by ISPCAN and their partners.

Statement of the Problem[32]

International publications and research reports have highlighted the need to focus on parenting as critical to the prevention of violence, not only with regard to the protection of children in the home, but also in terms of raising children in a context of non violence as a means of breaking the intergenerational cycle of violence.

> *Families can be the greatest source of support for children but also – under unfortunate circumstances – the greatest source of harm* (Daly, 2015[33]).

In the report, *Hidden in Plain Sight* (2014[34]) the United Nation's (UN) Special Representative on Violence against Children reported that every year between 500 million and 1.5 billion children worldwide endure some form of violence and children are most at risk in the home. A survey of child discipline practices in low- and middle-income countries (UNICEF, 2010[35]) indicates that three out of four children between two and four years of age experience violent discipline in the home and more than 20% suffer severe physical punishment in 13 of the countries surveyed, boys being more likely to suffer than girls.

The UN Committee on the Rights of the Child General Comment 13[36], which provides guidance on the implementation of Article 19 of the UN Convention on the Rights of the Child, recognizes the family as the first unit or system of child protection:

> *States have the obligation to adopt all measures necessary to ensure that adults responsible for the care, guidance and upbringing of children will respect and promote children's rights.*

It further notes that prevention measures should:

> *Support parents and caregivers to understand, embrace and implement good child-rearing, based on knowledge of child rights, child development and techniques for positive discipline in order to support families' capacity to provide children with care in a safe environment.*

The Daphne Project Report, *What works in tackling child abuse and neglect[37],* notes in its concluding chapter the importance of empowering and enabling the participation of parents and children, meeting their needs and: "putting them at the heart of policy and practice." The *European report on preventing child maltreatment* (2013[38]) states that:

> *Sustained and systematic approaches can address the underlying causes of violence and make children's lives safer. Among these are programs that support positive parenting and provide welfare support for families at risk.*

UNICEF, in their publication *Six Strategies to Prevent Violence Against Children* (2014[39]), name their first strategy as supporting parents, caregivers and families. The publication notes:

> *This approach seeks to prevent violence and abuse from the outset by reducing the factors that make families vulnerable to violent behavior and by strengthening parents and caregivers child rearing skills.*

The report further notes that a significant body of evidence suggests that providing parents with child-rearing strategies as well as economic support can help address individual and family risk factors.

In their overview of prevention strategies and programs that hold promise for violence prevention, the *World Health Organization Global Status Report on Violence Prevention* (2014[40]) notes that the following hold promise:

- Home visiting programs that offer parents and caregivers support;
- Education;
- Parenting education programs which improve child rearing skills, increase knowledge of child development and foster positive child management skills.

Protecting children from violence contributes to breaking cycles of violence across generations and contexts. Brown and colleagues (2007[41]) conclude that health, education, justice and social service professionals can be effective in preventing cycles of violence, both in the home and in the community, by adopting a life-cycle approach to providing support and services to children and families in need at different stages in the child's development. Early interventions provide a better prognosis than interventions in later childhood and adolescence and more cost-effective solutions. Such interventions would be an investment in reducing the recurring cycles of violence, thereby reducing human suffering, and the public health and societal burden of violence.

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[37] Netherlands Institute (undated) *What works in tackling child abuse and neglect? A manual for policy makers, managers and professionals.* Netherlands Youth Institute, Utrecht. http://www.nji.nl/nl/What_works_in_tackling_child_abuse_and_neglect.pdf p. 18

[38] Sethi, D., Bellis, M., Hughes, K., Gilberi, R., Mitis, F., Galea, G. (2013) *European report on preventing child maltreatment.* World Health Organization, Geneva.

[39] UNICEF (2014) *Ending Violence Against Children: Six Strategies for Action.* New York. p. 18

[40] World Health Organisation (2014) *Global Status Report on Violence Prevention 2014.* World Health Organisation, Geneva

[41] Browne, K. Hamilton-Giachristis, C., & Vettor, S., (2007). *The cycles of violence: The relationship between childhood maltreatment and risk of becoming a victim or perpetrator of violence.* World Health Organisation, Geneva. http://www.euro.who.int/__data/assets/pdf_file/0008/98783/E90619.pdf

ISPCAN identified "Promoting Positive Parenting: Preventing Violence Against Children" as the topic for the *ISPCAN Thinking Space 2015* in view of:

- The two previous *ISPCAN Thinking Space* concluding papers 2011 and 2013 (see *www.ispcan.org* for copies of these papers), both of which identified strengthening parenting capacity as a primary violence preventive strategy;
- The recent work of the WHO study Group on the Prevention of Interpersonal Violence which has highlighted the importance of parenting without violence;
- Two recent UNICEF publications[42] which have highlighted the importance of parenting without violence as a violence prevention strategy;
- The UN General Comment 13 on Article 19 of the United Nations Convention on the Rights of the Child which identifies the family as the first child protection system for the child;

International collaboration with strategic partners such as UN agencies, child rights organizations and governments to address the issues of primary prevention is vital. There is an urgent need to bring together international research and evidence-based practice information on both the short and long term prevention of violence, not only against children, but in all inter-personal relationships. As many forms of violence against children extend across borders and many families and children move from country to country as migrants, travelers, and refugees are vulnerable to all forms of violence, it is essential to create forums in which both intra- and inter-country expertise and mechanisms for prevention and management are debated and motivated. Furthermore, positive child rearing and parenting practices in one country, although influenced by culture, may well offer new ideas for fostering positive practice elsewhere, with sensitive adaptation.

UNICEF in their report *Family and Parenting Support: Policy and Provision in a Global Context* (2015[43]) highlights the fact that:

> *Currently most evidence is coming from high-income countries and predominantly from Australia, Canada, the European Union (EU) and the United States. Much less documented is what drives the development of national policies and programs in low- and middle-income countries and how the provision of family and parenting support impacts on child and adolescent well-being in these contexts.*

This is particularly important as children make up 50% of the population in most low- and middle-income countries. UNICEF also identifies a number of priority research questions in relation to parenting support, including identifying the policies and interventions that are being rolled out, the principles that are being promoted, the distribution of interventions across age groups and the extent to which a life-course approach underpins developments.

The *ISPCAN Thinking Space* focus for 2015, **Promoting Positive Parenting: Preventing Violence Against Children**, has enabled ISPCAN to gather, analyze, and integrate information from all parts of the world and by doing so provide valuable insights into how positive parenting can contribute to the short and longer term prevention of inter-personal violence. This ISPCAN initiative begins to address some of the critical research questions about parenting support and makes information about effective parenting interventions more widely available.

Key Terms and Definitions Used in the Report

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[42] Op. cit. and UNICEF (2014) *Hidden in Plain Sight: A Statistical Analysis of Violence Against Children*. New York.
[43] Daly, M. (2015) *Family and Parenting Support: Policy and Provision in a Global Context*. UNICEF Office of Research, Florence.

It may be helpful at the outset to clarify some of the key terms and definitions used in this report.

Child is used to refer to those under 18 years of age, in accordance with the definitions in the UN Convention on the Rights of the Child. When specific age-related concerns are discussed more precise terms (for example, infant, adolescent) will be used as 'child' is such a broad term. The fact that some children are also parents is worth remembering when considering the theme of positive parenting.

Parent/parenting are used to refer to the main caregivers for the child. The terms are not limited to biological or legal parents, but recognize that many children are brought up by people who are not their birth parents.

Parenting is a functional term for the processes involved in promoting and supporting the development and socialization of the child (Richter and Naicker, 2013[44]).

Parenting support should be distinguished from family support, which is broader in focus. *Parenting support is a set of (service and other) activities oriented to improving how parents approach and execute their role as parents and to increasing parents' child-rearing resources (including information, knowledge, skills and social support) and competencies* (UNICEF, 2015[45]).

Parenting programs are one form of parenting support. They are standardized interventions with parents, usually involving a number of sessions. They can be universal or targeted.

Positive parenting (the focus of this report) is defined by the Council of Europe[46] as: *parental behavior based on the best interests of the child. It provides nurturing, empowering, recognition and guidance, which involves setting of boundaries to enable the full development of the child. Positive parenting supposes respect for children's rights and a non-violent environment, where parents do not use corporal or psychologically demeaning punishment to resolve conflict or teach discipline and respect.*

Physical or corporal punishment is defined by the UNCRC as any punishment in which physical force is used and intended to cause some degree of pain or physical discomfort, however light. (UNCRC, 2006)[47].

The *ISPCAN Thinking Space 2015* – Process and Methodology

The *ISPCAN Thinking Space 2015* draws on the experience and critical thinking of people from a broad range of countries, cultures, organizational and professional backgrounds. The process began with preliminary research and then professional discussion at an ISPCAN workshop in San Diego in January 2015. This helped to identify key issues and dilemmas in relation to positive parenting and the prevention of violence against children, which then informed the further development of a concept paper and questionnaire.

Two webinars led by international experts were then held, followed by a virtual-on-line discussion forum. These events aimed to both share knowledge and stimulate thinking and were open to ISPCAN members, the wider professional network and the public. Details of the webinars, including the presentations can be found on the ISPCAN website www.ispcan.org.

A short questionnaire of thirteen questions, available in 5 languages (see appendix 1 for details) was then circulated on-line, with the concept paper, to all those who took part in the video conferences and virtual

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[44] Richter & Naicker (2013) *A Review of Published Literature on Supporting and Strengthening Child-Caregiver Relationships (Parenting).* AIDSTAR-One and Human Sciences Research Council, Arlington. V.A.
[45] Daly, M. (2015) *Family and Parenting Support: Policy and Provision in a Global Context.* UNICEF Office of Research, Florence.
[46] Council of Europe http://www.coe.int/t/dg3/familypolicy/Source/Plaquette%20positive%20parenting%20ENG.pdf
[47] UNCRC (2006): Forty Second Session. General Comment 8: *The rights of the child to protection from corporal punishment and other cruel and degrading* forms *of punishment.* United Nations, Geneva.

forum. It was also sent to the ISPCAN membership and to their wider multi-professional networks. The questionnaires were also distributed to those attending ISPCAN conferences.

Presentations and professional discussions continued throughout 2015, with workshops[48] at regional conferences in Mexico, Romania, Malaysia and the USA. These discussions were based around the questions in the survey. This combined on-line and face-to-face 'snow-balling' process sought to stimulate wide international participation from different regions of the world and different professions.

SECTION 2: Responses to Survey Questionnaire

A total of 35 written responses to the survey were received from around the world, including one joint response from three respondents from two different countries, making 37 respondents in all. These came from each of the five regions with:

- **Four** respondents from the **African** region;
- **One** respondent from the **Arab** region;
- **Nine** respondents from **North America;**
- **Three** respondents from **Latin America**;
- **Three** respondents from **Asia;**
- **Twelve** respondents from **Europe**, including **one** from **Scandinavia** and **two from Eastern Europe**;
- **Five** respondents from the **Oceania** region, with **four** from **Australia** and **one** from **New Zealand**.

Analysis of responses by income and development status of countries

Written responses were received from **23 countries**, including one joint response from two countries. This under-represents the international reach of the survey as a number of respondents are actively working in or drawing on experience from a number of countries. For example, one respondent from the Netherlands is delivering programs in East Africa.

In terms of their **gross national income** (GNI)[49], responses were received from countries with low GNI (2), those with upper or lower medium GNI (9) and those with very high GNI (12), according to World Bank classifications.

In terms of their **Human Development Index** (HDI)[50] rating, responses were received from countries with ratings on the Human Development Index (HDI) as follows: low (2), medium (3), high (6), very high (10).

The survey responses therefore provide insights from across the globe, from richer to poorer countries, from the most to the least developed countries, even though the majority of responses do come from wealthier countries in the northern hemisphere.

For a more detailed breakdown see **Appendix 2**.

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[48] Workshops facilitated by Joan van Niekerk, ISPCAN President 2014-16
[49] World Bank ratings at 2014 as summarized by Wikipedia. See
https://en.wikipedia.org/wiki/List_of_countries_by_GNI_(nominal,_Atlas_method)_per_capita
[50] *Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience (2015)* www.undp.org

Analysis of respondents by type of organization

The highest number of respondents were from non-governmental organizations (NGOs) (16) and universities (10), providing a balance of perspectives from the academic and operational worlds. The NGOs include both those with a children's rights/development focus and those with a child protection focus.

Non-governmental organizations	16
Universities	10
Hospitals and clinics	3
Training organizations	2
Medical Research Council	1
Residential care home	1
Individual	1
Not identified or status unclear	3

Analysis of Respondents by Individual Role and Discipline

This is a heterogeneous sample from around the world. Some respondents are involved in direct practice, some in management roles, others in research, evaluation and training. Some work with disabled children and others with culturally and linguistically diverse and migrant families. A number of internationally recognized experts have responded to the survey, including some responsible for developing well-known parenting programs. There appear to be no survey respondents from the primary or secondary education sector or from the statutory social services.

The numbers responding to the survey are small in global terms suggesting a lower level of confidence when making generalizations based on these findings. The written responses are, however, complemented by the various discussions at conferences of the same questions, which increases the breadth of reach and representation. The resulting diversity of respondents provides a rich variety of perspectives and insights and raises a number of critical issues for exploration.

In the following section we describe and discuss both the written and oral responses to the survey questionnaire, taking each question in turn, with particular emphasis on the written responses.

Question 1: What constitutes positive parenting? What are the core elements of positive parenting?

Positive parenting is characterized by parental behavior based on the best interest of the child that is nurturing, empowering, non–violent, and provides recognition and guidance which involves setting boundaries to enable the full development of the child (Rodrigo, 2010[51]).

This first question sets out to explore whether there is a shared international understanding of positive parenting.

The responses to the survey show a **broad level of agreement** about the core elements of positive parenting. These are described below in descending order of the numbers of responses (shown in brackets).

- Nurturing, warm, loving care, showing empathy, responsiveness and affection (14);
- Setting clear boundaries and guidance or structure in an assertive and non-authoritarian way; giving effective instructions (13);
- Non-violent resolution of parent-child conflict. Not using physical or humiliating punishments, but positively reinforcing behavior (12);
- Supporting a child's development, recognizing each child's different needs (10);
- Knowledge of child development and children's rights (8);
- Empowering the child and involving him/her in decision-making (6);
- Having self-esteem and resilience as a parent and looking after self (6);
- Protective – looking after the child's safety and minimizing risk factors (6);
- Having a supportive family environment and social/community connections and both formal and informal supports (4);
- Shaping challenging behavior through praise and positive attention and "active ignoring" , helping child to self-regulate and interact appropriately (4).

However, this apparent consensus needs to be treated with some caution. There are **differences of emphasis, meaning , intended outcomes, theoretical perspective and models**, which need to be understood in any discussion. Even when using the same words respondents are not necessarily talking about the same thing.

The term positive parenting is poorly defined and used in multiple ways (George Holden, USA[52]).

Positive parenting is seen as addressing many problems, not just as a way of preventing violence against children. For example, it is seen as a way of dealing with children with behavioral problems or who are under-achieving in education.

Respondents to the survey have different interests, professional disciplines and roles so it is not surprising that they differ in what they see as core. Some appear to have a child's rights orientation, while others are more interested in educational outcomes or child protection.

Some respondents refer to well-defined models and ways of describing positive parenting. For example:

To ICS (Investing in Children in their Societies) positive parenting means being skillful to promote a child's health, achievement and protection (Pia van den Boom, The Netherlands[53]).

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[51] Rodrigo, M.J. (2010) Promoting positive parenting in Europe: New Challenges for the European Society for Developmental Psychology. *European Journal of Developmental Psychology, 7, 281-294.*
[52] A survey respondent
[53] A survey respondent

Family relations	Being conscious and reflective of a parent's roles and responsibilities and confident of the ability to change parenting behavior if needed
	Providing children with an environment of positive and supportive family relations (adult-child and between adults) including respectful/equal relations between men and women
Roles and responsibilities	Being knowledgeable of child development and age appropriate behavior in order to be child-centered and responsive to the needs of boys and girls at different developmental stages
Values and discipline	Using positive and non-violent disciplining methods, expecting the child to follow rules because they understand them, not in order to control behavior
Communication	Encouraging open and two-way communication and dialogue and children's participation in decision-making
Self-esteem and self-care	Being able to maintain your own energy and wellbeing as a parent while raising children and dealing with every day challenges
Child protection	Providing a child with a safe home environment as well as protection and safety behaviors outside the home
Family budgeting	Responsible budgeting to provide for children's needs (as much as possible) to adequately respond to emergencies and to raise financially literate children.

The above response from ICS was the only one to mention responsible budgeting. One other response from the African region highlights the importance of parents meeting a child's basic needs, including for food, shelter and nutrition. This reflects the importance of context in defining positive parenting.

The authors of the Triple P program[54] define positive parenting as follows:

Positive parenting is an approach to raising children that aims to promote the children's development and manage children's behavior in a constructive and non-hurtful way. It is based on five core principles:

1. Having a safe and interesting environment;
2. Having a positive learning environment;
3. Using assertive discipline;
4. Having realistic expectations;
5. Taking care of yourself as a parent.

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[54] Sanders, M.K., Markie-Dadds, C. and Turner, K.M.T. (2013) *Practitioners Manual for Standard Triple P.*

Another evidence-informed model referred to by a survey respondent is provided by the Centre for Families *Strengthening Families*[55] model, which has been adopted in 30 US states. This is based on engaging families in building five protective factors:

1. Parental resilience;
2. Social connections;
3. Knowledge of parenting and child development;
4. Concrete support in times of need;
5. Social and emotional competence of children.

The above model emphasizes protective factors, however other advocates of positive parenting make no reference to child protection. Less than a quarter of respondents referred specifically to a **child's safety from violence** as a core element of positive parenting, in spite of the focus of this project.

George Holden (a survey respondent) and his colleagues[56] have written about the emergence of positive parenting as a concept and identify four main influences on its development: Alfred Adler, John Bowlby, the children's rights movement and research findings. The authors examine the different manifestations of positive parenting in programs and conclude that:

*The term positive parenting typically appears in one of two distinctive forms: it can take a **lite** or **strong** form. The lite form refers to when a parent engages in one or more positive socialization practices. These parental behaviors include positive involvement, sensitive responsiveness and expressions of affection (Holden, 2015). Advocates of the lite form typically encourage parents to use more positive socialization techniques while still engaging in mild forms of power-assertion and punishment when need is perceived* (Holden et al, awaiting publication[57]).

This distinction between "lite" and "strong" definitions could help explain the different responses to the survey. For example, less than half referred to non-violent discipline methods, but for some respondents this is a fundamental and even a primary focus.

Holden et al.[58] describe the "strong" version of positive parenting as encompassing positive discipline, non-violent parenting, and attachment parenting. The "strong" positive parenting model is distinguished from "lite" models in four ways:

- The theoretical emphasis is relationship-based, rather than a learning orientation;
- It eschews power-assertive parenting and advocates gentle, non-confronting guidance;
- It promotes warm, respectful and cooperative relationships;
- It is intended for **all** parents and prospective parents, not just parents of children with problems or parents at risk.

A further key difference in the way positive parenting is defined by respondents is the extent to which **parents, the wider family, and community** are explicitly included. Some make specific reference to co-parenting, even when parents are separated, and to the active involvement of fathers. When working with culturally and linguistically diverse families and migrant families, one respondent states that:

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[55] Strengthening families: A protective factors framework see www.strengthening families.net
[56] Holden, G. W., Ashraf, R., Brannan, E., & Barker, P. *The Emergence of "Positive Parenting as a Revived Paradigm,* to appear in *Contexts for young child flourishing: Evolution, family and society.(*Awaiting publication*)* New York: Oxford University Press.
[57] Op. cit.
[58] Op. cit.

Working with these families the core elements of positive parenting are the environment, support, linkage to community and able to communicate with someone (Binita Dhungel Ghimire, Australia[59]).

Additional perspectives from workshop discussions

There were animated discussions of what constitutes positive parenting at the international ISPCAN conferences and these largely reflected the written survey responses. The following selection of quotes from delegates has been chosen to illustrate some additional issues raised:

There is a tendency to stress positive mothering but positive fathering is just as important (Conference delegate, Malaysia).

Positive grand-parenting should also be included in our thinking as grandparents transmit core values (Conference delegate, Malaysia).

Positive parenting is often thought of as synonymous with positive discipline. The wider concept is not so well understood. A key role of parents is to transmit positive values (Conference delegate, Malaysia).

Parenting has become such a serious business – it should also be fun. It's not about creating mini-Einsteins (Conference delegate, Malaysia).

There are some areas we can readily agree on (the basics) but some are much more complex and socially determined (Conference delegate, Romania).

We can agree some basics, but cannot give a recipe. Different stimuli work for different children. Social circumstances and the individual child vary – we cannot make it the same for every family (Conference delegate, Romania).

We haven't paid enough attention to parent's own well-being and the context in which parenting happens. As well as teaching optimal parenting positive parenting we must address the context in which parenting takes place (Conference delegate, Romania).

Key findings

While ostensibly there is international agreement about what constitutes positive parenting, this masks considerable difference of emphasis, focus, meaning, intended outcomes, and theoretical base.

Positive parenting is a portmanteau term with multiple uses and interpretations. These differences do not appear to be determined by the country or region.

Differences of emphasis may be influenced by whether respondents come from a child's rights perspective, a child protection focus or have an interest in child development or education.

