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**INVESTING IN FAMILIES:  
SUPPORTING PARENTS TO  
IMPROVE OUTCOMES  
FOR CHILDREN**

**TÚSLA**

An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

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This Strategy is underpinned by a programme of work on parenting support undertaken over a number of years in conjunction with other work on family support by the Child and Family Agency. This programme of work involved an extensive review of current provision in Ireland and international best practice in parenting support. The work of all those who inputted into earlier drafts is greatly appreciated.

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# 1.0

## INTRODUCTION

Being a parent is a complex and important task. The Agency is committed to a system wide approach to enhancing existing provision and working with parents so that together we can support all children and young people in being safe and achieving their full potential. This Parenting Support Strategy sets out clearly and concisely the strategic direction of the Agency in its role in supporting parents so as to improve outcomes for children and young people.

There are many definitions of parenting support. For the purposes of this document parenting support is understood as one aspect of the wider concept of family support. Hence parenting support is both a style of work and a set of activities that provides information, advice and assistance to parents and carers in relation to the upbringing of their children, in order to maximise their child's potential. Whilst it is acknowledged that parenting of offspring continues into adulthood, this Strategy is focused on the children and young people up to age 17, reflecting the statutory remit of the Agency.

Over **three** sections the document:

- 1. Introduces the reader to parenting support by summarising statistical data on the current status of parenting in Ireland today; clarifies the vision towards which the Agency is working in respect of supporting parents; and articulates the rationale for the Agency engaging in parenting support;**
- 2. Explains the Agency approach to parenting support and outlines the key implementation principles to which the Agency will adhere in providing parenting support;**
- 3. Concludes by identifying the benefits to be realised in relation to parenting support and includes an implementation plan (Appendix 1) in order to identify how progress towards these benefits can be measured and monitored.**

This Strategy is most centrally relevant to the staff of the Agency. However, in order to contribute to the development of an integrated system of child and family services, the Strategy is also relevant to all organisations and practitioners providing services to children, young people and their families. This includes the Agency, the services it funds, and other interface agencies which it does not fund but who provide services to children, young people and their families.

This document is one component within a suite of work being conducted by the National Office of Children and Family Services. Additional components include: What Works in Family Support?; The Agency Commissioning Guidance; the Agency Participation Strategy; the Report of the National Survey of HSE funded agencies providing services to all children and their families; the 50 key messages for Parenting Support; and Guidance on Prevention, Partnership and Family Support as part of the National Service Delivery Framework. This document particularly complements and is to be used closely in conjunction with the Agency Commissioning Guidance and What Works in Family Support? The implementation of this Strategy must be planned in the light of local analysis of need and capacity under the auspices of Children's Services Committees. This Strategy is also complemented by the Agency's forthcoming Corporate Parenting Strategy focusing on the needs of children in care.

# 1.1

## CHILDREN AND FAMILIES IN IRELAND TODAY

Family life has changed greatly over the last 20 years, and recent trends reaffirm these changes. In 2011, there were 1,179,210 families in Ireland, a 12% increase on 2006 figures. Of these, 834,266 families had one or more children of any age (CSO, 2011). The nature of these families is varied, as outlined in Table 1 below.

**Table 1: Breakdown of Family Type**

<b>Family unit type</b>	<b>Number</b>	<b>Number of Children</b>
<b>Husband and wife with one or more children of any age</b>	558,682	1,169,314
<b>Cohabiting couple with one or more children of any age</b>	60,269	104,665
<b>Lone mother with one or more children of any age</b>	186,284	308,109
<b>Lone father with one or more children of any age</b>	29,031	43,887
<b>TOTAL</b>	<b>834,266</b>	<b>1,625,975</b>