Positive parenting often means positive mothering and there is a need to proactively include fathers.

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[59] A survey respondent

Positive parenting is (erroneously) thought by some to be synonymous with positive discipline. It goes beyond this somewhat narrow scope.

Two distinct manifestations of the term positive parenting can be identified, "lite" and "strong", with "strong" definitions giving emphasis to non-violent discipline and attachment.

Keeping a child safe from harm is mentioned by less than a quarter of respondents as a core element of positive parenting. This is a significant omission.

Well-defined models describing the core elements of positive parenting exist and these are used as the basis for developing some programs.

It is important to clarify what is meant by the term positive parenting in any discussions, especially when these are held internationally. No assumptions should be made that this is a unified or universal concept.

Question 2.1 How is positive parenting supported, developed and sustained (at both local and national levels) through evidence-based programming?

The support, development and sustainability aspects of evidence-based programming are secured through interventions founded on the Convention on the Rights of the Child, research on children's healthy development and research on effective parenting, which focus on community engagement and empowerment (Dominique Pierre Plateau, Susanna Nordh and Joan Durrant, Sweden and Canada[60]).

The international **legal framework and treaty obligations** on countries associated with the United Nations Convention on the Rights of the Child (UNCRC) provide important support for positive parenting, according to survey respondents. The UN General Comment 13[61] clarifies governments' commitments under Article 19 of the UNCRC and describes the family as the child's first protection system. It encourages the strengthening of families to facilitate their protection role. The associated monitoring and accountability arrangements give the treaties teeth.

The United Nations treaty bodies monitor states' legislation and compliance obligations against ratified international treaties. Strong recommendations are issued to governments to reform laws and implement modalities to meet standards outlined in commitments (Phally Man, Cambodia[62]).

Where legislation to **ban corporal punishment** in all settings has been enacted this is seen as providing a supportive context for positive parenting programming. Where it is absent and legislation explicitly condones the use of physical punishment this creates difficult contradictions and challenges.

The existence of a **national strategy** that promotes positive parenting is seen as supportive. Such strategies take different forms in different countries. For example, in Cambodia there is a National Positive Parenting Strategy; in Wales there is an Early Intervention Strategy. In Jordan there is an Early Childhood Development Strategy prepared by governmental and non-governmental organizations and UNICEF in 2009. In addition, in Jordan a Family Protection Against Violence (FPAV) Program coordinates and guides the work of different agencies: '*to protect the Jordanian family from all forms and types of violence,*

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[60] Survey respondents
[61] UN Committee on the Rights of the Child (2011) General Comment no. 13.
www2.ohchr.org/English/bodies/crc.docs/CRC.C.GC.13_en.pdf
[62] A survey respondent

empowering families to play their vital role in social cohesion and creating a supportive environment for all family members (Siham Darwish Abueita, Jordan[63]).

A robust body of **research and program evaluation** provides powerful support for positive parenting. The research referred to by respondents covers a number of fields, including child development, the harmful consequences of physical punishment and child maltreatment.

Kimberly Svevo-Cianci[64] highlights the vital role played by the not-for-profit sector as follows:

It often falls to non-profit organizations to bear the burden of developing, implementing and evaluating programs for family (parent and child) welfare, before governments take that responsibility on. When non-profits succeed in making the 'programs' cost-effective and sustainable, we have a better chance that government public health or community agencies will adopt the programs, though there is no guarantee.

Respondents highlight the following activities at both national and local levels as ones which are necessary to develop and sustain positive parenting:

- Lobbying and campaigning for change. For example, to prioritize parenting support, to ban corporal punishment, to create a more equal society;
- Raising awareness and public education, for example on the harmful effects of physical punishment;
- Provision of a continuum of preventive services for parents and children, from universal services to targeted and specialist interventions;
- Community engagement and strengthening;
- Providing parenting classes that are culturally sensitive. Ensuring these address the needs of children who are disabled and others who are socially excluded.

Some respondents noted the need to **create social and cultural change**, challenging inequalities and discrimination, in order for positive parenting to have an impact.

At a national level, enabling a sense of belonging and being valued and thus encouraging commitment by reducing and preventing gross inequalities in income and wealth and making strenuous efforts to ensure social policies are inclusive and child-centred. At a local level creating and maintaining a sense of community within a moral framework which expects the inclusion of all children and their families so that even the least attractive and most isolated are gathered in to the child rearing culture (Ian Hassall, New Zealand[65]).

In some cases primary prevention must address cultural forms of violence and devaluing of children, especially when these are gender or caste-based (Sid Gardner, USA[66]).

Some examples of how **community engagement** is being encouraged – first from **Cambodia:**

Save the Children identified a need to embed positive parenting in the home and community and is piloting project in the Peam Ro District. New roles have been established: village volunteers, community social workers who support and reinforce the roles of commune committees of women and children (CCWC), provide counseling to community members and/or refer cases to CCWC and to village elders as necessary, to promote the eradication of violence across the community. (Phally Man, Cambodia[67])

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[63] A survey respondent
[64] A survey respondent
[65] A survey respondent
[66] A survey respondent
[67] A survey respondent

An example of support for positive parenting in **rural East Africa:**

Investing in Children in their Societies (ICS) has developed a context-specific parent support program called **Skilful Parenting** for rural areas of East Africa**.** This involves weekly sessions with farmers groups, awareness raising amongst local authorities and communities, specific father groups and the establishment of parent peer groups to strengthen social support networks. This is combined with an Agribusiness program implemented by Agrics: a social business that provides farmers with access to quality farm input to increase their yields and incomes. This element is critical to their participation and to mitigating poverty as a source of conflict and stress in families. (Pia van den Boom, The Netherlands [68])

Positive parenting is also supported, developed and sustained through the provision of **programs for parents** and **parent-child interaction work**. These are the focus of the next section of this report. They have a number of different delivery models which are classified in a rapid review of interventions to improve parent-child interactions (2015[69]) as:

- Media based;
- Self administered;
- Home visiting;
- Individually delivered;
- Involving live demonstration;
- Group-based;
- Group-based with additional components;
- Multi-component.

Melissa Runyon[70] advises that:

Acquisition and sustainability of positive parenting skills requires more than didactic instruction. It requires coaching, behavioral rehearsal and positive feedback to shape and reinforce positive parenting practices. Ideally programs incorporate strategies that enhance parental empathy for the child, given that parental empathy is highly correlated with positive parenting, while the use of corporal punishment and physical abuse is correlated with a lack of parental empathy for the child.

Commentary

What the survey responses illustrate is that positive parenting measures to prevent violence against children take place in a context that includes cultural, social, economic and policy dimensions. Parenting interventions that focus purely on the individual family context are unlikely to succeed in isolation. Some of the factors associated with harmful parenting and violence against children are structural in nature (for example, poverty and inequality), while others are cultural (for example, discrimination based on a disability, gender or ethnicity). Supporting, developing and sustaining positive parenting therefore requires a multi-level multi-systemic approach, which utilizes a number of different methods.

Question 2.2 Give examples of a. programs and b. publications that refer to the evidence base and whether these fit at the primary, secondary or tertiary levels of violence prevention.

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[68] A survey respondent
[69] The Early Intervention Foundation (2015)*The Best Start at Home Report. What works to improve the quality of parent-child interaction from conception to age 5 years- a rapid review of interventions.* See www.**eif**.org.uk/publication/the-**best**-**start**-**at**-**home**
[70] A survey respondent

Two contrasting views emerge from the survey:

I have never heard that there are evidence-based programs that have been developed. Most child welfare societies have developed their own programs tackling parenting in their respective areas. As an organization dealing with children with a disability we have also designed a program suitable for the type of service we render (Lindiwe Nancy, Nigeria[71]).

*Evidence-based programs are available from multiple sources, but must be realistic in terms of both their cost and their cultural appropriateness. Programs designed for middle class children in the US may not be universally appropriate in developing nations (*Sid Gardner, USA[72]).

These different perspectives may reflect the individual's role, setting or country in which they are working.

The following list covers programs identified by respondents and workshop participants and is therefore not comprehensive. Inclusion here does not necessarily denote that a program is effective in preventing violence against children. However, only those programs where it has been possible to identify some published references which demonstrate their evidence base have been included. This does mean that some interesting examples in development have not been included. We examine later in this report what constitutes 'good-enough' evidence of effectiveness.

Programs are subdivided into primary, secondary and tertiary levels of violence prevention and shown in alphabetical order. For the sake of clarity, by **primary prevention** we mean universal interventions before violence has occurred. **Secondary prevention** refers to interventions targeted at those at increased risk, again before violence has taken place. **Tertiary interventions** follow violence and are intended to reduce the likelihood of recurrence or ameliorate the consequences of the violence. Some programs are relevant to more than one level of prevention.

Primary Prevention Programs Promoting Positive Parenting

Program name	Provider or source	References/comments
ACT – Raising Safe Kids	Developed in the USA by the American Psychological Association. http://actagainstviolence.apa.org	Knox, M., Burkhart, K., & Hunter, K. E. (2010)[73]. Rated as promising by California Evidence-based Clearing House (CEBC)[74]
Family Links Nurturing Program	www.familylinks.org	Villadsen, V. (2015)[75] see research@familylinks.org.uk

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[71] A survey respondent
[72] A survey respondent
[73] Knox, M., Burkhart, K., & Hunter, K. E. (2010). ACT Against Violence Parents Raising Safe Kids Program: Effects on maltreatment-related parenting behaviors and beliefs. *Journal of Family Issues, 32* (1), 55-74.
[74] California Evidence-Based Clearing House, www.cebc4cw.org
[75] Villadsen, V. (2015) Parenting Self-efficacy before and after the Family Links 10-week Nurturing Parents programme. See research@familylinks.org.uk

Also Welcome to the World ante-natal program	Developed in the UK by Family Links organization, who also provide specialist programs for parents in prison, parents with disabled children and parents with Islamic values.	
International Child Development (ICPD) program	Changing Children's Worlds Foundation - the International Child/Parenting Development Program (ICDP-USA) www.changingchildrensworlds.org Developed in Norway in 1985, used in 30 countries around world and in 20 languages.	Svevo-Cianci, K., McBride, D. (2014)[76] Rated as Supported by Research Evidence by CEBC Accredited by NASW
Nurse Family Partnership (NFP, also known as FNP in UK)	www.nursefamilypartnerships.org Developed in USA. Implemented internationally.	Dawley, K., Loch, J., & Bindrich, I. (2007)[77]. Rated as top tier by www.evidencebasedprograms.org Rated as Well Supported by Research Evidence by CEBC
1,2,3 Magic: Effective Discipline for Children	www.123magic.com Developed in the USA. Implemented internationally. Program and books, available in 20 languages.	Bradley, S. J., Jadaa, D. A., Brody, J., Landy, S., Tallett, S. E., Watson, W., Stephens, D. (2003)[78]. Phelan, T. (2004)[79]. Rated supported by research evidence by CEBC
Parents as Teachers (PAT)	www.parentsasteachers.org Originated in USA. Also delivered in UK (as PAFT) in Germany and Australia.	RCT underway Rated as promising by Promising Practices Network.

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[76] Svevo-Cianci, K., McBride, D. (2014) *Evaluating the International Child/Parent Development Program: Promising Initial Chicago-region Results.* See www.changingchildrensworlds.org

[77] Dawley, K., Loch, J., & Bindrich, I. (2007). The Nurse-Family Partnership. *American Journal of Nursing, 107*(11):60-67.

[78] Bradley, S. J., Jadaa, D. A., Brody, J., Landy, S., Tallett, S. E., Watson, W., Stephens, D. (2003)[78]. Brief psycho-educational parenting program: An evaluation and 1-year follow-up. *Journal of the American Academy of Child and Adolescent Psychiatry, 42*(10), 1171-1178.

[79] Phelan, T. (2004) *1-2-3 Magic: Effective discipline for children 2-12.* Parent Magic, Inc.: Glen Ellyn, IL

Positive Discipline in Everyday Parenting (PDEP)	Developed by Save the Children (Sweden) and Dr. Joan Durrant, University of Manitoba, Canada.\n\nwww.positivedisciplineeveryday.com\n\nImplemented in over 20 countries.	Durrant, J. E. et al. (2014)[80]
Skhokho Supporting Success for Families	Developed in South Africa. Currently subject of clinical trials following successful pilot.	Nwabisa Jama Shai & Yandisa Sikweyiya (2015)[81]
Skilful Parenting	Developed by Investing in Children and their Societies(ICS) www.ics.nl\n\nImplemented in East Africa and Cambodia.	Van Esch, R.P. & de Haan, M. (2015)[82]\n\nCurrently subject of clinical trials
Solihull Approach	Developed in England in 1996.\n\nwww.solihullapproachparenting.com	RCT in progress. See website for evaluations including\n\nJohnson, R., Wilson, H. (2012)[83]
Strengthening Families Program (SFP)	www.strengtheningfamilies.net\n\nwww.cssp.org\n\nImplemented in more than 30 US states.	Spoth, R., Clair, S., & Trudeau, L. (Epub 2-14-13)[84].\n\nRated as promising by Blueprints for Violence Prevention
Strong Communities for Children	Developed in South Carolina by team at Clemson University.\n\nwww.clemson.edu	McDonell, J. R., Ben-Arieh, A., & Melton, G. B. (2015)[85].
Triple P: Positive Parenting Program	www.triple-p.net	Extensively evaluated with 580 published studies. E.g. Prinz, R.J et al (2009)[86].

[80] Durrant, J.E., Plateau, D.P., Ateah, C., Stewart-Tufescu, A., Ly, G., Barker, L., Holden, G., Kearley,C., McCaulay, J., D., Peters, R.DeV., Tapanya, S. Preventing Punitive Violence: Preliminary Data on the Positive Discipline in Everyday Parenting (PDEP) Program. (2014) *Canadian Journal of Community Mental Health, Vol. 33, No 2.*

[81]Nwabisa Jama Shai and Yandisa Sikweyiya* Addressing sexual and intimate partner violence in South Africa (2015) *SA Crime Quarterly, No 51, March 2015.*

[82] Van Esch, R.P. & de Haan, M. (2015) The Effect of the Skilful Parenting Program on Experienced Parents competence in West Kenya. Masters thesis, Utrecht University.

[83] Johnson, R., Wilson, H. (2012)[83] Parents' evaluation of understanding your child's behaviour, a parenting group based on the Solihull Approach. *Community Practitioner, 85: 5, 29-33.*

[84] Spoth, R., Clair, S., & Trudeau, L. (Epub 2-14-13). Universal family-focused intervention with young adolescents: Effects on health-risking sexual behaviors and STDs among young adults. *Prevention Science. DOI 10.1007/s11121-012-0321-2*

[85] McDonell, J. R., Ben-Arieh, A., & Melton, G. B. (2015). Strong Communities for Children: Results of a multi-year community-based initiative to protect children from harm. *Child Abuse & Neglect, 41,* 79-96.

[86] Prinz, R.J., Sanders, M.R., Shapiro, C.J., Whitaker, D.J., & Lutzker, J.R. (2009). Population-based prevention of child maltreatment: The U.S. Triple P system population trial. *Prevention Science*, 10(1), 1-12.

	Developed in Queensland, Australia. Now implemented in 25 countries worldwide. Has 5 levels of intervention	Sanders et al (2008)[87] Rated as Supported by Research Evidence by CEBC

Of the **thirteen** primary prevention programs listed above **six** originate in North America and **five** from Europe. In addition there is one program from Australia and one from South Africa. The programs from North America tend to be well established with a track record of evaluations and research. Many have been implemented in other parts of the world and are progressively being evaluated in these other settings. Their evaluations often cover multiple outcomes and may not necessarily specifically address their effectiveness in preventing violence.

Secondary Prevention Programs Promoting Positive Parenting

Program name	Provider or source	References/comments
Baby Steps	www.nspcc.org.uk Developed by the NSPCC in the UK, with Warwick University	Hogg, S., Coster, D. Brookes, H. (2015)[88]
Circle of Security – home visiting 4 (COS-HV4)	www.circleofsecurity.net Developed in 1980s in USA.	Cassidy, J. et al. (2011)[89].
Family Links Nurturing Program	www.familylinks.org Developed in the UK by Family Links organization, who in addition to their primary programs also provide specialist programs for parents in prison and parents with disabled children.	Villadsen, V. (2015)[90] see research@familylinks.org.uk

[87] Sanders, M.R., Ralph, A., Sofronoff, K., Gardiner, P., Thompson, R., Dwyer, S., & Bidwell, K. (2008). Every Family: A population approach to reducing behavioral and emotional problems in children making the transition to school. *Journal of Primary Prevention*, 29, 197-222.

[88] Hogg, S., Coster, D. Brookes, H. (2015) *Baby Steps: Evidence from a Relationships-Based Perinatal Education Programme.* NSPCC, London. www.nspcc.org.uk

[89] Cassidy, J., Woodhouse, S.S., Sherman, L.J., Stupica, B., & Lejuez, C.W. (2011). Enhancing infant attachment security: An examination of treatment efficacy and differential susceptibility. *Journal of Development and Psychopathology, 23,* 131-148.

[90] Villadsen, V. (2015) Parenting Self-efficacy before and after the Family Links 10-week Nurturing Parents programme. See research@familylinks.org.uk

Family Smiles (Simplifying Mental Illness plus Life Enhancement Skills)	www.nspcc.org.uk Developed and piloted by the NSPCC in the UK.	Cass, R. & Fernades, P. (2014)[91]
FED UP: Family Environment: Drug Using Parents	www.nspcc.org.uk Developed and piloted in the UK by the NSPCC.	Cass, R. & Fernades, P. (2014)[92]
Home-Start UK and Home-Start Worldwide	www.homestartworldwide.org Developed in the UK in 1973, now implemented in 22 countries.	Hermanns J.M.A. et al (2013)[93]
International Child Development Program (ICDP)	Changing Children's Worlds Foundation www.changingchildrensworlds.org Developed in Norway in 1985, used in 30 countries around world and in 20 languages.	Svevo-Cianci, K., McBride, D. (2014)[94] Rated as Supported by Research Evidence by CEBC Accredited by NASW
Mellow Parenting	www.mellowparenting.org Developed in Scotland. The program is also delivered in Iceland, Russia, New Zealand, Germany and Tajikistan.	Macbeth, A. et al.(2015)[95] See website to download evaluations. Example; Puckering et al. (1994[96])
Minding the Baby	www.yale.edu Developed in the USA by Yale University and currently being evaluated. Being piloted by the NSPCC in the UK and evaluated by the University College	Sadler, L. et al (2013)[97]

[91] Cass, R. & Fernades, P. (2014) *Evaluation of Family Smiles: Interim Report.* NSPCC, London.

[92] Cass, R. and Fernandes, P. (2014) Evaluation of FED UP: interim report. NSPCC, London.

[93] Hermanns, J.M.A., Asscher, J.J., Zijlstra, B.J.H., Hoffenaar,P.J., Dekovic, M. (2013) Long term changes in parenting and child behaviors after the home-Start family support program. *Child and Youth Services Review* 35 (2013) 678-684.

[94] Svevo-Cianci, K., McBride, D. (2014) *Evaluating the international Child/Parent Development Program: Promising Initial Chicago-region Results.* See www.changingchildrensworlds.org

[95] Macbeth, A., Law, J., McGowan, I., Thompson, L., & Wilson, P. (2015) Mellow Parenting: a systematic review and meta-analysis of an intervention to promote sensitive parenting. *Developmental Medicine and Child Neurology, 57 (12), 1119-1128.*

[96] Puckering, C., Rogers, J., Mills, M., Cox, A.D., Mattsson-Graff, M. Process Evaluation of a Group Intervention for Mothers with Parenting Difficulties. *Child Abuse Review Vol. 3:* 299-310 (1994)

[97] Sadler, L. S. et al (2013). Minding the Baby: Enhancing Reflectiveness to Improve Early Health and Relationship Outcomes in an Interdisciplinary Home-Visiting Program. *Infant Mental Health Journal 34: 391–405*

	London. See wwww.nspcc.org.uk and www.ucl.ac.uk	
Parents as teachers (PAT)	www.parentsasteachers.org Originated in USA. Also delivered in UK, as PAFT, in Germany and Australia.	RCT underway Rated as promising by Promising Practices Network.
Parent- Child Interaction Therapy	www.pcit.org Developed in 1970s in USA.	Chaffin, M., Funderburk, B., Bard, D., Valle, L.A., & Gurwitch, R. (2011)[98]. RCT with physically abusive parents.
Parents Under Pressure (PUP)	www.pupprogram.net.au Developed, implemented and evaluated in Australia. Now being piloted in the UK by the NSPCC www.nspcc.org.uk and subject of RCT by Warwick University.	Dawe, S., Hartnett, P.H., Rendalls, V. & Steiger, P. (2003)[99] For UK trial see www.nspcc.org.uk - 307
Project Parceria	www.laprev.ufscar.br Developed in Brazil. Positive Parenting Manual available	RCT completed but not yet published Williams, L.C.A., Santini, P.M., & D'Affonseca, S.M. (2014)[100]
SafeCare	www.safecare.publichealth.gsu.edu National SafeCare training and research centre.	Over 30 studies completed – see website for details. Includes 4 RCTs Chaffin, Hecht, Bard, Silovsky, & Beasley, (2012)[101] Rated as Supported by Evidence by CEBC

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[98] Chaffin, M., Funderburk, B., Bard, D., Valle, L.A., & Gurwitch, R. (2011). A combined motivation and Parent-Child Interaction Therapy package reduces child welfare recidivism in a randomized dismantling field trial. *Journal of Consulting and Clinical Psychology, 79,* 84-95.

[99] Dawe, S., Hartnett, P.H., Rendalls, V. & Steiger, P. (2003) Improving Family Functioning and Child Outcomes in Methadone Maintained Families: The Parents under Pressure programme. *Drug and Alcohol Review. 22. 229-307.*functioning

[100] Williams, L.C.A., Santini, P.M., & D'Affonseca, S.M. (2014) The Parceria Project: A Brazilian parenting program to mothers with a history of intimate partner violence. *International Journal of Applied Psychology, 4 (3),* 101 -107.

[101] Chaffin, M., Hecht, D., Bard, D., Silovsky, J.F., Beasley, W.H. (2012). A statewide trial of the SafeCare home-based services model with parents in child protective services. *Pediatrics, 129*(3), 509-515

	Developed in USA. Implemented in Belarus, Australia, Canada, Israel and the UK.	
Safe Environment for Every Kid (SEEK)	http://umm.edu/programs/childrens/services/child-protection/seek-project Developed at the University of Maryland Medical Centre.	Dubowitz, H. (2013, September)[102].
SNAP- Stop Now and Plan	http://www.childdevelop.ca/programs/snap/what-snap Developed in USA at Child Development Institute.	Numerous evaluations have been carried out. For details see summary by Child Development Institute on website www.childdev.ca
Strengthening families (SFP) – a protective factors framework and approach	www.strengtheningfamilies.net http://www.cssp.org/reform/strengtheningfamilies The strengthening families approach was developed in the USA by the Centre for the Study of Social Policy.	Spoth, R., Clair, S., & Trudeau, L. (Epub 2-14-13)
Triple P	www.triple-p.net Developed in Queensland, Australia. Now implemented in 25 countries worldwide.	Extensively evaluated with 580 published studies. e.g. Prinz, R.J et al (2009)[103]. Sanders et al (2008) [104] Rated as Supported by Research Evidence by CEBC
Tuning in to Kids (TIK)	Developed in Australia.	Havighurst, S. S., & Harley, A. (2007)[105]. Rated by CEBC as Supported by Evidence

[102] Dubowitz, H. (2013, September). The Safe Environment for Every Kid (SEEK) model: Promoting children's health, development and safety. *Zero to Three Journal*, 45-50.

[103] Prinz, R.J., Sanders, M.R., Shapiro, C.J., Whitaker, D.J., & Lutzker, J.R. (2009). Population-based prevention of child maltreatment: The U.S. Triple P system population trial. *Prevention Science*, 10(1), 1-12.

[104] Sanders, M.R., Ralph, A., Sofronoff, K., Gardiner, P., Thompson, R., Dwyer, S., & Bidwell, K. (2008). Every Family: A population approach to reducing behavioral and emotional problems in children making the transition to school. *Journal of Primary Prevention*, 29, 197-222.

[105] Havighurst, S. S., & Harley, A. (2007). *Tuning in to Kids: Emotionally Intelligent Parenting Program Manual.* Melbourne: University of Melbourne.

	www.tuningintokids.org.au	
Video-interactive guidance (VIG)	http://www.videointeractionguidance.net Developed in Netherlands in 1980s. Used in more than 15 countries.	Kennedy, H., Landor, M. and Todd, L., eds (2011)[106] Fukkink, R.G. (2008)[107] Recommended by NICE in UK
Webster- Stratton - Incredible Years (IY)	www.incredibleyears.com Developed in the USA and implemented in over 20 countries.	Subject of numerous RCTs. Webster-Stratton, C., et al. (2004)[108]. See website for full library of research articles: http://incredibleyears.com/research-library/ Rated as well-supported by evidence by CEBC

Of the **twenty-one (21)** secondary prevention programs listed above **eight** originate in North America, **nine** are from Europe, **three** from Australia and **one** from Brazil.

Tertiary Prevention Programs Promoting Positive Parenting

Program name	Provider or source	References or comments
Alternatives for Families – A cognitive behavioral therapy (AF-CBT)	Developed in USA at University of Pittsburgh. See www.afcbt.org for information.	Kolko, D. J. et al. (2011)[109]. Rated as promising by CEBC.
Combined Parent-Child Cognitive Behavioral Therapy (CPC-CBT)	Developed in USA at CARES Institute. Contact MelissaRunyonPhd@gmail.com for further information or see program description and review on www.NCTSN.org	Runyon, M.K. et al. (2010)[110] Rated as promising by CEBC.
Mellow Parenting	www.mellowparenting.org	Puckering et al. (1994)[111]

[106] Kennedy, H., Landor, M. and Todd, L., eds (2011)[106] *Video Interaction Guidance: A Relationship-Based Intervention to Promote Attunement, Empathy and Wellbeing*. London: Jessica Kingsley.

[107] Fukkink, R.G. (2008)[107] Video feedback in widescreen: A meta-analysis of family programs, *Clinical Psychology Review* 28, 904–916.

[108] Webster-Stratton, C., Reid, M. J., & Hammond, M. (2004). Treating children with early onset conduct problems: Intervention outcomes for parent, child, and teacher training. Journal *of Clinical Child and Adolescent Psychology*, *33*(1), 105-124.

[109] Kolko, D. J., Iselin, A. M., & Gully, K. (2011). Evaluation of the sustainability and clinical outcome of alternatives for families: A cognitive-behavioral therapy (AF-CBT) in a child protection center. *Child Abuse & Neglect, 35*(2), 105–116.

[110] Runyon, M.K., Deblinger, D. & Steer, R. (2010) Comparison of combined parent-child and parent only cognitive-behavioral treatments for offending parents and children in cases of child physical abuse. *Child & Family Behavior Therapy, 32,* 196-218.

[111] Puckering, C., Rogers, J., Mills, M., Cox, A.D., Mattsson-Graff, M. Process Evaluation of a Group Intervention for Mothers with Parenting Difficulties. *Child Abuse Review Vol. 3:* 299-310 (1994)

- includes Mellow Bumps, Mellow Toddlers, Mellow Dads	Developed in Scotland The program is also delivered in Iceland, Russia, New Zealand, Germany and Tajikistan.	See website to download evaluations.
Parent-Child Interaction Therapy	www.pcit.org Developed in USA.	Chaffin, M., Funderburk, B., Bard, D., Valle, L.A., & Gurwitch, R. (2011)[112]. RCT with physically abusive parents.
Project Parceria	www.laprev.ufscar.br Developed in Brazil. Positive Parenting Manual available.	RCT completed but not yet published Williams, L.C.A., Santini, P.M., & D'Affonseca, S.M. (2014)[113]
Parents Under Pressure (PUP)	www.pupprogram.net.au Developed, implemented and evaluated in Australia. Now being piloted in the UK by the NSPCC www.nspcc.org.uk and subject of RCT by Warwick University.	Dawe, S., Hartnett, P.H., Rendalls, V. & Steiger, P. (2003).[114] Davies, C. & Ward, H. (2013)[115] For UK trial see www.nspcc.org.uk - 307

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[112] Chaffin, M., Funderburk, B., Bard, D., Valle, L.A., & Gurwitch, R. (2011). A combined motivation and Parent-Child Interaction Therapy package reduces child welfare recidivism in a randomized dismantling field trial. *Journal of Consulting and Clinical Psychology, 79,* 84-95.

[113] Williams, L.C.A., Santini, P.M., & D'Affonseca, S.M. (2014) The Parceria Project: A Brazilian parenting program to mothers with a history of intimate partner violence. *International Journal of Applied Psychology, 4 (3),* 101 -107.

[114] Dawe, S., Hartnett, P.H., Rendalls, V. & Steiger, P. (2003) Improving Family Functioning and Child Outcomes in Methadone Maintained Families: The Parents under Pressure programme. *Drug and Alcohol Review. 22. 229-307.*functioning

[115] See appendix 2 of Davies, C. & Ward, H. (2013) *Safeguarding Children Across Services. Messages from Research.* London. Jessica Kingsley.

SafeCare	National SafeCare Training and Research Centre. http://safecare.publichealth.gsu.edu Developed at the University of Georgia in the USA. Also in use in numerous states, including Colorado at the Kempe Centre (www.kempe.org) and countries, including the UK (see www.nspcc.org.uk pilot)	Over 30 studies completed including RCTs- see website for details Rated as Supported by Evidence by CEBC
Trauma Focused Cognitive Behavioral Therapy	Child and parent psychotherapy, includes addressing parenting skills. Contact email – jcohen@wpahs.org Or see National Child Trauma Stress Network www.nctsn.org	Evaluated by RCTs. Rated Well Supported by Evidence by CEBC Evidence includes King, N. et al. (2000)[116].
Enhanced Triple P – Positive Parenting Program	www.triple-p.net Developed in Queensland, Australia. Now implemented in 25 countries worldwide. 5 levels of intervention	Extensively evaluated with 580 published studies e.g. Prinz, R.J et al (2009)[117]. Sanders et al (2008) [118] Rated as Supported by Research Evidence by CEBC
Video-interactive guidance	http://www.videointeractionguidance.net Developed in Netherlands in 1980s. Used in more than 15 countries.	Kennedy, H., Landor, M. and Todd, L., eds. (2011)[119] Fukkink, R.G. (2008)[120] Recommended by NICE in UK

Ten tertiary programs promoting positive parenting were identified by respondents. Of these, **five** originate in the USA, **two** in Australia, **one** in Brazil, **one** in Scotland and **one** in the Netherlands. Additional tertiary

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[116] King, N. J., Tonge, B.J., Mullen, P., Myerson, N., Heyne, D., Rollings, S., Martin, R., Ollendick, T.H. (2000)[116]. Treating sexually abused children with posttraumatic stress symptoms: A randomized clinical trial. Journal of the American Academy of Child and Adolescent Psychiatry, 39, 1347-1355.

[117] Prinz, R.J., Sanders, M.R., Shapiro, C.J., Whitaker, D.J., & Lutzker, J.R. (2009). Population-based prevention of child maltreatment: The U.S. Triple P system population trial. *Prevention Science, 10(1), 1-12*.

[118] Sanders, M.R., Ralph, A., Sofronoff, K., Gardiner, P., Thompson, R., Dwyer, S., & Bidwell, K. (2008). Every Family: A population approach to reducing behavioral and emotional problems in children making the transition to school. *Journal of Primary Prevention, 29, 197-222.*

[119] Kennedy, H., Landor, M. and Todd, L., eds (2011)[119] *Video Interaction Guidance: A Relationship-Based Intervention to Promote Attunement, Empathy and Wellbeing*. London: Jessica Kingsley.

[120] Fukkink, R.G. (2008)[120] Video feedback in widescreen: A meta-analysis of family programs, *Clinical Psychology Review* 28, 904–916.

programs being implemented in the UK and elsewhere were described in the Positive Parenting webinars[121] which were held at the beginning of this project. This includes **CBT-based home-delivered parent training with an enhanced program of group-based parent training sessions**[122] which has been found to be effective in addressing factors associated with abusive parenting, such as anger and stress management.

In addition to parent-focused interventions there are **parent-child focused interventions,** such as *Preschooler-Parent Psychotherapy; Interaction Guidance* and *Parent-Child Interaction*[123] that are showing positive outcomes.

Similarities and Differences Between Programs

It is apparent from the tables above that there is a rich and growing body of evidence-based positive parenting programs which are relevant to preventing violence against children, many of which have been extensively evaluated. They differ however in terms of:

- Their delivery setting - for example, clinic, school, home, primary care, hospital;
- Their intensity, from a few contacts to many;
- Their format - for example, individual consultation, group work, online, media promotion, modular;
- Their intended outcomes;
- The basis on which they are provided - for example under license, franchised, not-for-profit/for-profit.

Prinz[124] has suggested that several evidence-informed parenting-focused interventions have a number of **key features in common**. They:

- are theoretically driven and grounded in empirically derived theories about child development, family interaction, developmental psychotherapy and change processes;
- are action-focused - parents do things during the interaction, rather than just talk;
- are problem-solving oriented – addressing the problems parents face and working towards solutions;
- offer specific, concrete, practical parenting strategies;
- include collaborative goal setting between parent and intervention provider;
- adopt a positive frame, building on parental competencies and avoiding blame.

The UNICEF study *Family and Parenting Support : Policy and Provision in a Global Context*[125] highlights an overarching **common purpose** for different types of parenting support:

A core objective of the interventions is to achieve better outcomes for children and young people by engaging with and strengthening the child-rearing orientations, skills, competencies and practices of their parents.

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[121] This webinar was delivered by Jenny Gray, past President of ISPCAN. She drew on evidence in Davies, C. & Ward, H. (2013) *Safeguarding Children Across Services. Messages from Research.* London. Jessica Kingsley. See www.ispcan.org

[122] Barlow, J. & Schrader Mc Millan, A. *Safeguarding Children from Emotional Abuse: What works?* (2010) London, Jessica Kingsley. www.education.gov.uk/researchandstatistics/research/scri

[123] Op.cit.

[124] Prinz, R.J. Parenting and family support within a broad child abuse prevention strategy. Child Abuse & Neglect 51 (2016) 400-406.

[125] Op. cit.

The UNICEF report goes on to suggest that it is helpful to clarify and distinguish between program objectives and their numerous underpinning rationales. The author describes these as child-related; parent-related and family related, recognizing that in practice these are often inter-related. In relation to children, the rationales are primarily focused on:

- children's rights;
- amelioration of risk to the child or adolescent;
- optimizing children's short and long term development;
- preventing anti-social behavior.

The positive parenting programs identified by respondents reflect these differences of objectives and rationale.

Online Provision

No internet-based programs have been identified through the survey. This is noteworthy because a Swedish research study[126] has shown that fathers are eight-times more likely to do parenting education online than to attend community-based parenting classes with their partner. Families with children aged 3 -12 who were displaying behavioral problems participated in this randomized controlled trial. Participants in the online program were offered 7 sessions of 1.5 hours each on a secure website. These were composed of written text, videos of interactions between parents and children related to specific themes/issues, illustrations, homework, and individual feedback. Over 62% of the parents who participated in this program did so together as a couple. The evaluation found that parenting practices improved significantly and there were reductions reported in harsh and coercive parenting.

Triple P Online (TOPL) provides another example of an interactive web-based program and this has been tested in two randomized controlled trials and shown to produce significant improvements on key variables, including reduction in mother's risk of child maltreatment, sustained at 6 months after the program. *Triple P Online Community* (TPOC) with social media and gaming features was designed to reach and engage highly vulnerable young parents. The program is supported on the ground locally by peers and community agency staff. This innovative program was found (Love et al., 2016[127]) to be effective in engaging a high risk population and in reducing parental stress, child behavioral problems and lax/permissive or over-reactive parenting.

So far the evidence is limited but sufficient to suggest this is an area worthy of further exploration given that online programs are less costly than face-to-face programs and can also be adapted with relative ease for different contexts.

Availability of Information About Positive Parenting Programs

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[126] Enebrink, P., Hogstrom, J., Forster, M., Ghaderi, A. *Internet-based parent management training: A randomized controlled study in Sweden.* Behaviour Research and Therapy (2012) 240-249. http://www.kometprogrammet.se/uploads/files/Internetstudien.pdf
[127] Love, S.M., Sanders, M.R., Turner, K.M.T., Maurange, M., Knott, T., Prinz, R., Metzler, C. & Ainsworth, A.T. Social Media and gamification: Engaging vulnerable parents in an online evidence-based parenting program. *Child Abuse and Neglect 53 (2016) 95-107.*

Some respondents were well informed about programs and where to access information about them.

Useful websites and sources of information include the following:

In the **USA**:

California Evidence-Based Clearing House. www.cebc4cw.org

Centre for the Study of Prevention of Violence: www.colorado.edu/csvp/effective.programs

National Registry of Evidence-based Programs and Practices (NREPP) at

www.nrepp.samhsa.gov

Blueprints for Healthy Youth Development at www.blueprintsprograms.com

In **Canada**:

Public Health Agency of Canada Best Practices Portal at www.cbpp-pcpe.phac-aspc.gc.ca/

In **Australia**:

Child Family Community (CFCA) Expert Panel www.aifs.gov.au/cfca

In the **UK**

The Early Intervention Foundation at www.eif.org.uk

In **South Africa**:

Programmes for Change: addressing sexual and intimate partner violence in South Africa[1] summarizes local programs that have been evaluated and found to be effective in tackling sexual violence.

However, others were unaware of what was available. Information is published on a number of websites on what positive parenting programs exist. These provide detailed descriptions and ratings based on professional review. Although this information is relatively easy to access in the west, it appears not to be known to a significant minority of survey respondents. It is more challenging to find out about positive parenting programs in low- and middle-income countries.

The UNICEF[128] global study of parent and family support provides a series of case studies showing how different countries are providing parenting support. These include studies in Belarus, Chile, China, Croatia, England, Jamaica, the Philippines, South Africa and Sweden.

Key Findings

Positive Parenting programs (44) have been identified through the survey at all levels of prevention. The largest number of these are at the secondary level (21), with 13 at the primary level and 10 at the tertiary level.

Several programs operate at more than one level of prevention. For example, the Triple P - Positive Parenting Program has been designed with five different levels.

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[128] Daly, M. (2015) *Family and Parenting Support: Policy and Provision in a Global Context.* UNICEF Office of Research, Florence.

Programs typically address multiple parental and child outcomes of which the prevention of violence to children is but one. It is helpful to clarify and distinguish between programs objectives and rationales in determining their relevance to preventing violence against children.

The majority of identified programs have originated in North America (19) and these are mainly from the USA, with a smaller number coming from Australia and Europe. Many of these are being implemented internationally, raising questions about transferability.

Many of the western programs identified have been rigorously evaluated in their country of origin. Some have also been evaluated in other countries/settings. Programs in development in other parts of the world appear to be in earlier stages of research to evaluate effectiveness.

Information on Positive Parenting programs developed in the west is relatively easy to access on the web. However a significant minority of respondents were not aware of evidence-based programs and some appear to be engaged in developing their own programs in response to local need without the benefit of learning from work done elsewhere.

It is more difficult to locate information about Positive Parenting programs developed in low- and middle-income countries.

Some programs aim to address all forms of violence against children, while others are designed to address a particular form, such as physical abuse or sexual violence. Programs addressing physical abuse are in the majority with only a minority explicitly addressing neglect or sexual violence.

The use of online programs, including those with social media and gaming features appear to merit further development and evaluation as a way of engaging young and vulnerable parents and overcoming stigma associated with community-based classes.

Question 3. Are different interventions and programs required at different stages of childhood?

Twenty-four (24) survey responses answered this question. The remaining responses (11) did not address this question or gave answers that were unclear.

Numbers who agree: a life-course perspective recognizing different parenting challenges at different stages of a child's life is supported by the vast majority of those who responded to this question (20/24).

Numbers who disagree: Four (4/24) responses argue for a core principles approach applying across the life cycle, rather than an age specific approach.

Arguments In Favor Of A Life-Course Approach

There are different developmental tasks for children to accomplish at different ages/stages of their life. Parents need to understand these and attune their parenting behavior accordingly. Each stage is seen as having its own challenges.

Phally Man[129] groups these stages as follows:

- *Early Childhood (birth until 5 years) when key developmental tasks are attachment to caretaker; learning the language; differentiating themselves from environment; and, self control and compliance;*
- *Middle Childhood (6-10 years): school adjustment; academic achievement; getting along with peers; rule governing conduct;*
- *Adolescence (11 – 19 years): successful transition to secondary schooling; academic achievement; involvement in extra-curricula activities; forming close friendships within and across gender; forming a cohesive sense of self – identity.*

Others make a distinction between parenting pre-verbal and verbal children. C. Lynne Edwards[130] argues that there are two critical periods which demand special attention - early childhood and adolescence:

In early childhood we need to emphasize healthy brain development and the development of caregiver child attachments. In adolescence the focus needs to be on protective and promotive factors and youth violence prevention.

Arguments Against A Life Course Approach

Fundamental principles of caregiving apply throughout childhood and adolescence (Dominique Plateau, Susanna Nordh and Joan Durrant, Sweden and Canada[131]).

ICS strongly questions the feasibility and effectiveness of a life-course approach for rural areas of East Africa for the following reasons:

- *The average family in rural areas of East Africa has 4 or more children in different developmental stages, so a parenting intervention should support (grand)parents in parenting children at different developmental stages;*
- *Mixing parents and caregivers with children of different developmental stages allows for mutual learning and exchange of experiences;*
- *It makes more sense to mobilize parents who live close to each other in one group to strengthen social support networks during and after the intervention;*
- *From an efficiency perspective it also makes senses to target parents/caregivers of children aged 0-18 as resources and capacities for parenting support tend to be limited in low and middle-income countries* (Pia van den Boon[132]).

Kimberly Svevo[133] of the Changing Children's Worlds Foundation strongly agrees that, "it is important to note that these four points are true in many high poverty, high risk communities in the USA, including Chicago".

Examples of A Life-Course Approach

- *Baby to 3 years of age – pre-natal/post-natal programs, playgroups, parent support groups, parent education, home visits;*
- *3-6 - pre-school programs, playgroups, parent support groups, parent education, home visits;*

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[129] A survey respondent
[130] A survey respondent
[131] A survey respondent
[132] A survey respondent
[133] A survey respondent

- *6-12 primary school programs, well-being classroom, parent, teacher and student education, holiday programs, family events;*
- *12+ high school programs and parent teacher, parent education* (Karl Brettig, Australia[134]).

Parent–child interaction work, often using video feedback to promote secure attachment is most often used in infancy and for pre-school children. Home visiting programs tend to focus on children under school-age.

Some examples of programs for particular age groups, in alphabetical order:

❖ **Pre-birth**

Baby Steps (pre- and postnatal education for new parents)

Mellow Bumps, which includes program for Dads-to-be

❖ **Babies And Early Childhood**

Early Enrichment Project (ages 3- 5)

Home-Start (pre-school)

Incredible Years (ages 0-9 months and ages 1-3)

Mellow Babies (under 18 months)

Mellow Parenting (ages 1-5)

Minding the baby

Nurse Family Partnership (NFP) (ages 0-2)

Parents as First Teachers (ages 0-3)

Parent-Child Interaction Therapy (pre-verbal children)

Triple P (ages 2-12)

Video inter-active guidance

Welcome to the World (birth)

❖ **Middle childhood**

Combined Parent-Child CBT (verbal children aged over 3)

Incredible Years (ages 6-12)

Parents Make the Difference (ages 3 -7)

Parents Matter Program (ages 9-12)

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[134] A survey respondent

Triple P – ages 2-12

❖ **Adolescence**

Group Teens Triple P

Stepping Stones (ages15-26)

Skhokho Supporting Success for Families (age 14)

Talking Teens Groups as part of the Family Link Nurturing Program

Examples of age-related programs

> **Mellow Parenting** is a family of related parenting programs designed for parents with different ages of children. These programs are for vulnerable and hard to reach parents who often have difficulty engaging with services. **Mellow Bumps** is a 6 session program designed for mothers and fathers-to-be. **Mellow Babies** is for parents of babies under 18 months. **Mellow Toddlers** is a 14 week program for parents of children aged over 18 months.
>
> For more information see:
>
> www.mellowparenting.org

> **Skhokho Supporting Success for Families** is a parent-teenager relationship strengthening intervention aimed at building resilience among Grade 8 learners, aged 13 -14, and their parents. The program consists of a 4-day workshop run concurrently with parents and teens, with regular dialogues before the end of each day. This program has been developed in South Africa.

Examples of A Core Principles Approach

> *Positive Discipline in Everyday Parenting (PDEP) provides a problem solving framework that can be applied with children of any age, from infancy through adolescence.* (Dominique Plateau, Susanna Nordh and Joan Durrant, Sweden and Canada[135])
>
> PDEP was designed jointly by Save the Children and Dr. Joan Durrant from the University of Manitoba, Canada. It is a primary prevention program which aims to teach non-violent resolution of parent-child conflict. A core objective is the normalization of parent-child conflict. Its framework guides parents through a conflict resolution process:
>
> 1. Focusing on their long term goals
> 2. Creating a learning environment in which children feel physically and emotionally safe
> 3. Providing clear communication of information that children need in order to learn
> 4. Understanding children's perspectives across the developmental trajectory
> 5. Approaching discipline as problem solving rather than punishment

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[135] Survey respondents

The program consists of eight 90-minute sessions plus a follow-up session.

ICS's *Skilful Parenting* program targets parents with children aged 0-18. While taking a core principles approach, age-specific aspects are discussed throughout all modules.

Additional Points Raised

Having young parents is associated with a child's vulnerability to abuse and neglect. Des Runyan argues persuasively that programs should be tailored to the **parent's stage of development**, rather than the child's:

*Our data suggest that teen parents are much less likely to be positive and more likely to use harsh punishment – and parents who began as teens are still much more punitive when children are 8-10 and the parents are in their late 20s (*Des Runyan, USA[136]).

Others emphasize the need for **assessment** of the particular needs of each family and child before determining what program to offer. This is obviously more relevant for targeted programs at the secondary or tertiary levels of prevention, rather than for universal primary programs. In England the *Common Assessment Framework (CAF)*[137] was developed to help target prevention services towards children and families where there may be multiple problems or an increased risk of possible maltreatment. More sharply focused tools are also available to assess parent-child interaction, for example, The *Alarm Distress Baby Scale (ADBB)*[138] and the *Crittenden CARE Index* (CARE- Index)[139] help to assess parent-baby and parent-toddler interaction. The *Graded Care Profile* measures the quality of care a child receives from their parents. *C-Change Assessment of Parental Capacity to Change (2016)*[140] helps professionals assess parental capacity for change where there are concerns about parenting and risk to children.

 Respondents express their views about the **most critical periods** for positive parenting programs as follows:

*Earlier is much better. 25% of US children are being spanked at one year of age and 80% at age 2 (*Des Runyan, USA[141]).

Age 9-13 are a crucial turning point when children can be most vulnerable. (Dr. Kimberly Svevo-Cianci, USA[142]).

One person suggested that consideration of a **child's gender** was as important as their stage of development. No mention was made of other aspects of diversity, such as a **child's disability** or **ethnicity** and whether these might impact on the type of parenting intervention required. This is concerning given that each of these factors impacts on parenting. There are, however, a small number of programs which address the additional challenges of parenting a child with special needs, see for example the *Family Links Nurturing Program* website www.familylinks.org.uk which includes videos of their adapted programs for

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[136] A survey respondent
[137] www.protectingchildren.org.uk/cp-system/child-in-need/**caf**
[138] www.adbb.net/gb-intro.htm
[139] www.pat**crittenden**.com/include/manuals.htm
[140] Platt D. and Riches K. (2016), *C-Change Capacity to Change Assessment Manual*, School for Policy Studies, University of Bristol.
[141] A survey respondent
[142] A survey respondent

parents of children with special educational needs. This website also features specialist programs for parenting with Islamic values.

Key Findings

While there is a general consensus that there are different needs and parenting challenges at different developmental stages of childhood, there is disagreement on the best approaches to take.

The majority favor a life-course perspective that recognizes different parenting challenges at different stages of a child's life. A minority argue for a core principles approach applying across the developmental trajectory.

It is argued persuasively that in low- to middle-income and rural settings, programs that cover the whole of the age spectrum are more appropriate than programs targeted at distinct stages of childhood. This is because parents may have several children at different ages and may benefit from learning from other parents whose children are at a different stage. This approach is also likely to more cost effective and practically achievable.

Early childhood and adolescence are highlighted as critical developmental stages. More programs have been identified in this survey for the early years than for adolescence. Very few programs have been identified for parenting adolescents.

The parents' own developmental stage is worth consideration, as teen parents in the USA are more likely to favor harsh punishment.

A child's development may be adversely affected by disability and programs need to reflect this as well as the additional challenges for parents in bringing up a disabled child, often in the context of discrimination and prejudice.

Question 4. What are the most significant barriers to successful implementation of programs?

The most significant barriers to successful program implementation in order of number of responses (given in brackets) are as follows:

- Funding (21)
- Parental engagement and participation (13)
- Social and cultural attitudes (12)
- Workforce (9)
- Lack of political will (8)
- Major stresses on families (6)
- Inadequate legal, policy and standards framework (4)
- Inadequate services (4)

Funding

This relates to both the availability and nature of the funding for programs, which is often short term and linked to innovation rather than to scale-up. It also relates to the implementation costs of some programs, which can be prohibitively high especially for low and middle income countries to implement. Issues of funding, however are not restricted to poorer countries but are also experienced as a barrier in wealthier nations.

In the UK, the biggest barrier is lack of investment in good research with long term outcomes to demonstrate the effectiveness of programs and the lack of investment in service delivery, particularly in early years where it is likely to have the greatest impact (Christine Puckering, Scotland[143]).

Parental Engagement And Participation

This includes the limited availability of programs and issues of lack of accessibility both of which can prevent participation. Respondents are divided by whether they see barriers to participation as mainly located with the parents or with the program providers. The motivation of some parents to engage is seen by some as a barrier. Some parents are described as resistant to involvement and fathers are seen as a challenging but important group to involve. Questions are also raised about the suitability of programs to meet the needs of less educated parents.

Programs that exist are designed for well structured, well read parents. They are somewhat hard to apply to uneducated, poor parents (Aida Bekic, Bosnia and Herzegovina[144]).

*The indifference of the community and little interest by parents to the child (*Nylsen Carillo, Mexico[145]*).*

*Those parents that need it most have least ability to access services (*Resmiye Oral[146]*).*

Unavailability of parents for 4 full day workshops (Nwabisa Jama Shai, South Africa[147]).

A number of different factors can lead to low levels of uptake and high rates of drop-pout and these are described as follows by one respondent. Denise Coster[148] sees the following barriers as most acute for socially disadvantaged families and parents of children with complex needs:

- *Lack of information about program;*
- *Fear of stigma or being labeled a 'bad parent';*
- *A mismatch between the program and the parent;*
- *Practical problems such as transport and childcare;*
- *Competing demands of daily life.*

Social And Cultural Attitudes

This includes both general barriers to acceptance of positive parenting programs (such as views about the sanctity and privacy of family life) as well as traditional views about girls, about parental authority and harmful cultural practices. These are dealt with in more detail in question 6.

Workforce

In some countries there is a lack of a suitably qualified workforce to deliver programs. In others, the challenge lies in providing qualified professionals with adequate generic training and/or program specific training. A lack of knowledge of core areas such as child development is specifically mentioned. Inadequate working together practices can create a further implementation barrier.

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[143] A survey respondent
[144] A survey respondent
[145] A survey respondent
[146] A survey respondent
[147] A survey respondent
[148] A survey respondent

Some of the largest hurdles to overcome are having administrators and organizations invest in quality training and supporting the time of their therapists to participate in that training and prepare to deliver to the parent. Learning a new evidence-based therapy and implementing it with the family takes significant time commitment on the therapists part. However there is a long-term pay-off of the investment with better outcomes for children and families (Melissa Runyon, USA[149]).

Major stresses on families, including poverty.

Questions are raised about whether positive parenting can ever be effective in isolation in conditions of serious poverty, pressure or armed conflict, when basic survival needs become the priority.

An exclusive focus on positive parenting may not be sufficient to reduce violence against children (VAC) in settings with high levels of poverty. Poverty is a major risk factor for VAC and assistance with material needs, whether economic, housing, employment or discrimination, is needed to overcome structural barriers to positive parenting (Phally Man, Cambodia[150]).

For one respondent the *prevalent belief in the efficacy of programs* is a problem. Ian Hassell[151] argues that programs are not the answer to the prevention of violence against children.

Inadequate Services, Poorly Coordinated Locally

In some countries and communities this includes lack of access to basic services such as free education or health care. In others where the basics are in place it can be an absence of free or affordable support services for parents.

Prevention is still not an integral part of the continuum of child welfare services within states and localities. It continues to be under-funded and under-staffed (C. Lynne Edwards, USA[152]).

In addition to the above overarching barriers four further barriers to program implementation have been identified by survey respondents:

- **Readiness** of program for implementation. Has there been sufficient planning, preparation and communication? Has the community been engaged and are they prepared?
- **Consistency/fidelity and quality**. How do you ensure that the program is delivered consistently across different settings? How do you ensure the quality of the facilitators and those training the facilitators?
- **Relevance of the program to setting/context**. Is the program suitable for the range of ethnic, cultural and language differences in this setting? Is it appropriate for uneducated or poor parents, not just the 'well organized middle class'?
- **Building the evidence-base.** What do different stakeholders want to know about effectiveness of the program? How will competing requirements be met? How will program follow-up be achieved?

Although ensuring program fidelity and consistency is seen as a barrier, the **rigidity of the models developed** and choosing between them can also be a problem.

There are no significant regional variations in responses.

Question 5. What are the strategies that might be useful to overcome these barriers?

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[149] A survey respondent
[150] A survey respondent
[151] A survey respondent
[152] A survey respondent

Respondents and workshop participants suggest a range of ways of overcoming the above barriers and these are summarized in the following table.

Barriers to implementation	Suggested strategies
Funding	Advocate more effectively for full funding of prevention
	Legislation that mandates specific evidence-based treatment services (EBTS) which generally results in government funding for those services. Many states in the US have passed laws that say that organizations must implement EBTs for trauma in order to receive payment through Medicaid or other state contracts. States should be mandating similar EBT services for parents and caregivers (Melissa Runyon, USA[153]).
	Promote corporate sector engagement to generate more resources
	Implement sustainable processes and demonstrate economic financial impact
	Enhance data collection and outcome measurement to more effectively demonstrate benefits of positive parenting
Parental engagement and participation	*Involving parents in development of child related policies and guidance to ensure ownership, sustainability and enhance cooperation.* (MaryAnn Obidike, Nigeria[154])
	Intensive and flexible recruitment
	Provide a range of points of access
	Provide specific programs for fathers at times that they can attend (see example below)
	Free participation
	Work with existing groups of parents and caregivers and combine parenting with an economic strengthening

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[153] A survey respondent
[154] A survey respondent

	interventions such as Agrics (Pia van den Boom, Netherlands[155])
	Home visits/outreach
	Pre-group preparation; a collaborative approach with parents; providing additional support to parents during a course keeps parents engaged and ensures completion; tailoring delivery to needs; partnership with other organizations to extend reach; training and support for facilitators and recruiting volunteers to help run courses (Denise Coster, England[156]).
	Making programs mandatory for most high risk families
	Providing financial benefits to parents who attend programs. Tangible incentives for participation
	Learn from best practice and parents how best to make programs attractive and accessible. *Invest in evidence-based engagement strategies to enhance parental engagement and buy-in to parenting programs. Therapists who are providing services should have training in motivational interviewing and evidence-based engagement strategies* (Melissa Runyon, USA[157]).
	A successfully helped parent advocating value of program
Social and cultural attitudes	Campaigns to raise awareness of the culture of positive parental care and child development.
	Build alliances with communities of intellect and public influence
	Providing examples of how similar communities have put aside harmful practices, such as devaluing girls, can be powerful demonstrations of ability and necessity of cultures to change (Sid Gardner[158])
	Reach out to communities and parents. Provide warm and supportive services to parents

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[155] A survey respondent
[156] A survey respondent
[157] A survey respondent
[158] A survey respondent

Workforce	Create more study options to build strong workforce, including on-line and modular study options
	Provide training for professionals on evidence- based programs (see example of *Hope for children* training and resource package)
	Address practitioners' secondary stress
	Strengthen supervision, staff-support, training and administration across whole organization.
	Consider use of trained volunteers for specific programs (See *Home-Start Worldwide* home visiting example below)
Lack of political will and national coordination	Campaigns and lobbying, advocacy for families
	Sustain the global momentum to pressure all Governments to invest in children from a child protection perspective, allocate adequate budgets and issue effective regulations and policies (Dominique Plateau, Susanna Nordh and Joan Durrant [159])
	Renew unconditional commitment at all levels to full implementation of UNCRC.
	A national positive parenting strategy (for example, Cambodia)
	Incorporate a national strategy for early intervention which includes positive parenting into a Public Health Strategic National Plan that includes targets, monitoring and public debate to hold ministers and governments to account (for example, by EU, UNCRC, Children's Commissioners) (Aideen Naughton, Wales[160])
Major stresses on families	A re-evaluation at global, national and local levels of what children need
	Economic support for families with children
Inadequate legal, policy and standards framework	Draw on international examples

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[159] Survey respondents
[160] A survey respondent

Inadequate services, poorly coordinated at local level	Embed positive parenting in universal primary pediatric care
	School-based educational programs for parents
	Provision of a service hub with integrated service delivery through co-location and coordination of early childhood and family services
	Coalitions of services to prevent duplication
	Encourage and support local communities to create a network to bring together service providers with a common focus
	Embrace consistent conceptual, practice and administrative standards within and across programs and services
Readiness + consistency and quality	Create certification processes that include mentorship periods for facilitators and trainers
	Open communication between academic and program delivery team
	Adherence to agreed-upon standards and processes with monitoring process
	(See PDEP example below)
	Use modular approaches to avoid rigidity/inflexibility while maintaining quality
	Ensure trainers are skilled in adult learning techniques
Relevance	Adopt parenting programs with strong evidence base
	Adapt programs as necessary to context and needs of group
	Involve parents, young people and workers from different countries/communities in design and delivery
	Translate materials to local language/s
	Multicultural resources
	Bi-lingual workers

Building the evidence base	Independently-conducted research to determine which programs have the potential to be taken to scale
	Commitment of national and philanthropic research funds

Some Examples from Practice And Research

Engaging 'Hard To Reach' Parents

One of the challenges for positive parenting is to reach and engage those parents who are most in need, including those who may be described as 'hard to reach'. These parents often have major personal issues and vulnerabilities, such as mental health problems, substance abuse and domestic violence in their lives which make their engagement in parenting programs problematic. They may have experienced very poor parenting themselves and have unresolved issues in relation to these. Some will have low levels of literacy and may lack the social skills and confidence to engage in structured programs and groups.

In Croatia experts sometimes come with formal educational approaches, but this can put some parents off, especially hard to reach parents, who may have a fear of experts, a fear of institutions and have had bad experiences of formal education. Reassurance is needed (Conference delegate, Romania).

Baby Steps

In the UK the NSPCC has worked with Warwick University to develop **Baby Steps**, for parents who require additional support, including young parents, those who have been in care, recent migrants, asylum seekers and refugees, parents who lack social networks, parents who have been involved in crime or anti-social behavior. Participants may be referred to the program or may self refer. The program is delivered by a health professional and a social care practitioner.

It begins with a home visit when the mother is at least 20 weeks pregnant and this is followed by group sessions beginning at 26 to 30 weeks of pregnancy. Mothers are encouraged to come with their partners. A further home visit is made after the birth of the baby and on this visit the interaction between the baby and parents is filmed and discussed with the parents. Post-natal group sessions for the parents and their baby resume when the youngest baby in the group is 4 weeks old.

The program is designed to engage those who may be disaffected and uninterested in education and it does this by using creative activities, film, quizzes, discussions and activities. For information about the program objectives and evaluation of impact see Coster et al. (2015[161]) www.nspcc.org.uk.

Mellow Parenting provides another example of a program that specifically aims to reach families with the most entrenched problems (For case studies and evaluations of this program see www.mellowparenting.org)

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[161] Coster, D., Brookes, H., and Sanger, C. (2015) *Evaluation of the Baby Steps Program: Pre- and Post-Measures Study.* NSPCC, London. https://www.nspcc.org.uk/globalassets/documents/research-reports/baby-steps-evaluation-pre-post-measures-study.pdf

Engaging Fathers

Engaging fathers poses a specific challenge as positive parenting has tended to target, or at least be most successful in reaching, mothers. Attempts to engage fathers in positive parenting are a relatively recent phenomenon. Some programs do this by encouraging fathers to join in alongside mothers, as described in the *Baby Steps* example above. Others offer separate support for fathers. Mellow Parenting has developed a specific program for some of the more hard-to-reach fathers:

Mellow Dads

Mellow Dads is an adaptation of *Mellow Parenting*, which is a group-based intervention originally for mothers of children aged 0-5. It is primarily focused on improving father-child attachment in circumstances where family relationships are very difficult, children are considered to be at risk of harm and fathers themselves have psycho-social vulnerabilities, including substance misuse, mental health problems, domestic violence, unemployment, financial difficulties, poor education, offending and poor literacy. The program lasts over 14 day-long sessions.

For an independent process evaluation of Mellow Dads see *Report for Mellow Parenting*, 7 March 2014 Jonathan Scourfield, Clare Allely and Peter Yates on www.mellowparenting.org

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A close father-child bond is associated with improved outcomes in mental health, education and general psychosocial development (McCain and Mustard, 1999[162]). The authors also found that a high level of father-child interaction in infancy can help prevent child abuse. In spite of this, research by Fletcher et al (2001[163]) in Australia showed very limited engagement with fathers by health and social services and a range of impediments faced by fathers in accessing support. **Baby Shed** provides an example of a relatively low cost primary prevention program designed specifically for new fathers with babies under 6 months of age.

Baby Shed

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[162] McCain, M.N. and Mustard, J.F. (1999) *Reversing the Real Brain Drain: Final Report of the Early Years Study.* Govt of Ontario.

[163] Fletcher R, Silberberg S and Baxter R 2001 *Father's access to family-related service* The Family Action Centre University of Newcastle New South Wales
http://www.newcastle.edu.au/centre/fac/efathers/papers/Fathers_access.DOC

Baby Shed was developed by the Women's Health and Community Partnership in South East Sydney, Australia and has been run for over 10 years. It is a group educational program for new fathers with their babies. Groups are co-facilitated by two workers, at least one of whom is male. An experienced child and family health nurse is also involved. Sessions are run on a Saturday to enable participation by working fathers. Mothers are welcome to attend the first session. Initially the program consisted of six weekly sessions but this was found to be too big a commitment for some to make and the number of sessions was reduced to three.

The program is based on three key concepts: mutual gaze, communication and touch. Fathers are encouraged to explore their feelings about becoming a father as well as to develop their understanding of child development and their confidence in caring for a baby. This is done through group discussion, video and group activities. Fathers feed, change and play with their babies during the sessions. Baby massage is taught with specialist input and this encourages fathers to seek permission from the baby to touch them and aims to convey the message that the baby - no matter how small - is in charge of their own body and should be treated with respect[164].

A *Systematic Review of Fathers' Involvement in Programmes for the Primary Prevention of Child Maltreatment (2012*[165]*)* found that few empirically studied primary prevention programs for child maltreatment included fathers, in spite of the fact that both mothers and fathers are responsible for abusing their children. With the exception of two programs men represented only a small percentage of program participants. Two studies were found that presented results specific to fathers:

*The **DADS Family Project** was designed to help fathers improve their parenting skills. Sixty-three fathers were recruited from a prison upon the recommendations of prison staff (Cornille et al, 2005*[166]*). Fathers in the programme participated in four three-hour sessions..... After the prevention programme, fathers reported significant improvements in recognizing the value of permitting their child's self expression, avoiding harsh punishment and not engaging in physical punishment (Cornille et al, 2005).*

*The **Hawaii Healthy Start Programme** is an early childhood home visitation programme designed to improve family functioning, prevent child maltreatment and improve child health and development in at risk families, through providing family support, parenting education and linkage to community resources and services.*

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[164] This is based on a personal communication by John Gilbert who has co-facilitated, presented and provided training on the Baby Shed. For an evaluation report on the program by Morgan, P. (2011) see http://www.seslhd.health.nsw.gov.au/Womens_Health/Early_Parenting/Reports/2011_06_08%20FINAL%20Father%20Links%20Baby%20Shed%20Project%20Report%20%20(3).pdf

[165] Smith, T.K., Duggan, A., Bair-Merritt, M.H., & Cox, G. Systematic Review of Fathers' Involvement in Programmes for the Primary Prevention of Child Maltreatment. *Child Abuse Review Vol. 21: 237-254 (2012).*

[166] Cornille T.A., Barlowe, L.O., Cleveland, A.D. (2005) DADS Family Project: An experimental group approach to support fathers in their relationship with their children. *Social Work with Groups: A Journal of Community and Clinical Practice. 28(2):41-57.*

In this program fathers were less likely to be involved if they were violent, substance using or employed. The systematic review authors concluded that parenting programs targeting fathers may need to be different from those targeting mothers.

Using volunteers to deliver interventions

Using volunteers to provide an intervention can be one way of overcoming some of the identified barriers, as in the following example from Home-Start Worldwide, which is supporting families under stress in around 22 different countries.

Home-Start Worldwide

Volunteers offer regular support and help to families under stress, who have at least one pre-school child at home. Help is provided in the family home for around two hours a week and this is tailor-made to respond to the family's assessed needs. Home-Start volunteers are, in most cases, parents themselves. They are selected by professionals, trained to national standards and supervised by a local coordinator employed by Home-Start. Volunteers are typically perceived by clients as more accessible and less threatening than professionals, which may increase parents responsiveness and reduce drop-out rates.

Evi Hatzivarnava Kazasi, Greece[167]

Ensuring Program Fidelity and Quality

There is a tension between ensuring program fidelity and adapting programs to ensure they are relevant to local needs and context, especially when transferred from one country or setting to another. Great effort is put into ensuring quality and consistency by program developers, as seen in the following example in relation to *Positive Discipline in Everyday Parenting* (PDEP):

Positive Discipline in Everyday Parenting

All program facilitators have participated in a three-day training in which they learn the content of the parent program and its delivery methodology. A program facilitator's manual is provided to each trained program facilitator, containing the objectives of each step of the program, a description of the process of delivering it, and an explanation of the learning process underlying it. Trained facilitators are also provided with a set of teaching materials.

Dominique Plateau, Susanna Nordh and Joan Durrant (Sweden and Canada[168])

Such processes backed up by regular monitoring are inevitably costly. The PDEP program is run on a not-for-profit basis, but some other licensed programs are income-generating and can be costly. The issue of program fidelity and quality is therefore closely linked to the issue of costs and funding.

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[167] A survey respondent
[168] Survey respondents

For further consideration of implementation-related issues see the Special Issue of Child Abuse and Neglect: Issues and Solutions in the Implementation of Evidence-Informed Child Welfare Practices, Volume 53 (2016).

Providing **high quality training** to those delivering programs is another way of ensuring quality. Effective use of a program requires not only familiarity with the content but also skills in group facilitation and communication and without these skills the quality of the parenting program may be adversely affected. Michael Hawton comments that: *in Australia, many parents report that they experience trainers who do not put enough effort into preparation or who are just lousy trainers. In my opinion teaching 'teaching' well, as well as content, is crucial in the delivery of interventions. Some programs may have 100s of research articles, but also have large drop-out rates. I think that a large part of high drop-out rates in some of these programs may have something to do with some people's ability to keep their parents engaged. If time is spent in teaching family educators about how to get their message across, this would probably lead to fewer drop-outs.* (Michael Hawton, Australia[169]).

The knowledge and skills of practitioners are critical to the effective delivery of positive parenting interventions. In the UK, Child and Family Training (C&FT) has developed a set of resources to empower those who work with children and families and enhance the quality of their direct work.

The **Hope for Children and Families (HfCF) intervention**[170] provides an accessible set of evidence-based approaches, resources and tools for assessment, planning, analysis, intervention and measuring outcomes when working with children and families. **Promoting positive parenting** is one of nine guides in the HfCF resource and consists of the following modules:
- The importance of praise as an approach to managing children's behavior;
- The use of attention and ignoring;
- Giving effective instructions;
- Rewards;
- Shaping challenging behavior;
- The use of time out;
- Integrating and management strategies;
- Other approaches to reinforce behavioral models.

The materials in these modules are not designed to replace evidence-based group parenting programs but:
- To provide examples of basic social learning theory principles to complement existing resources or where practitioners do not have easy access to resources;
- To assist practitioners where parents are unable or unwilling to attend a group program or where attendance has not created any change.

Question 6. In your experience how do your cultural norms and practices have an impact on positive parenting? Give some examples.

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[169] Invited feedback on draft report

[170] Roberts R. (forthcoming) Working with parents: promoting positive parenting. In Bentovim A. (ed.) (forthcoming) *Hope for Children and Families: building on strengths, modifying difficulties.* York: Child and Family Training. See www.childandfamilytraining.org.uk

Parenting and childhood are strongly influenced by culture, history, and other factors and people raise their children with different capacities, beliefs and values. While respecting diversity, the core tasks of parenting across different cultures are to protect, guide and direct children (Phally Man, Cambodia[171]).

There is a strong consensus among respondents that cultural norms and practices are hugely significant when promoting positive parenting. Four main themes emerge from the survey:

- Differences of cultural norms and practices within and between countries and communities in relation to parenting and the implications of this for programs;
- Which norms are seen as having the greatest impact on positive parenting;
- Whether cultural norms and practices are seen as positive or negative in relation to positive parenting;
- Transition and change as a challenge for parenting.

In addition to these four themes, examples are provided of how programs have been designed to address cultural norms.

Before we examine the responses under each of these themes, it is interesting to consider historical perspectives on parenting as outlined by George Holden (a survey respondent) and colleagues in the *Emergence of Positive Parenting as a Revived Paradigm: Theory, Processes and Evidence*[172]. The authors argue that for most of human history children grew up in small hunter-gatherer societies, where family relationships were largely egalitarian. In many communities young children were raised with constant physical contact with adults. As societies became more agrarian, social structures changed and hierarchical relationships began to be developed, infants spent more time away from their parents and the use of coercion became increasingly common. "Many religious leaders, philosophers, physicians, psychologists and others wrote prescriptions about how parents should raise their children and advocated corporal punishment (Holden, G. 2015)[173]." Coercive, power-assertive parenting continues today in many parts of the world, with child obedience being seen as the cornerstone of character formation. Positive parenting as an alternative to these dominant models of authoritarian parenting has emerged in the last 40 years.

This analysis is supported by the following survey response:

Parenting norms are drawn from historical experiences and biblical teachings. Together these reinforce notions of harsh punishment, which makes it challenging to convince parents of notions of positive parenting without physical beating of children. Parenting style is often dictatorial and instructive (Nwabisi Jama Shai, South Africa[174]).

Differing Cultural Norms and Practices

Respondents highlight the many cultural differences that exist within and between countries and communities and which impact on parenting. These include:

- How parents should discipline their children;
- What is considered to be a disciplinary issue (for example, sleeping alone, eating);
- How affection is shown;
- The role of the extended family;

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[171] A survey respondent
[172] Holden, G.W., Ashraf, R., Brannan, E. & Baker, P. *Emergence of Positive Parenting as a Revived Paradigm: Theory, Processes and Evidence* in Contexts for young child flourishing: Evolution, family and society. New York: Oxford University Press. Narvaez, D., Braungart-Rieker, J., Miller, L., Gettler, L. & Hastings, P.(Eds.)
[173] ibid
[174] A survey respondent

- The role of fathers;
- The roles of men and women, girls and boys;
- How children with special needs are perceived and treated.

We should not assume our own, often 'western-centric', norm is the optimum or only model of good parenting. Cultural norms are different, even within Europe and N. America (Christine Puckering, Scotland[175]).

Subtle differences need to be understood so that positive parenting can be promoted in a relevant and culturally-sensitive way. *It is important to understand the client's cultural beliefs, norms and values and incorporate these into the evidence- based treatment that is being offered* (Melissa Runyon, USA[176]).

In Italy, Alberto Pellai[177] highlights the cultural importance of education. This has implications for how positive parenting programs are conceived, promoted and delivered. Programs that are seen to improve educational outcomes are more likely to be viewed favorably by parents.

Norms with Greatest Impact On Positive Parenting

The cultural norms most commonly identified by respondents as impacting on parenting relate to **discipline, gender discrimination and male violence**:

5% of US children are being spanked at one year of age and 80% at age 2 (Des Runyan, USA[178]).

In India discipline was through smacking when I grew up – it was believed to lead to well-behaved children (Conference participant, Romania).

Through custom and traditions for father and mother; the father exercises the same practice he received from his family, as well as the mother exercises the same practice received from her family, here becomes skewed to the child through the various messages from parental authority and compatibility, especially about punishment, gender discrimination and domestic violence (Siham Darwish Abueita, Jordan[179]).

The extent of corporal punishment used against children and the widespread cultural support for this in some countries and communities is a major concern given the strong evidence showing the harm done to children's development by physical punishment and its association with child maltreatment. In *Equally Protected? A review of the evidence of physical punishment of children* (2015[180]) Professor Sir Michael Marmot states that:

The international evidence could not be clearer – physical punishment has the potential to damage children and carries the risk of escalation into physical abuse.

Key messages from *Equally Protected?*

- Physical punishment is among a range of important risk factors for child physical abuse;

- The evidence for an association between physical punishment and child maltreatment or abuse is

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[175] A survey respondent
[176] A survey respondent
[177] A survey respondent
[178] A survey respondent
[179] A survey respondent

[180] Heilmann, A., Kelly, Y., and Watt, R.G. (2015) *Equally Protected? A Review of the Evidence on physical punishment of children.*

consistent and supported by all studies that examined it;

- The use of legally permissible forms of physical punishment has been linked to increased risks for parental use of severe physical violence, injury requiring medical attention during the first year of life, and household involvement with Child Protective Services.

Edgardo Cruz[181] from Honduras describes how sexist and violent cultural practices are promoted by television programs which glamorize violence. Children and parents then reflect this behavior. Macho men force women into a submissive role and children model their behavior on this.

Devaluing girls and women as less than equal is in some cultures a norm that affects parenting profoundly. (Sid Gardner, USA[182])

Positive Or Negative?

Culture is used to defend traditional practices, some of which may be harmful to children. Cultural norms and practices can be seen as **positive, negative or neutral** in relation to positive parenting. Respondents were more likely to focus on the negative impact of culture rather than the positive benefits.

Negative

Reference to traditional cultural norms and practices can be used as way to justify and defend practices that are harmful. Binita Dhungel Ghimire[183] works with culturally and linguistically diverse (CALD) and migrant families in Australia. She states that:

Most of the CALD families try to justify their practice with cultural values. I have seen baby wrapping, introducing solids, rocking becoming conflict, while toddler's discipline, concept of consequences, punishment and even rewards become challenging (Binita Dhungel Ghimire, Australia[184]).

As I work among marginalized girls, especially the Indian, cultural norms and practices are having a negative impact (Elizabeth Alfred, Malaysia[185]).

Parents and guardians are blinded so much with ancient norms and do not give space to the realities of the world today (MaryAnn Obidike, Nigeria[186]).

Positive

In our culture in East Africa its important to train up a child when he/she is young so that when they grow they will not depart from good ways (in Kiswahili, we say "Samaki Mkunje angali Mbichi"). This cultural practice acknowledges the importance of moulding in the early years and we build on this practice in different modules.

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[181]A survey respondent
[182] A survey respondent
[183] A survey respondent
[184] A survey respondent
[185] A survey respondent
[186] A survey respondent

Norms like respecting elders, greetings through handshaking, being able to accommodate others as family members and decent communication are commonly practiced in East African culture (Pia van den Boom, The Netherlands[187]).

In these examples and the one below from Cambodia it seems that program providers are positively reframing and building on accepted cultures in order to promote positive parenting.

Transition and Change

Several respondents highlight the challenges being faced by parents in a time of transition, social and cultural change. This can be particularly relevant for a family migrating from one country and context to another with significantly different values and approaches to parenting.

A study by Losoncz[188] of inter-generational conflict in families from South Sudan who have recently arrived as refugees in Australia found that parents thought that the cultural values of Australia, particularly the greater sense of freedom afforded to youth, undermine existing structures and balance in their families. Power dynamics shifted and threatened parental authority:

Most parents attempted to strengthen their parental authority by amplifying the authoritarian and hierarchical elements of their traditional parenting style……Although all participants were aware that corporal punishment could lead to intervention by authorities, most also believed that it was their role as responsible parents to use it.

In East Africa as in many parts of the world the traditional social support system for parents is weakening:

The family setting and norms are changing due to economic and social changes. ICS encourages parents/caregivers to reflect on their norms and values, how these are impacting their parenting style and how these are transferred to their children. Upbringing of children has been the role of women. Men are however increasingly recognizing the need to co-parent and increasingly play their role as fathers in nurturing children. (Pia van den Boom, The Netherlands[189])

Some families struggle to give up old ways of disciplining in spite of changes in legislation. Maria Roth[190] from Romania describes the contradictory values in relation to discipline, with parents finding it hard to replace traditional methods of discipline and hankering after a sense of lost parental authority.

Examples of How Programs Address Cultural Norms

From Cambodia:

Cambodian culture places strong emphasis on moral responsibility, including responsibilities of children to their parents. It is therefore important to reflect on the roles parents expect from their children. One's parenting style is influenced by morality, family values and parenting goals and in turn affects children's morality and values. Such understanding and reflection supports parents and caregivers to make more explicit choices in their parenting. For example, punishment teaches

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[187] A survey respondent
[188] Losoncz, I. Building Safety around children in families from refugee backgrounds. *Child Abuse and Neglect 51 (2016) 416-426.*
[189] A survey respondent
[190] A survey respondent

> *violence to their children, while parents may want their children to become respectful and non-violent in the future (children see, children do).* (Phally Man, Cambodia[191])

From Sweden and Canada:

> **PDEP** was designed as a culturally inclusive program. It was piloted with culturally diverse groups and input was systematically sought from parents, youth, and NGO staff in a number of countries. It is founded on universal developmental principles. What differs culturally is how parents define disciplinary incidents. Therefore we customize the practice scenarios used in the program, but the problem solving framework remains consistent (Dominique Pierre Plateau, Susanna Nordh and Joan Durrant, Sweden and Canada[192]).

From Scotland:

> Maori culture is more collectivist than more European cultures, but it has been possible for **Mellow Parenting** to be successfully used with Maori and Pacific Island families because Mellow does not define what is good parenting but helps parents to achieve their aims, with the only reservation being about practices which are certainly known to be harmful, such as corporal punishment (Christine Puckering, Scotland[193])

Santa-Sosa & Runyon (2014[194]) provide several case examples showing how ethno-cultural factors have been incorporated in the delivery of Combined Parent-Child Cognitive Behavioral Therapy to enhance buy-in and outcomes. They argue that practitioners should:

- Identify their own personal values, beliefs, biases, and how they may inter-play with those of their clients;
- Be open to families' values and beliefs, including their beliefs about parenting, and where possible help parents produce change that is consistent with these;
- Identify specific ethno-cultural factors to address in treatment;
- Address stigma associated with psychological treatment;
- Learn about specific spiritual/religious beliefs, consulting with experts in the community.

For example, in working with an African-American father who believes the Bible supports physical punishment ('spare the rod and spoil the child'), the therapist was able to frame positive parenting strategies by drawing on his Bible-based beliefs and asking him to consider the Biblical advice to 'be slow to anger.'

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[191] A survey respondent
[192] Survey respondents
[193] A survey respondent
[194] Santa-Sosa, E.J. & Runyon, M.K. (2014) Addressing Ethnocultural Factors in Treatment for Child Physical Abuse, *Journal of Child and Family Studies.* DOI 10.1007/s 10826-014-9969-5

Key Findings

There is a strong consensus among respondents that cultural norms and practices are hugely significant when promoting positive parenting.

Cultural norms and practices affecting parenting differ within and between countries and communities and this has significant implications for programs. Subtle differences need to be understood so that positive parenting can be promoted in a relevant and culturally appropriate way. This, however, is not an argument for cultural relativity - there are some universal principles about non-violent parenting which apply regardless of culture.

Cultural norms and practices are not fixed and in times of transition, including migration, parents are challenged by changing expectations and contradictory norms.

Cultural norms and practices can be seen as positive, negative or neutral in relation to positive parenting. More respondents focused on the negative impact of culture rather than the positive benefits.

The cultural norms most commonly identified by respondents as impacting negatively on parenting relate to discipline, gender discrimination and male violence.

The international evidence could not be clearer – physical punishment has the potential to damage children and carries the risk of escalation into physical abuse. Violent discipline methods are however used in all settings and by families from different backgrounds.

Positive parenting programs can help by encouraging parents to reflect on cultural norms and to make active choices about how they parent.

Question 7. What policies and decisions can be used to support positive parenting? Give examples at local and national levels.

National governments are ultimately responsible for meeting their obligations under international law to protect all children from all forms of violence

(Dominique Plateau, Susanna Nordh and Joan Durrant, Sweden and Canada[195]).

National and local policies create the conditions in which parents raise their children. They provide the framework within which decisions are made about what services to provide to support families, how they are delivered and to whom. Survey respondents identified the following range of policies as valuable in supporting positive parenting:

- Commitment to implementing obligations under international law and UNCRC;
- Commitment to end corporal punishment in all settings. Law alone is insufficient;
- National policies to support parents/caregivers to access basic services for their children and address poverty, a risk factor for poor or negative parenting. These include equal access to free education, health care for children, maternity and post-natal care and social welfare provision for those in need;
- National policies that affirm the importance of parents, such as maternity leave and paternity leave;
- Social welfare policies that provide funds to support vulnerable families through cash transfers (see example of ICS and Agrics in East Africa);
- A national strategy/ road map plus a plan of action. Early childhood development strategies;
- Policies and decisions which help to strengthen and develop inclusive supportive communities;

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[195] A survey respondent

- Criteria, standards, norms and code of ethics in relation to children and positive parenting with a practice model;
- Educational programs in schools for future parents that promote non-violence and gender equality;
- Access to funded parenting programs for all.

Some Examples

From the South East Asian region:

> The **ASEAN Regional Plan of Action for the Elimination of Violence Against Children** was agreed in 2015. It includes provision of guidelines on non-violent approaches to nurture, care and develop children in all settings and plans to provide free and easy access to information to parents, caregivers and communities to improve their skills and understanding on positive discipline and ensuring non-violent interaction, communication ad relationships with their children t prevent violence. See www.srsg.violenceagainstchildren.org
>
> or www.aean.org

From South Australia:

> The *Engaging Families in the Early Childhood Development Story* project was developed as a national initiative with strong support from the South Australian Government. The Australian Research Alliance for Children and Youth (ARACY) has identified that simply providing information to parents does not always translate into supportive parenting practices. Using the best evidence from what has worked in public health social marketing (such as the QUIT, sun-smart and HIV/AIDS behavior change programs), ARACY has developed a **social marketing strategy** to encourage positive parenting, based on an understanding of the complexities of attitudes and behavior and the barriers to parents creating an optimal environment for their young child.
>
> Enabled through funding provided by COAG and led by the SA Government, *The Engaging Families in the Early Childhood Story* project aims to instigate parental and adult career behavior that are conducive to positive child development. The campaign is intended to:
>
> - inform and reassure parents that their parenting makes a significant difference, particularly in the critical 0-5 period;
> - motivate parents to adopt evidence from the neurosciences and other sciences into their parenting behavior; and
> - build a common language between parents, service providers and other professionals.
>
> See website for details www.aracy.org.au

From the USA:

> *Michigan's Child Welfare Practice Model*: "A series of intentional interventions that work together in an integrated way to promote safety, stability, well-being and permanency for children, youth and families. The family actively participates as a partner in solution- and outcome-focused planning that is needs-driven and strengths -based. Interactions are open,

honest, transparent and non-judgmental and relationships are viewed as partnerships." (C. Lynne Edwards, USA)

In Cambodia the Positive Parenting Strategy *Cambodia: Promoting Positive Parenting: Preventing Violence Against Children and Keeping Families Together* under the leadership of the Ministry of Women's Affairs is a good example of how a national government can mobilize to promote positive parenting at scale.

Good examples are also to be found among states which have prohibited corporal punishment of children in all settings – see www.endcorporalpunishment.org

Question 8. How Do We Align Programs And Policy?

This is a generic question to which many an agency is trying to find an adequate response (Dominique Plateau, Susanna Nordh and Joan Durrant, Sweden and Canada[196]).

A quarter of survey respondents felt unable to answer this question, perhaps not surprisingly. Some highlighted the **misalignment** of policies and programs which creates difficult challenges. For example, when initiatives to promote non-violent parenting are in conflict with national legislation that permits corporal punishment in the home. This is illustrated in Cambodia, where the UNCRC has been ratified and there is much good practice to support positive parenting, but the Civil Code and Domestic Violence Law assign parents the right to discipline a child to the extent necessary, including corporal or other humiliating punishment. Cambodia is far from alone in this as so far only 44 countries have banned corporal punishment in all settings.

In order to improve alignment between policy and programs three different approaches can be seen in the responses:

- Top-down approaches, where centrally driven policy initiatives are the key drivers for alignment;
- Bottom-up approaches, driven by practitioners and NGOs;
- Two-way processes, where policy and practice interact dynamically.

It is not clear which of these approaches is most effective in practice and this may vary from place to place. Illustrations of each approach follow.

Top-Down Approaches to Achieve Alignment

Funding can act as a driver for ensuring programs reflect national policies as in South Australia:

In South Australia Communities for Children programs are required to align with both State and National Policies to ensure funding (Karl Brettig, Australia[197]).

First, by inventorying disconnected projects so that the aggregate resources and the results achieved are seen whole, rather than as isolated projects. Policy is the aggregate of budgetary decisions, but if no total funding

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[196] A survey respondent
[197] A survey respondent

allocated for child protection or parent support, it is impossible to understand the effects of fiscal policy (Sid Gardner, USA[198]).

Having a **comprehensive government strategy** can help to align programs to policy. Such strategies can start before a child is born and may include education in schools about acceptable behavior and gender equality. In South Africa, for example, the government strategy includes programs aimed at poverty reduction, such as equipping parents with skills to provide for their children. It also includes providing social relief for extremely needy parents.

Bottom-Up Approaches To Achieve Alignment

ICS has actively engaged with government to help policy makers understand the benefits of the *Skilful Parenting* program and to encourage its adoption. This has led to the program becoming part of the government strategy and budget in Kenya.

This program also seeks to inform and empower parents to demand and make use of services:

We create awareness among parents and caregivers of the available basic services by government to increase demand for and uptake of these services and then hold government to account e.g. birth registration, community health services (Pia van den Boom, The Netherlands[199]).

Two–Way Processes

A number of responses recognize the value of bringing together different stakeholders and for direct engagement with government (national and local) by those involved in program development and delivery.

Research evidence, including longitudinal studies on parenting and studies of the outcomes of programs, can influence changes to both policy and programs.

Having an adequate, unambiguous legal framework for child protection, backed up by evidence collection and accurate demonstration of prevalence. This requires funding and coordination of different data entities. This is necessary in order to measure the effectiveness of programs and interventions. Findings should then feed into policy development and the implementation of measures at scale (Dominique Plateau, Susanna Nordh and Joan Durrant, Sweden and Canada[200]).

Memoranda of understanding between different stakeholders are also said to be helpful in formalizing what has been agreed.

The Centre for the Study of Social Policy's *Strengthening Families* provides an **example of a program implementation process** that aims to align policy and programs and embed the principles of *Strengthening Families* in practice:

> **Strengthening Families** implementation includes five core functions:

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[198] A survey respondent
[199] A survey respondent
[200] Survey respondents

The UNICEF study (2015[201]) provides several case studies from different regions of the world showing how policy and provision in relation to family and parenting support are aligned. This includes a case study from the UK, where parenting support was the focus of much development under the previous Labour government, and included:

- Expanding telephone helpline and web-based information services around parenting;

- Introducing a national network of children's centres (which provide a range of services but include some oriented towards parents and the way they parent);

- Rolling out education programs for parents (some of which take place under the auspices of the children's centres but many of which are run by a variety of NGOs and other service providers such as schools, clinics or health centres);

- Establishing parenting commissioners in each local authority and the provision or organization of evidence-based guidance for local authorities and their staff with regard to commissioning programs and services around parenting;

- Introducing a national academy for parenting course practitioners and the Children's Workforce Development Council;

- Introducing a national institute for family and parenting (the Family and Parenting Institute);

- Introducing a national program focusing on the education and support of young mothers (the

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[201] Daly, M. (2015) *Family and Parenting Support: Policy and Provision in a Global Context.* UNICEF Office of Research, Florence.

Family Nurse Partnership);

- Establishing a series of family intervention projects around parenting (for families involved in anti-social behavior) and parenting early intervention programs (for children at risk or likely to become so);

- Introducing parenting orders (under the Crime and Disorder Act 1998), which introduced parenting behavior and education into the criminal justice system.

A number of these measures have subsequently been reduced or removed following a change of government, but this illustrates what a comprehensive commitment to parenting support with policy, research and provision aligned, can look like.

A noteworthy feature of parenting support in England (under different administrations) is the strong commitment to evidence-based interventions. As the services were expanded – especially in 2006 when it was made obligatory for local authorities to offer parenting services to all localities with mandatory parenting practitioners and/or parenting (service) commissioners to be put in place – the commitment to evidence got stronger. The preferred model of service delivery at local level was the standardized parenting program, but only programs which could provide evidence of effectiveness were accepted on the list compiled by the National Academy of Parenting Practitioners. This was intended as the resource from which the (local authority based) parenting commissioners would select the programs to run in their area. This made for some bias towards a generic, pre-packaged program (Daly, 2015[202]).

Question 9. How is the evidence base being developed in your country?

According to respondents, the evidence base for positive parenting is **not** being developed in some countries because of financial constraints or lack of political interest (for example, in Mexico, Italy, Romania and Poland). In others (for example, Brazil), although there is academic research on parenting and child development, this evidence is not being systematically or routinely used in decision-making by NGOs or by politicians in relation to specific programs. In other places the evidence is being developed but is not widely known by service providers. So we have three different experiences; non- or limited development of the evidence-base; unsystematic use being made of available evidence and finally, available evidence not being widely known.

It is not developed and not understood. There are no databases with evidence based-programs to be applied in helping parents (Maria Roth, Romania[203]).

Where the evidence-base is being developed the following **themes** emerge from the survey:

- The value of partnerships between academics and service providers;

- The commitment of service providers to seeking evidence with respect to their programs and the challenges they face in doing so;

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[202] Daly, M. (2015) *Family and Parenting Support: Policy and Provision in a Global Context.* UNICEF Office of Research, Florence.
[203] A survey respondent

- The complexity, time and costs involved in rigorous scientific evaluation of the longer term impact of programs;
- The value of data sets and longitudinal cohort studies that can serve multiple purposes.

Examples From Survey Of How The Evidence Base Is Being Developed In Different Countries

These are illustrative examples only, based on the responses to the survey and are in no way comprehensive.

Country/region	How is the evidence base being developed?
Australia	Evidence base for positive parenting has been incorporated into **National Framework for Protecting Children.** See website www.dss.gov.au
	Evidence-based programs are developed by community service providers within Australia. Programs are submitted to the Expert Panel project at **Child Family Community Australia** for approval addressing specific criteria. Information on programs is then listed on the website of the **Australian Institute of Family Studies** at www.aifs.gov.au
New Zealand	*3 cohort studies in Dunedin, Christchurch and Auckland/Waikato are providing the best evidence* (Ian Hassall[204]) These are longitudinal studies. See www.dunedinstudy.otago.ac.nz
South Africa	Through evaluation research using quasi and experimental designs
Sweden, Canada and internationally	PDEP program evaluation team developed a three-pronged evaluation strategy. Formal evaluation began once the program had been pilot tested and refined, and trainers trained, all of which took several years to complete. Evaluation is partnership between academics In University of Manitoba in Canada and Save the Children in Sweden. A randomized control trial is being designed. See example below
UK	Large scale research with central government funding into the effectiveness of parenting programs. For example, The CAN Parent Trial is a government-funded initiative to examine a universal free offer of parenting classes to all parents of children aged 0-5. Developing, piloting and carrying out impact evaluation of programs by NGOs, see NSPCC example below.

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[204] A survey respondent

USA	Initiative by Obama Administration to base programming of social policy initiatives on rigorous evidence. *Show me the evidence.* Hoskins, R. (2014) Brookings Institution Press.
	International Child Development Program (ICPD) instruments are being used in 20 countries. ICPD was developed in Norway in 1985 and endorsed by UNICEF and WHO.
	Systematic outcome evaluations of different positive parenting programs (for example, SafeCare, Triple P).
	Surveys of parenting behavior, for example on use of and attitudes towards corporal punishment.
Wales	In Wales the government routinely collects data on outcomes from *Flying Start* provision – its flagship program for parents and families in the most deprived areas. Began with baseline for longitudinal study with comparison group. See www.flying.start@wales.gsi.gov.uk
Internationally	UNICEF assists countries in collecting and analyzing data in order to fill data gaps for monitoring the situation of children and women through its international household survey initiative the **Multiple Indicator Cluster Surveys** (MICS). See www.unicef.org or www.mics.unicef.org

Child Family Community Australia provides an excellent example of the interaction between service providers and the research community in developing, validating and publicizing the evidence base for positive parenting (and other) programs. They highlight the importance of learning from failure as well as from success:

Child Family Community Australia

Service providers do an extraordinary job of providing assistance to many thousands of families across Australia. Services should be built on the best available evidence of what works for children, young people and families. A renewed focus on prevention and early intervention will also support families as early as possible in the life of a problem.

The Expert Panel project responds to requests from Families and Children Activity service providers to build capacity to plan and implement programs, evaluate outcomes, and share the results with others, in order to reach these goals.

> *We want – and need – to share the "heroic failures", so we can learn equally about what works and doesn't work. This will help to create an increasingly robust, evidence-based and effective service system for children and families. See www.aifs.goc.au*

The commitment to building the evidence-base for a program, the challenges and resources involved are well demonstrated by the **Positive Parenting in Everyday Parenting** (PDEP) example below.

Positive Parenting in Everyday Parenting developed an evaluation strategy with the establishment of a 10-member team with a range of expertise: evaluation research, child development, child protection, child rights, parenting and public health. The evaluation team planned a three-pronged strategy consisting of: 1. Monitoring; 2. Assessing program fidelity; and 3. Formal outcome evaluation. *Monitoring* involves tracking the training of program facilitators and the delivery of PDEP to parents as well as measuring pre- and post- intervention ratings of the attitudes, beliefs and self-efficacy of participants at both levels. *Assessing program fidelity* Involves evaluating the degree to which program facilitators maintain program integrity when delivering programs. *Formal outcome evaluation* Involves a systematic multi-method assessment of the longer term impact of PDEP on parent's cognitive, affective and behavioral responses to conflict with their children over the long term.

For more information see *Preventing Punitive Violence: Preliminary Data on the Positive Discipline in Everyday Parenting (PDEP) Program.* Durrant et al. (2015)[205]

In the UK, the National Society for the Prevention of Cruelty to Children (NSPCC), has carried out a major program of outcome and impact evaluations of various evidence-informed programs focusing on parent-child relationships and positive parenting. Some studies have been carried out by an in-house team and others in partnership with universities. The evidence from these studies is published on an Evidence and Impact Hub at www.nspcc.org.uk. This includes details of how the evaluations have been carried out, what standardized measures have been used and what has been learnt about programs such as Triple P, Video Interaction Guidance, Safe Care, Parents under Pressure and Minding the Baby, when they have been implemented by trained professionals in numerous sites across the UK.

Most of the examples in the survey of how the evidence base is being developed come from higher income countries. However, there is a small but growing body of evidence on parenting interventions emerging from low-income countries. One such example comes from the **International Rescue Committee in Liberia**[206] where a randomized controlled trial of a parenting program has been carried out in a rural and post-conflict setting. The program consists of a 10-weekly group sessions of 2 hours facilitated by two lay people; an individual home visit and a parent support group. The evaluation found that the intervention:

- Was feasible and acceptable in this low-income and post-conflict setting;

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[205] Durrant, J.E., Plateau, D.P., Ateah, C., Stewart-Tufescu, A., Ly, G., Barker, L., Holden, G., Kearley,C., McCaulay, J., Peters, R. DeV., & Tapanya, S. Preventing Punitive Violence: Preliminary Data on the Positive Discipline in Everyday Parenting (PDEP) Program. (2014) *Canadian Journal of Community Mental Health, Vol. 33, No 2.*

[206] Sim, A., Puffer, E., Green, E., Chase, R., Zayzay, J., Garcia-Rolland, E. & Boone, L. (2014) *Parents Make a Difference: Findings from a randomized impact evaluation of a parenting program in rural Liberia.* International Rescue Committee. http://www.rescue.org/sites/default/files/resource-file/ParentsMakeDifference_report_FINAL_18Nov14.pdf

- Significantly reduced the use of harsh physical and psychological punishment;
- Significantly increased caretakers use of positive behavior management techniques and improved the quality of caregiver-child interactions.

Key Findings

Positive parenting draws on a wide range of evidence from different sources, such as longitudinal studies of cohorts of children, attitudinal surveys, research on child maltreatment, corporal punishment and different aspects of child development.

Evidence is used to inform the content of programs and to measure their impact over time at a population level.

It appears from the examples given and from the literature that much of the work to develop the evidence-base is taking place in higher income countries, mainly in the West. The relative absence of examples from elsewhere suggests securing sufficient resources for outcome evaluation is a particular challenge for less wealthy countries and regions. This in turn affects their ability to secure funding for implementation and scale-up.

There are parts of the world where the evidence-base for positive parenting programs is not being developed, well-used or disseminated. There are also many positive examples internationally, which illustrate how evidence is being used as a basis for positive parenting programs and policy making.

Rigorous evaluative research of program outcomes using experimental designs has been and is being carried out on some of the best known programs. Systematic reviews and meta-analyses provide useful critical overviews of the evidence.

Providing robust evidence-informed and effective positive parenting programs which prevent violence against children requires partnerships between academics and service providers, supported by funders, who understand the associated costs and benefits of long term outcome evaluation.

A small but growing body of research suggests that parenting interventions can be delivered in resource-constrained, culturally diverse settings, including in rural and post-conflict settings. More research is needed in these areas.

Question 10. Do you have a clear score card or indicators to measure impact?

A number of survey respondents did not understand the question or felt unable to answer. Many were clear no score cards or indicators exist in their country. What emerges from the examples given is that in some countries there is a coordinated national approach to measurement and this covers a wide range of indicators of children's health and development. These can be used both to monitor young people's development at a population-level over time and can also be used selectively to measure the impact of programs on different aspects of children's health and development or protection from violence.

Several respondents refer to the use of standardized outcome measures, such as the Parent-Child Conflict Tactics Scale (CTSPC), which includes scales to measure physical assault, with subscales for corporal punishment and physical abuse; psychological aggression; non-violent discipline techniques; instances of

neglect, sexual and physical abuse in previous week. In the UK the NSPCC[207] provides a useful summary of different standardized measures they are using to evaluate the impact of parenting programs:

- Adult Wellbeing Scale
- Child Abuse Potential Inventory
- Graded Care Profile
- North Carolina Family Assessment Scale for General Services
- Parenting Stress Index
- Parental Locus of Control
- Rosenberg Self Esteem Scale
- Health of the Nation Outcome Scales for Children and Adolescents
- Strengths and Difficulties questionnaire
- Trauma Symptom Checklist for children

Program specific indicators are also being used by some organizations. One respondent describes this as an ongoing challenge as no consistent measures are being used across organizations, making comparisons between programs problematic:

Each program uses their own evaluation tools and outcome measures, often based on an evidence-based program that has been implemented. (Lynne Edwards, USA[208]).

The following examples include ways of measuring overall trends at a whole population level as well as indicators designed to measure the impact of a particular program or intervention:

Country/region	Score card or indicators to measure impact
Australia	The Australian government implements an Early Childhood Development Census (AECD) nationally every 3 years to measure impact on five developmental domains. See wwww.aedc.gov.au
Brazil	Observational protocols and instruments are used to measure short and medium term impact. Long term impact is seldom measured because of costs
Honduras	A methodological guide is used to measure impact on a child's development in 6 areas
Jordan	*There are national norms/indicators of: language, reading and writing, cognition, social, emotional, fine and gross motor, logical thinking and learning styles for 8 year olds, prepared by UNICEF. These could be used to measure impact of program in future.* See www.unicef.org or www.mics.unicef.org

[207] See www.nspcc.org.uk
[208] A survey respondent

| New Zealand | The NZ Child and Youth Epidemiology Service produces indicators: see http://dnmeds.otago.ac.nz/departments/womens/paediatrics/research/nzcyes/index.html

See example below |
|---|---|
| South Africa | *Measures of impact of the program to be used will be a reduction in inter-personal violence, sexual, emotional and physical abuse as experienced by teenagers* |
| Sweden and Canada | Standardized questionnaires have been developed and are used to compare PDEP program impact in different regions, facilitators and cultures. Indicators currently used:

- Beliefs about children and their rights
- Attitudes to their physical and emotional punishment
- Confidence in implementing a non-punitive approach to discipline

To be used in future:

- Behavior change |
| Wales | Measures of the impact of the program include a child's school readiness at age 4, language development at ages 2 and 3 are being used to measure impact of Flying Start program. |

Example from New Zealand

During the mid-2000's, it became apparent that New Zealand required a formal monitoring framework, which not only considered the breadth of issues those in the health sector felt were important to child and youth health, but also the chains of causality which linked them to the underlying socioeconomic and cultural determinants of health. The Paediatric Society of New Zealand thus approached the Ministry of Health, and in 2006 the New Zealand Child and Youth Health Indicator Project was funded. This project resulted in two reports, which have since become the basis for the Service's monitoring of child and youth health.

. *Monitoring the Health of New Zealand Children and Young People: Literature Review and Framework Development*
. *Monitoring the Health of New Zealand Children and Young People: Indicator Handbook*

For thousands of years we have been defining signs, symptoms and tests that can be used to assess the health and well being of individuals. The summation of these findings guides future care and treatments. Increasingly we are aware that information needs to be gathered about

whole communities to guide future investment and audit the effects of changes, planned or otherwise. The process is one of developing appropriate indicators to monitor change, guide direction, promote progress, and benchmark one community or nation against others.

Good indicators allow the monitoring of important investments and can help justify cost shifting across sectors as well as noting untoward effects of good intentioned action. Evidence based purchasing and planning decisions are dependent on good information on current status to guide targeting and rationing of services. The far reaching impacts that result from the health and wellbeing status of our children and young people mean monitoring and responding to changing indicators must be given a very high priority.

http://dnmeds.otago.ac.nz/departments/womens/paediatrics/research/nzcyes/index.html

Key Findings

Good indicators at population level allow well informed planning and decision making and these are being used in some countries to measure the impact of positive parenting.

There are a wide range of standardized instruments that are being used internationally to evaluate the impact of programs.

It appears that some positive parenting programs develop their own indicators and outcome measures, rather than using standardized or nationally agreed measures. This makes meaningful comparisons between programs a challenge.

Question 11. In your country what constitutes a 'good-enough' evidence base for positive parenting?

In selecting a specific intervention, commissioners and practitioners first need to be sure that it is effective in addressing the issues for which it was designed. Only interventions that have been rigorously evaluated should be selected. The methodology used in the evaluation determines the weight given to the evidence of effectiveness (Davies and Ward, 2013[209]).

The survey question above seeks to establish whether there is any difference in views between countries in relation to what is deemed 'good-enough' evidence of effectiveness. The question does not make explicit the purpose/s for which the evidence base must be deemed 'good-enough', but it might be for program implementation, commissioning, funding, endorsement, scaling up, or for deciding on suitability for transfer to another context. These are, of course, inter-related. What might be 'good-enough' evidence for implementing a pilot program may not be sufficient for taking a program to scale. What might be sufficient for scale-up in one country may not be 'good-enough' for it to be transported to another country and context. What might demonstrate effectiveness with one target group may not be effective for another.

In addition to different criteria being applied for different purposes, one survey respondent suggests that different criteria are applied by different stakeholders, for example, by academics and non-academics, with the implication that academics generally set higher standards to judge what is good enough.

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[209] Davies, C. & Ward, H. *Safeguarding Children Across Services: Messages from Research.* (2013) Jessica Kinsley, London. Page 96.

A number of respondents find this a difficult question to answer. One states clearly that this is a contested issue with no consensus. However, among academic respondents there appears to be a shared understanding about different levels of evidence. Davies and Ward (2013)[210] provide a useful summary of evidence levels as follows:

> Level A: Randomized Controlled Trials (RCT)
>
> Level B: Two-Group Non-Randomized Comparative Trials
>
> Level C: Single Group Pre-Post Studies
>
> Level D: Retrospective Quantitative Studies
>
> Level E: Case Studies

Some organizations use formal tiers of evidence to enable them to make explicit and transparent the criteria for determining the quality of the evidence. A number of respondents referred to rankings by panels of experts using different scales, such as the California Evidence-Based Clearing House for Child Welfare (CEBC) in USA, and Child Family Community[211], in Australia.

The California Clearing House (CEBC)[212] rates programs and grades them 1- 6 as follows:

1. Well Supported by Evidence
2. Supported by Research Evidence
3. Promising Research Evidence
4. Evidence Fails to Demonstrate Effect
5. Not Able to be Rated.

Another simple 5 step model is provided by Nesta[213] in the UK:

Level 1	You can describe what you do and why it matters, logically, coherently and convincingly
Level 2	You capture data that shows positive change but you cannot confirm you caused this
Level 3	You can demonstrate causality using a control or comparison group
Level 4	You have one + independent replication evaluation that confirms these conclusions
Level 5	You have manuals and procedures to ensure consistent replication

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[210] Davies, C. & Ward, H. (2013) *Safeguarding Children Across Services: Messages from Research*. Jessica Kinsley, London. Page 96.

[211] See website www.aifs.gov.au/cfca

[212] See website www.cebc4cw.org

[213] Breckon, J. & Hay, J. (2015) *Knowing How To Protect: Using Research Evidence to Prevent Harm to Children.* Alliance for Useful Evidence, London.

These hierarchies and frameworks offer a structure to help think about what is sufficient evidence, but judgments still need to be made about what is good enough. Some respondents are looking for behavior change and proof of impact on children's safety and development while others would be satisfied by measures of attitudinal change. One respondent suggests that CEBC level 3, Promising Research Evidence, should be seen as good enough to secure funding for further development of a program. If the good enough standard is set too high innovation suffers, particularly where resources for research are scarce.

Many providers of positive parenting programs aspire to the highest standard of evidence. One response succinctly addresses the question as follows, explaining current practice but advocating for the highest standard of evidence:

*With regard to PDEP, we aim for statistically significant shifts in parents' beliefs about children and their rights, attitudes towards physical and emotional punishment and confidence in their non-violent conflict resolution skills from pre-post program. However we do not see this as good enough as an evidence base. We need to show actual use of physical and emotional punishment decreases and that their problem solving skills are increased and maintained over time. We also need to show these changes are attributable to the program. So controlled trials are needed (*Dominique Plateau, Susanna Nordh and Joan Durrant[214]).

However applying the 'gold standard' is seen as unrealistic in some contexts.

If you ask academics they would answer the same golden standard as in North America. If you ask different stakeholders they would provide a more vague, elusive answer, as such standards are not usually met (Lucia W. Williams, Brazil[215]).

Another respondent working in East Africa highlighted the tensions between what was desirable – the 'gold standard' of the RCT – and what was feasible:

Ideally we need strong evidence (RCTs) to justify scale up of parenting interventions, but in reality this is not feasible because of lack of funding for evaluations. Therefore we consider good enough evidence base as an outcome evaluation, with pre- and post- measurement and ideally a control group. Spending scarce resources on RCTs would mean no funds for interventions. (Pia van den Boom, The Netherlands[216])

Pia van den Boom goes on to highlight the need for interventions to be effective in context, which ideally requires evaluation in the setting where programs are being delivered, when they are transferred from other countries/contexts. However there is often insufficient funding for this.

There is a wider challenge to what is seen by some as an over-emphasis on peer review and on RCTs. Peer review as a sole criterion for accepting or rejecting programs has been criticized as: "hidebound, elitist and expensive...a handful of gatekeepers limit the flow of information (New York Times, Jan. 2012[217])." RCTs also have their limitations:

Unfortunately the strongest RCT evidence comes from outside the UK, is primarily addressed at children's behavior, is not relevant to children under three and is not always appropriate to the needs of local populations. Where commissioners of services are "in thrall" only to RCTs, they often fail to take into account

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[214] A survey respondent
[215] A survey respondent
[216] A survey respondent
[217] New York Times (16 Jan 2012) *Cracking open the scientific process.*

the relevance of the evidence with which they are presented, and expend public resources on inappropriate interventions and services (Christine Puckering, Scotland[218]).

By requiring this level of recognition (RCTs), not only do we delay programs getting to people, but this requirement also delays innovators outside of academic circles, from being involved (Michael Hawton, Australia[219]).

Transferability of programs

The issue of the transferability of programs which are well evidenced in one context, was discussed at the ISPCAN Malaysian conference (2015). Evaluations have been carried out in the UK of highly regarded positive parenting programs originally developed elsewhere, each of which has a very strong evidence base. A study by Professor Wilson[220] of the Triple P- Positive Parenting Program in Glasgow found low completion rates for families, particularly those from more deprived areas. More than 50% of families dropped out and those with the most severe problems were least likely to complete the intervention. Triple P was originally developed in Australia as a home-based program to help parents handle behavioral problems in children. It has undergone considerable further development and evaluation and is now being used around the world, including as a whole population intervention.

In 2006 the UK government decided to test the effectiveness of an adapted form of Nurse Family Partnership in the UK, through a multi-site evaluation. A key difference between the USA and UK context is the availability of many social and health support services for young parents, including midwives and practice based nurses. An evaluation of the program[221] outcomes with teenage parents found no added value when comparing the results of specially trained nurses delivering Nurse Family Partnership (known as FNP in the UK) with the business-as-usual health visiting service. The study concluded that the extent of care provision available may have diluted the effect of the NFP/FNP.

This debate highlights the complexity of making judgments based on the available evidence, especially when that evidence has been developed in a different country, context or setting and is transferred to another.

Dr. Chris Monckton from the World Health Organization (WHO), speaking at the ISPCAN Malaysian conference on this topic, suggested that if we are **requiring** families to undertake a positive parenting program, this intervention in family life necessitates us to be very sure of a program's effectiveness. Forcing a family to participate in something unproven would be highly questionable ethically. Chris Monkton also stressed the importance of independence in evaluations and noted that some well respected evaluations are carried out by those close to the development of the same programs.

By contrast, David Finkelhor and Patricia Lannen (2016)[222] question how much emphasis we should place internationally on evidence-based programming. They argue against a slavish pre-occupation with evidence-based programs as some are easier to evaluate than others:

[218] A survey respondent
[219] Peer reviewer of draft report
[220] Marryat, L., Thompson, L., McGranachan, M., Barry, M., Sim, F., White, J. and Wilson, P. *Parenting Support Framework Evaluation Aug 2009 – Dec 2013.* www.gla.ac.uk
[221] Robling, M. et al (2015) Effectiveness of a nurse-led intensive home-visitation programme for first time teenage mothers: (Building Blocks): a pragmatic randomized trial. www.thelancet.com **Published online October 14, 2015 http://dx.doi.org/10.1016/S0140-6736(15)00392-X**
[222] Finkelhor. D., & Lannen, P. Dilemmas for international mobilization around child abuse and neglect in *Child Abuse and Neglect 50 (2015) 1-8, p 7.*

ches have to start as unevaluated experiments somewhere," and "there may be new ideas in practices from less resourced regions that merit consideration by the rest of the world. Thirdly it may "put a priority on strict fidelity of implementation, rather than on a sensitive assessment of what might work and what is needed in a specific cultural context."

What then can we conclude from the survey responses, the discussions of this topic at ISPCAN conferences and from the literature?

Key findings

Determining what is 'good-enough' evidence for positive parenting is complex and contentious, with tensions between what is desirable and what is feasible, given resource constraints.

There are published frameworks and hierarchies that can help make the standards explicit and transparent but judgments still need to be made.

What is sufficient depends on the purpose for which the evidence is being used. For example, whether it is being used to decide on program implementation, commissioning, funding, endorsement, scaling-up, or for deciding on the suitability of a program for transfer to another context or for a particular audience.

Making parental participation in a positive parenting program compulsory is unethical without strong evidence of its effectiveness.

Setting the evidence standard too high can stifle innovation, particularly in resource constrained parts of the world.

What works well in one setting with one audience, may not work well in another. What is needed will vary according to population, context, culture and the nature of the problem.

A program designed to improve a child's behavior may not necessarily reduce violence towards a child.

Evidence of the effectiveness of positive parenting interventions has to be critically interrogated in terms of:

- **Strength/rigor:** including objectivity/independence: How strong is the evidence? Is the sample adequate, for example, in terms of representation and size? Is there any conflict of interest for those evaluating a program?
- **Relevance**: Is there evidence that this program is effective in preventing violence against children? If so, does it address all forms of violence or a specific form, such as physical abuse? For which populations is the program shown to be effective (for example, deprived families, younger parents, lone parents, parents with a mental health problem)?
- **Transferability and local 'implementability'**: Is there evidence specific to this or a similar country, context and setting? Is it practical to adapt and deliver this program in this setting at this time (for example, taking account of infrastructure, workforce, culture and related issues)?
- **Cost effectiveness:** Does this positive parenting intervention add value to business-as-usual provision?

Commissioners of programs should take into account the relevance of the evidence with which they are presented in order to expend public resources effectively.

If we are 'in thrall' to RCTs we are in danger of neglecting excellent home grown programs, that might be equally or more relevant in a particular context. We also risk stifling innovation.

Question 12. Given limited resources what would you prioritize as a best investment in promoting positive parenting?

A wide range of views are expressed in the survey on what should be given priority in promoting positive parenting and there is no consensus nor any pattern based on the country or organizational setting of the respondents. The diversity and lack of agreement is probably not surprising, as what is most needed will depend on each country, context, the stage of development of positive parenting there and the extent and nature of violence against children.

It is, however, possible to group the responses and put them in order based on the number of people who recommended the same priority (number shown in brackets):

- **Awareness raising and public education about positive parenting** (11). Suggestions for how best to carry out public education vary. One person suggests this should be at all stages and points of contact with parents; others that awareness raising of positive parenting practices should be integrated, either into universal services or into targeted programs, such as those which provide cash benefits for poor parents. Des Runyan[223] suggests the use of social media and a media campaign which uses unfortunate events to allow commentary on alternative approaches (Primary prevention);
- **Providing positive parenting classes/workshops/resources** (8). Respondents disagree about who to target, with some prioritizing parents of young children as they are seen as the most at risk; some prioritize parents who were poor; some programs for adolescents. Some emphasize the need for workshops to be accessible and affordable for all parents. *Skill-pills* for parents are also suggested – short clips about how to tackle different parenting challenges. Literature for parents in their own first language.(Primary and secondary prevention);
- **Provide parent support services** (6). Three of these respondents specifically refer to the provision of multi-purpose parent-child centres (Primary and secondary prevention);
- **Trained workforce** (6). This includes ensuring there is an adequate workforce in place and also training for trainers so that professionals can consistently replicate the positive parenting programs. Using a sustainable facilitator training replication model and a community family replication model was stressed by Dr. Kimberly Svevo-Cianci[224](Infrastructure);
- **Legislation** (3) – *State legislation backed up by dollars for training and implementation.* **Prohibit corporal punishment** in all settings.
- **Home-visiting programs for at risk families** (2) (Secondary prevention);
- **Database of information** about positive parenting programs and who is doing what in a particular area (2) (Infrastructure);
- **Parent-child interaction work using video feedback.** *Early intervention based on good relationships rather than behavior management. (2);*
- Invest in scaling up positive parenting programs which have been developed in low-income countries (1);
- Work in **partnership** across all sectors to promote positive parenting nationally (1) (Infrastructure).

While initiatives at both primary and secondary prevention levels were given priority no mention was made of tertiary prevention, suggesting perhaps that among survey respondents intervening before rather than after the event is favored.

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[223] A survey respondent
[224] A survey respondent

Priority should be given to a **multi-layered approach** in line with recommendations from the UN World Report on Violence Against Children, according to Dominique Plateau and colleagues[225]

- *Prohibit corporal punishment in all settings. Recognize that the CRC (article 19) requires the protection of children from all forms of physical and mental violence. Remove all defenses against this, such as 'reasonable punishment' or 'lawful correction'*
- *Awareness raising and public education* – *using all points of contact between the state and parents to deliver clear messages about children's rights and non-violent child rearing, (for example ante-natal and post-natal care, birth registration, routine health checks, immunization, health promotion, school entry, school curriculum)*
- *Promote positive discipline at scale in homes and schools. The CRC (articles 18 and 19) recognizes parents rights to assistance in carrying out their important role.*

Key findings

An integrated and multi-layered approach is more likely to be cost-effective than any one intervention or initiative in isolation.

National and local priorities cannot be determined internationally. They have to be determined in a way that takes account of the particular context, needs, resources, infrastructure and stage of development of a country and/or community in relation to tackling violence against children and positive parenting.

Question 13. Do you have any evidence to support the hypothesis that effective parenting programs break the cycle of violence, perpetrated by both adults and children, in the long term?

To what extent does the provision of effective parenting programs prevent the inter-generational transmission of inter-personal violence and how do we know? We have a good understanding about cycles of violence as described here:

Although individuals who experience violence as children do not necessarily perpetuate it as adults, they are at a heightened risk of doing so. Compared to those who have not experienced physical punishment as children, those who have are more likely to approve of violence as young adults, to assault their dating partners and spouses, and to physically punish their own children (Simons & Wurtele, 2010; Strauss, Douglas, & Medeiros, 2014). Indeed the greater the normalization of corporal punishment within a cultural group, the greater the level of violence within that group (Lansford & Dodge, 2008). This normalization of relationship violence contributes to the inter-generational transmission of maltreatment (Straus et al., 2014) (Durrant et al., 2014[226]).

Reviewing the evidence for the inter-generational transmission of violence, MacKloskey[227] states that:

Researchers have found links between gender-based violence and other forms of assault, and child abuse. Based on a number of studies, it was found that men who batter women usually have a history of child abuse or witnessing domestic violence (Murphy, Meyer & O'Leary, 1994; Sugarman & Hotaling,1989). It is estimated that 60-80% of abusive men come from violent and abusive homes (Rosenbaum & O'Leary,1981). Men who

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225 A survey respondent
226 Durrant, J.E., Plateau, D.P., Ateah, C., Stewart-Tufescu, A., Ly, G., Barker, L., Holden, G., Kearley,C., McCaulay, J., Peters, R. DeV. & Tapanya, S. Preventing Punitive Violence: Preliminary Data on the Positive Discipline in Everyday Parenting (PDEP) Program. (2014) *Canadian Journal of Community Mental Health, Vol. 33, No 2.*
227 MacKloskey, L.A. *Systematic Review of Parenting Interventions to prevent child abuse tested with RCT designs in high income countries.* www.svri.org

grew up exposed to physical child abuse are nearly 10 times more likely to abuse their wives or partners (Murphy et al.,1994). According to retrospective reports of men who perpetrate physical, and especially psychological abuse against women, they report experiencing three forms of abuse in their own families of origin: physical child abuse, rejection by fathers, and insecure attachment to mothers (Dutton, Starzomski & Ryan, 1996). Such findings indicate the need to intervene, and in the case of attachment disorders, to intervene early.

Survey respondents were divided roughly in half between whether or not they know or believe there to be evidence that effective parenting programs break the cycle of violence. There are no particular patterns in responses by country or region

Those who say they have no evidence (16)

No evidence but fully believe that it does break the cycle (Elizabeth Alfred, Malaysia[228]).

No, just common sense. Unfortunately there are no available longitudinal researches supporting this apart from general claims based on previous theoretical knowledge. (Aida Bekic, Bosnia and Herzergovina[229]).

Not explicitly although the trends in reduction of child abuse in the US are a good start as are the decisions of 33* countries to ban corporal punishment in the home. (Des Runyan, USA[230]).

Those who say they do have evidence (15)

Some of those who state they do have evidence supporting the hypothesis are not able to provide specific research evidence but rely on practice experience, common sense or conviction. Others point to related evidence which is indicative and supports the hypothesis but which is not directly drawn from longitudinal studies of positive parenting programs. For example, Holden[231] highlights 3 aspects of positive parenting programs which have research evidence to support them:

- A strong parent-child relationship/attachment is likely to result in child wellbeing and these children are likely to go on to develop healthy happy relationships as adults (Cassidy and Saver, 2008[232]);
- Positive parenting should reduce infant and child stress in multiple ways and lessen the risk of neurological damage (Lupien, McEwen, Gunnar and Barraza, 2003[233]);
- By promoting child's self control and conscience development this should reduce the likelihood of them behaving in a violent way (Gruesec, 2011[234]).

Using own (undocumented) practice or anecdotal experience (9)

Karl Brettig (Australia[235]) draws on his own practice experience of the reduced numbers of children going into care amongst those who attend the family centre and complete parenting programs.

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[228] A survey respondent
[229] A survey respondent
[230] A survey respondent
[231] Holden, G. et al (2014) op. cit.
[232] Cassidy, J., & Shaver, P.R. (Eds.) (2008) *Handbook of Attachment (2nd ed,)* New York: Guilford
[233] Lupien, S.J., McEwan, B.S., Gunnar, M.R., & Heim, C. (2009) Effects of stress throughout the lifespan on the brain, behavior and cognition. *Behavioural Development Bulletin, 10,* 1-14.
[234] Grusec, J.E. (2011) Socialization processes in the family: Social and emotional development. *Annual Review of Psychology, 62,* 243-269.
[235] A survey respondent

MaryAnn Obidike's experience (Nigeria[236]) of providing services to children and families is that: *there is a strong positive relationship between child parent relationships and the reduction in occurrences of violence.*

As a family therapist and family prevention specialist I know that effective parenting programs are very important for promoting positive parenting and breaking the cycle of violence. (Alberto Pellai, Italy[237])

While such anecdotal and practice-based evidence is valuable and should not be ignored, more rigorous long term evidence is needed to justify significant investment in parenting programs.

Specific program-related evidence identified (6)

Primary prevention

> **The prohibition of corporal punishment combined with public education and parenting support**
>
> *Sweden provides an excellent example. The Swedish Government repealed the criminal defense to corrective assault in 1957 and prohibited all corporal punishment of children in 1979, on the basis of children's rights to protection and dignity. At the same time they offered parent support and education on a universal scale to ensure that all parents had the information they needed to understand the law and to shift their behavior. Since 1960s, approval and use of corporal punishment in Sweden have declined substantially. Whereas about 50% of Swedes considered corporal punishment necessary in 1965, less than 10% approve it today. And whereas in 1980, 28% of parents reported hitting their child in the previous year, only 3% reported having done so in 2011.* (Dominique Plateau et al., Sweden and Canada[238])
>
> Young adults who grew up with the protection of this legislation in Sweden were less likely to be suspected of physical abuse (Durrant, 1999[239]).
>
> *Moreover, for a period of 11 years after the introduction of the ban, no child died as a result of physical abuse in Sweden* (Davies and Ward, 2013[240]).

Triple P Positive Parenting Program is a population-based approach that has been extensively evaluated with over 200 published studies and number of randomized trails and has been the subject of 4 meta-analyses. It is a multi-level behavioral intervention including 5 levels of increasing intensity and narrowing population reach. It is delivered by specially trained professionals. The following succinctly summarizes the evidence in relation to the prevention of child violence:

When compared with standard services, Triple P produced large changes in three independently derived population-based predictors of child abuse: the number of substantiated official reports on child

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[236] A survey respondent
[237] A survey respondent
[238] A survey respondent

[239] Durrant J.E. (1999) Evaluating the success of Sweden's corporal punishment ban. Child Abuse and Neglect, 23,435-448

[240] Davies, C. & Ward, H. (2013) op.cit. p. 61

maltreatment; the number of out-of-home placements; and the number of identified child maltreatment injuries. The overall results appear very promising, however by public health standards the evaluation used a relatively small sample (an estimated 8883 -13,560 families participated) Davies and Ward, (2013[241]).

However a word of caution is needed as one systematic review of the evidence for Triple P by Wilson et al. (2012[242]) concluded that:

We were unable to find any convincing evidence of benefit from the Triple P program in the three whole-population studies eligible for inclusion in the present review.

Secondary prevention

Home visiting that addresses all the risk factors has proven it can achieve this (Sid Gardner, USA[243]).

There are numerous different home visiting programs, currently the most widely used child maltreatment intervention in the USA and it is important to note that, as Casillas et al. (2016[244]) found in their meta-analytic review, not all are equally successful in preventing child maltreatment.

The substantial body of research evidence on the effectiveness of the **Nurse Family Partnership (NFP)** in breaking the cycle of violence was mentioned by respondents. NFP is a home-visiting program delivered by specially trained nurses, which begins pre-birth and continues post-birth, with frequency of visits being based on assessed needs. This program was developed in the US by Professor David Olds and colleagues from the University of Colorado and has over 30 years of research evidence. Three large scale randomized trials have tested the program with diverse populations in different contexts starting in Elmira, New York in 1977, then in Memphis Tennessee in 1988 and in Denver, Colorado in 1994. These have shown a range of benefits for children and mothers in the short, medium and long term. The program has achieved the following outcomes across three separate trials:

- Improvements in women's prenatal health;
- Fewer subsequent pregnancies;
- Greater intervals between births;
- Increases in fathers' involvement;
- Improved school readiness;
- Increases in employment;
- Reductions in need for welfare and food stamps.

Longitudinal follow up at age 15 showed that, compared to the control group, children visited by family nurses had:

- 48% fewer substantiated cases of child abuse and neglect (Elmira[245])

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[241] Davies, C. & Ward, H. (2013) op.cit. p. 62

[242] Wilson, P., Rush, R., Hussey, S., Puckering, C., Sim, F., Allely, C. S., Doku, P., Mc Connachie, A. and Gillberg, C. *How evidence-based is an 'evidence-based parenting program' A PRISMA systematic review and meta-analysis of Triple P* BMC Medicine 2012, 10:130 http://www.biomedcentral.com/1741-7015/10/1

[243] A survey respondent
[244] Casillas, K.L., Fauchier, A., Derkash, B.T. & Garrido, E.F Implementation of evidence-based home visiting programs aimed at reducing child maltreatment: A meta-analytic review. *Child Abuse and Neglect 53 (2016) 64-80.*
[245] Reanalysis of Olds, D.L., Eckenrode, J., Henderson, C.R., Kitzman, H., Powers, J., Cole, R., et al (1997). Long term effects of home visitation on maternal life course and child abuse and neglect. Fifteen year follow-up of randomized trial. *JAMA : The Journal of the American Medical Association, 278 (8),* 637 -643.

- 56% reduction in A&E attendances for injuries and ingestions during child's second year of life (Elmira[246])
- 59% fewer arrests
- 90% fewer adjudications as a person in need of supervision for incorrigible behavior.

This impressive evidence does not necessarily mean the program will be equally successful in all parts of the world, but it does indicate that, when effective, parenting programs **can** break the cycle of violence.

The Lancet **study** of *Interventions to Prevent Child Maltreatment and Associated Impairment* (2008[247]) concludes that:

- *Home visiting programs are not uniformly effective in reducing child physical abuse, neglect and outcomes such as injuries; those that have shown benefits are the **Nurse-Family Partnership** (best evidence) and **Early Start**;*
- *The **Triple P Positive Parenting** program has shown positive effects on maltreatment and associated outcomes, but further assessment and replication are needed*
- *Hospital–based educational programs to prevent abusive head trauma and enhanced pediatric care for families at risk show promise but require further assessment*
- ***Parent-child interaction therapy** has shown benefits in preventing recurrence of child physical abuse;*
- *No interventions have been shown effective in preventing recidivism of neglect.*

What more can we learn from research about the contribution of positive parenting to breaking the cycle of violence?

At the beginning of this *ISPCAN Thinking Space* in her webinar (www.ispcan.org) Professor Jane Barlow summarized the evidence on early brain and neurological development and how damage caused by toxic levels of stress and severe attachment problems could be prevented or reduced by different types of parenting interventions. She highlighted three factors associated with abusive parenting in infancy as:

- Poor self and interactive contingency- poor affect regulation;
- Impressed/unresolved trauma – re-enactment with the infant;
- Low reflective functioning and marked mirroring.

Key new approaches that are successfully addressing these factors are:

- Sensitivity or attachment based interventions, such as *Video-interactive Guidance* (*VIG)*;
- Psycho-therapy, such as parent-infant psychotherapy, for example, *Watch, Wait, Wonder*;
- Mentalisation, such as *Minding the Baby* program;
- Parent programs, such as *Parents Under Pressure (PUP)*.

The **Harvard Centre on the Developing Child** also provides powerful evidence that:

In early childhood, research on the biology of stress shows how major adversity, such as extreme poverty, abuse or neglect, can weaken brain architecture and permanently set the body's stress response on high alert. Science also shows that providing stable, responsive, nurturing relationships in the earliest years of life can

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[246] Olds, D. L., Henderson, Jr., Chamberlin, C.R., & Tatelbaum, R. (1986). Preventing child abuse and neglect: A randomized trial of nurse home visitation. *Paediatrics, 78,* 65 -78.

[247] MacMillan, H.I., Wathen, N.C., Barlow, J., Fergusson, D.M., Leventhal, J.M., Taussig,H.N. (2008) Interventions to Prevent Child Maltreatment and Associated Impairment. *The Lancet. Child Maltreatment. Dec 2008.*

prevent or even reverse the damaging effects of early life stress and bring lifelong benefits for learning, behavior and health.

In developing their policy to support positive parenting the Council of Europe[248] reported that:

Positive parenting programmes can enhance the resilience children in all settings. Increased resilience reduces the likelihood of children reacting with violence or falling victim to it in any of the settings identified in the UN Study.

In her *Systematic Review of Parenting Interventions to Prevent Child Abuse tested with RCT designs in high income countries*, MacKloskey[249] concludes, based on a study of 22 RCTs, that:

*Parenting interventions **can** stem the cycle of events by which child abuse elevates the societal risk years later for wife abuse, sexual aggression, and heightened violent crime. Focusing attention on parenting interventions, even in early childhood, may reduce gender-based violence, child abuse and other forms of aggression in adulthood.*

Brown and colleagues (2007[250]) conclude that health, education, justice and social service professionals can be effective in preventing cycles of violence, both in the home and in the community, by adopting a life-cycle approach to providing support and services to children and families in need at different stages in the child's development. Early interventions provide a better prognosis than interventions in later childhood and adolescence and more cost-effective solutions. Such interventions would be an investment in reducing the recurring cycles of violence, thereby reducing human suffering, and the public health and societal burden of violence.

Systematic reviews (of positive parenting programs) have generally concluded that while they can reduce risk factors for child maltreatment, the evidence for their effectiveness in reducing actual maltreatment remains limited, with few studies measuring actual child abuse outcomes (Sethi et al, 2013[251]).

Key findings

Many respondents are convinced through their professional experience and what they see as common sense and logic that positive parenting can help to break the cycle of violence.

Positive parenting interventions can successfully reduce risk factors associated with child maltreatment.

Few studies of positive parenting interventions measure **actual** child abuse outcomes.

There is a growing body of evidence that some parenting interventions can help to break the cycle of violence. More long term follow-up studies which focus on the violence prevention outcomes of positive parenting are needed to evidence this convincingly.

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[248] Council of Europe *Policy to support positive parenting* (2007) Council of Europe Publishing.
[249] MacKloskey, A. *Systematic Review of Parenting Interventions to prevent child abuse tested with RCT designs in high income countries.* www.svri.org
[250] Browne, K. Hamilton-Giachristis, C., & Vettor, S., (2007). *The cycles of violence: The relationship between childhood maltreatment and risk of becoming a victim or perpetrator of violence.* World Health Organisation, Geneva. http://www.euro.who.int/__data/assets/pdf_file/0008/98783/E90619.pdf
[251] Sethi, D., Bellis, M., Hughes, K., Gilbert, R., Mitis, F. & Galea, G. (2013) *European Report on preventing child maltreatment.* World Health Organisation, Geneva.

SECTION 3: QUESTIONS AND ISSUES FOR FURTHER RESEARCH AND DEBATE

This *ISPCAN Thinking Space 2015*, as well as providing insights and some answers, has also raised a number of questions in relation to the contribution internationally of positive parenting to the prevention of violence against children. This includes:

- Are there some minimum conditions and capacities required for implementing positive parenting programs in countries and communities? For example, families have access to resources to meet basic survival needs, families have access to basic health care, cultural recognition of children's rights. Is there any place for positive parenting in countries where families are directly affected by armed conflict?

- In countries where there are good quality universal business-as-usual services for parents, does investing in positive parenting primary prevention programs have added value? Or is it better to focus resources on programs targeted at parents of those children who are most at risk of violence? How do we know?

- Which elements or which combination of elements of positive parenting have the greatest impact on preventing violence?

- How can commissioners and policy makers best be supported to make decisions about which positive parenting programs to implement and fund given the range of programs and the need to critically scrutinize the most up- to-date available evidence of effectiveness?

- To what extent do and should positive parenting programs take account of disability? This could be a disabled parent, for example with a learning disability or problems with literacy. It could be someone parenting a disabled child and dealing with the additional challenges involved in keeping the child safe and well. Is it best to offer parents of disabled children separate positive parenting programs?

- Does positive parenting adequately prepare children to deal with adversity and conflict? How well do children who have been positively parented deal with bullying, harassment and violence when they face these? Are they more resilient? Are they more likely to talk to a trusted adult about any abuse they experience?
- Which positive parenting interventions are most suitable for transfer between countries?
- Is too much emphasis being placed on Randomized Controlled Trials (RCTs) in deciding which programs to fund, to the detriment of innovation and locally developed programs?

Key findings

(i) Defining the core elements of positive parenting

While there is a broad consensus internationally about what is meant by positive parenting and its core elements, this masks significant differences of emphasis, focus and interpretation. It is therefore important to clarify what is meant by the term in any inter-professional or international discussion.

Keeping a child safe from harm is mentioned by less than a quarter of survey respondents. ISPCAN recommends that non-violent parenting approaches and the provision of a safe home environment should form core components of how positive parenting is defined and understood.

(ii) An essential element of violence prevention strategies

Providing parenting support through the first years of a child's life is strongly supported by evidence[252] and can improve parenting, reduce parental stress, enhance the resilience of children, and prevent child maltreatment.

Parenting programs result in positive effects in low-, middle- and high-income countries and can be effective in reducing child maltreatment when applied as primary, secondary or tertiary interventions[253].

The promotion of positive non-violent parenting should therefore form a key element of each country's strategies to prevent violence against children and improve their developmental outcomes.

(iii) Aligning law, policy and practice

Alignment between policy and practice is vital for effective violence prevention. A legal and policy framework that prevents all forms of violence against children in all settings, backed up by resources, research, monitoring and data collection is essential. Without this, positive parenting programs will have limited impact.

Supporting, developing and sustaining positive parenting requires a multi-level, multi-systemic approach, which utilizes a number of different methods. Parenting interventions that focus purely on the individual family context are unlikely to succeed in isolation given that some of the factors associated with harmful parenting and violence against children are structural in nature (for example, poverty and inequality), while others are cultural (for example, discrimination based on a disability, gender or ethnicity).

(iv) Measuring success

Internationally derived and accepted indicators of what constitutes successful outcomes for positive parenting programs should be agreed. This would enable targets to be established and measured and meaningful comparisons to be made between programs.

Comparative studies between positive parenting programs should be undertaken to assist commissioners and practitioners in making informed choices. This should enable comparisons to be made, for example, between the effect size of different programs, relative effectiveness of programs on like measures, time taken to complete different programs, relative uptake of various programs by different ethnic groups, and relative costs.

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[252] See for example, Sethi, D., Bellis, M., Hughes, K., Gilbert, R., Mitis, F. & Galea, G. *European Report on preventing child maltreatment* (2013) World Health Organisation, Geneva. For further references see full report.
[253] Chen, M & Chan, K. L. Effects of Parenting Programs on Child Maltreatment Prevention: A Meta-Analysis. *Trauma, Violence and Abuse,* January 8th, 2015.

Outcome studies that measure the effectiveness of positive parenting programs in reducing _actual_ child maltreatment are needed. Few studies of positive parenting interventions currently measure actual child maltreatment outcomes.

More longitudinal research studies of positive parenting interventions are needed to determine their effectiveness over time, including preventing the transmission of interpersonal violence across generations.

(v) Transferability of programs between countries and cultures

Cultural norms and practices are highly significant in relation to parenting.

Cultural differences exist within and between countries, communities and families and these need to be understood so that positive parenting can be fostered in a relevant and culturally appropriate way. This, however, is not an argument for cultural relativity - there are some universal principles about non-violent parenting which apply irrespective of culture.

While there is now good evidence for the applicability of parenting interventions across cultures and countries, it should not be assumed that an un-adapted program which has worked in one context can be effectively replicated in a new setting.

Full scale programs should not be rolled out in new contexts and cultures without due consideration of the need for adaptations. Where possible, there should first be pilot studies which are rigorously evaluated to determine relevance and cultural appropriateness, as well as to identify any necessary adaptations which should be made prior to scaling up and rolling out the program.

(vi) Selecting interventions

Not all positive parenting programs are equally effective in preventing violence against children, nor in addressing different forms of violence. In selecting a specific intervention, commissioners and practitioners should check that the intervention is effective in addressing the issues for which it is intended and critically review the quality of the evidence.

For example, some programs may have a positive impact on a child's pro-social behavior or improve educational outcomes, but lack evidence on violence prevention. Some programs may be effective in reducing harsh physical discipline, but may not necessarily reduce neglect.

In deciding whether to mandate or roll out a particular model or program, critical appraisal of program evaluations is needed, including their degree of independence, sample size and setting.

(vii) Capacity and quality

Organizations should invest in training and allow staff sufficient time to prepare for implementing evidence-based parenting programs.

When training practitioners to deliver educational programs for parents it is important not simply to focus on the program content but also to develop facilitation, engagement and adult education skills.

Evidence-based engagement strategies should be taught to therapists and front-line staff to help them motivate parental engagement in preventive and treatment programs and overcome the known barriers to participation.

(viii) Provision of information

Information about evidence-based positive parenting programs is not widely available in some parts of the world. Information should be better publicized and disseminated, in formats and media that facilitate informed choices about programs. This should include information about where programs have been evaluated, with what audiences and what outcomes.

An international inventory of which positive parenting programs are being adopted most frequently internationally and what is known about how well they are working would be valuable.

(ix) Bringing future innovators to the table

Innovative, locally grown programs may lack access to the funding needed for rigorous evaluations and to the peer review system, but nevertheless may be effective and culturally appropriate. When deciding which programs to mandate or support, governments should consider at least one promising local program, in order to encourage innovation and avoid inappropriate bias towards established and well resourced western programs.

(x) Addressing gaps in positive parenting provision internationally

The contribution of **internet-based positive parenting programs** is under-researched. One study found that an on-line program led to reductions in harsh coercive parenting and could be part of a stepped care model to promote positive parenting.

A small but growing body of research suggests that parenting interventions aimed at improving parenting in **low-resource, culturally diverse countries and in post-conflict settings** may be both feasible and effective. More development and research is needed in these settings.

Parenting interventions still tend to target or be more successful in engaging mothers than **fathers.** There are however some positive developments described in the report on which to build. Commissioners and practitioners should actively strive to support and engage fathers as well as mothers.

Relatively little attention has been paid to provision for the following groups, where there are known risk factors for violence:

- Young/teenage parents;
- Parents of a disabled child;
- Parents of adolescents.

Key recommendations

❖ All strategies to prevent violence against children should include the promotion of positive parenting.

❖ Definitions of positive parenting should explicitly refer to non-violent parenting   approaches and the provision of safe home environments.

❖ Law, policy and practice should be aligned and give consistent messages that all forms of violence against children are unacceptable.

❖ International outcome measures for positive parenting programs should be agreed in order to enable comparisons between programs and for longitudinal research. This should include child maltreatment outcomes.

❖ Longitudinal research studies are needed to determine the effectiveness of parenting interventions in preventing violence in the long term and across generations.

❖ Programs developed in one setting should not be rolled out 'as is' in new contexts and cultures without due consideration given to the need for piloting and possible adaptation to take account of different legislation, policies and cultural norms.

❖ Policy makers, funders, commissioners and practitioners should satisfy themselves that a parenting intervention is effective in addressing the issues and contexts for which it is intended and do so by critically reviewing the quality and applicability of the evidence.

❖ Training should include skills in facilitating adult learning and motivating parental engagement, and not simply focus on program content.

❖ Information about which positive parenting programs are available and are being adopted in which parts of the world and with what results, should be collated and disseminated internationally.

❖ Measures should be taken to encourage innovation and the development and evaluation of locally-grown programs, particularly in culturally diverse, low- and middle-income countries

In Conclusion

By definition, child maltreatment by a family caregiver is parenting gone awry. That prevention of child maltreatment would not directly involve the strengthening of parenting is not an easily defended position…. Parenting focused intervention is not the only piece needed in a prevention strategy but it is a crucial piece nonetheless (Prinz, R.J., 2016[254]).

This *ISPCAN Thinking Space 2015* has drawn together international and multi-disciplinary expertise on the contribution of positive parenting to violence prevention. Experiences and opinions have come from low-, middle- and high-income countries in every part of the world, and from clinicians, academics, educators

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[254] Prinz, R.J. Parenting and family support within a broad child abuse prevention strategy. *Child Abuse and Neglect 51 (2016) 400 – 406.*

and policy makers. There is broad international consensus about the concept of positive parenting, but this masks considerable differences of interpretation and emphasis.

Over 40 evidence-informed positive parenting programs have been identified by survey respondents at primary, secondary and tertiary levels of prevention. Many of these programs have been rigorously evaluated, although not always in relation to their impact on preventing violence against children. Although the majority of programs come from high-income countries in the west, a number of these are being implemented in different parts of the world, including in low- and middle-income countries. There are examples of positive parenting programs now emerging from regions such as Africa and South America. Issues of program transferability and relevance have emerged as an important consideration, especially given the cultural, social and economic factors affecting parenting. Cultural attitudes are one of several barriers identified to encouraging positive parenting.

The *ISPCAN Thinking Space* process has provided insights into the policies and interventions that are being rolled out internationally and the extent to which these are aligned; the barriers to implementation and some strategies for overcoming these; the principles and approaches being promoted in relation to positive parenting; the sources and distribution of programs; and, the extent to which a life-course approach is seen as important by respondents.

We examined different views and approaches to decide what is good evidence of effectiveness and the associated challenges, especially in the international arena. There is a widespread belief from those involved, based on logic, theory, professional experience and a growing evidence base, that positive parenting has a significant contribution to make to prevent violence against children in both the short and long term. There remain many questions and issues to explore and we hope this report will help to stimulate and inform that debate.

SECTION 4: Appendices

Appendix 1: Questionnaire

Appendix 2: Analysis of responses by income and development status of countries

Appendix 3: Survey respondents and expert reviewers

Appendix 1: Questionnaire: Promoting Positive Parenting: Preventing Violence Against Children

Name: _____ Organization: _____

Telephone: _____Email: _____

Address: _____Country: _____

- What constitutes positive parenting; What are the core elements of positive parenting?

- How is positive parenting supported, developed and sustained (at both local and national levels) through evidence based programming? Give examples of evidence based programmes, any publications that refer to the evidence base of these and whether these fit at the primary, secondary or tertiary levels of violence prevention.

- Are different interventions and programmes required at different stages of childhood? Give examples and the age groups to which they apply.

- What are the most significant barriers to successful implementation of programmes?

- What are the strategies that might be useful to overcome these?

- In your experience how do your cultural norms and practices have an impact on positive parenting – give some examples

- What policies and decisions can be used to support positive parenting? Give examples at local and national levels.

- How do we align programmes and policy?

- How is the evidence base being or been developed in your country?

- Do we have a clear score card or indicators to measure impact?

- In your country, what constitutes a "good enough" evidence base for positive parenting?

- Given limited resources, what would you prioritise as a best investment in promoting positive parenting?

- Do you have any evidence to support the hypothesis that effective parenting programmes break the cycle of violence, perpetrated by both adults and children, in the long term?

Appendix 2: Analysis of responses by income and development status of countries

Region	Country	Income group – GNI rating	Human Development Index (HDI) rating
Africa	Gambia	Low	Low
	Nigeria	Lower middle	Low
	South Africa	Upper middle	Medium
Americas	Brazil	Upper middle	High
	Canada	High	Very high
	Honduras	Middle	Medium
	Mexico	Upper middle	High
	USA	High	Very high
Asia	Cambodia	Low	Medium
	Japan	High	Very high
	Jordan	Upper middle	High
	Malaysia	Upper middle	High
Europe	Bosnia & Herzegovina	Upper middle	High
	Greece	High	Very high
	Italy	High	Very high
	Netherlands	High	Very high
	Poland	High	Very high
	Romania	Upper middle	High
	Sweden	High	Very high
	UK	High	Very high
Oceania	Australia	High	Very high
	New Zealand	High	Very high

Appendix 3: Survey respondents and expert reviewers

Name	Country	Organisation
Elisabeth Alfred	Malaysia	YWCA
Siham Darwish Abueita	Jordan	Hashemite University
Elizbieta Bak	Poland	N/K
Aida Bekic	Bosnia & Herzegovina	Save the Children North West Balkans
Arnon Bentovim	England, UK	Child and Family Training
Karl Brettig	Australia	Salvation Army
Nylsen Carrillo	Mexico	DIF
Denise Coster	England (UK)	NSPCC
Joan Durrant	Canada	University of Manitoba
C. Lynne Edwards	USA	Greater Richmond Stop Child Abuse Now (GRSCAN)
Sue Foley	Australia	N/K
Sid Gardner	USA	Children and Families Futures
Binita Dhungel Ghimire	Australia	Integricare
Danya Glaser	England (UK)	Great Ormond Street Hospital for Children
Ian Hassall	New Zealand	N/K
George Holden	USA	SMU
Oulaye Jellow	Gambia	Individual
Erica Jimenez	USA	County of Riverside
Ronda Johns	Australia	Royal Children's Hospital
Evi Hatzivarnava Kazasi	Greece	HomeStart Worldwide

Nancy Zuniga Mencia	Honduras	Plan International
Phalley Man	Cambodia	Save the Children
Lindiwe Nanacy	South Africa	Mzamo Child Guidance
Aideen Naughton	Wales (UK)	Public Health Wales & Cardiff University
Susanna Nordh	Sweden	Save the Children Sweden
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Christine Puckering	Scotland (UK)	Mellow Parenting
Dominique Pierre Plateau	Sweden	Save the Children Sweden
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Des Runyan	USA	Kempe Foundation, University of Colorado
Melissa K. Runyon	USA	PLLC Training Services
Nwabisa Jama Shai	South Africa	Medical Research Council
Kyoko Shimada	Japan	Shirayuri baby home
Dr. Kimberly Svevo- Cianci	USA	Changing Children's Worlds Foundation
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