Recent CSO figures highlight that Ireland's birth rate was 16.5 per 1,000 of population, with 75,174 births in 2010 alone. This is slightly less than the number of children born in 2009, at 75,554, which was the highest number recorded in the history of the State. However, there are changes here too, particularly regarding the age of women when they have their first child, rising from 28.8 years in 1980 to 31.3 years in 2009 (CSO Vital Statistics, 2013). Census 2011 figures also highlight that the proportion of children aged 0-17 years increased by 10.9% from 2006, from 1,036,034 children to 1,148,687 children, outstripping the increase in the population as a whole.<sup>1</sup> All children aged 0-17 represent 25% of the entire population. When these figures are broken down, the notable increase in the numbers of children aged between 0 and 13 years is especially clear. These figures are presented in Table 2 below:

**Table 2: Population by age 0-17 2006 and 2011**

Age category	2006	2011	Difference	% Change
Under 1 year	61,076	72,410	11,334	18.6
1 year	60,454	72,645	12,191	20.2
2 years	60,672	72,566	11,894	6.0
3 years	60,431	71,457	11,026	18.2
4 years	59,619	67,251	7,632	12.8
5 years	58,163	64,937	6,774	11.6
6 years	58,197	64,976	6,779	11.7
7 years	58,412	64,441	6,029	10.3
8 years	57,117	63,816	6,699	11.7
9 years	56,436	62,600	6,164	10.9
10 years	54,491	61,429	6,938	12.7
11 years	53,789	60,834	7,045	13.1
12 years	53,469	61,234	7,765	14.5
13 years	55,018	59,992	4,974	9.0
14 years	57105	59002	1897	3.3
15 years	58318	57227	-1091	-1.9
16 years	56551	56005	-546	-0.1
17 years	56716	55865	-851	-1.5
<b>TOTAL</b>	<b>1,036,034</b>	<b>1,148,687</b>	<b>112,653</b>	<b>10.87</b>

<sup>1</sup> Ireland's overall population increased from 4,459,300 in 2006 to 4,588,252 in 2011, an increase of 8.2%.

# 1.2

## WHY SUPPORT PARENTS?

Children benefit from effective parenting from birth, right through to adulthood. It is critical that the Agency and its partners support parents to raise their children in a manner that enhances child well-being and improves outcomes. Additional information on the evidence to support a strategic approach to parenting support can be found in *What Works in Family Support?*

At the individual family level, preventative parenting support can enhance family well-being and reduce the prevalence of problems later in a child's life. At the community level, the provision of parenting supports can enhance the well-being of communities and promote greater social cohesion. Finally, at the societal level, support for parents can ensure a more effective use of resources, can serve to reduce inequalities, and can develop and promote human and social capital. The rationale for parenting support is summarised in Figure 1 below.

**Figure 1: Why support Parents?**

<b>For Children &amp; Families</b>	Better outcomes for children Prevent difficulties emerging Enhance Family Functioning Realise Children's Rights
<b>For Communities</b>	Healthy Communities Promoting Social Inclusion
<b>For Society</b>	Effective Use of Resources Productive, well-educated workforce Reduction of inequalities Promoting Active Citizenship Developing Human and Social Capital

# 1.3

## LEGAL AND POLICY CONTEXT OF PARENTING SUPPORT

This Parenting Support Strategy is the first explicit national policy on parenting support for child and family services in Ireland. However, Ireland has policy relevant to parenting support. Recent relevant policies are The Agenda for Children Services (2007) and the Department of Children and Youth Affairs (DCYA) Statement of Strategy 2011-14 (2012). The Agenda is relevant as it outlines the characteristics of services that promote positive outcomes. The DCYA Statement of Strategy is important as it charts the current strategic direction of all child and family services.

Parenting support falls within activities mandated by the Irish Constitution and the Child Care Act, 1991. The Child and Family Agency Act 2013 provides for the bringing together of a range of existing services to children and families into one agency. The Agency's functions will include maintaining and developing support services, including support services in local communities in order to support and promote the development, welfare and protection of children and to support and encourage the effective functioning of families. In so doing the Agency will promote enhanced inter-agency cooperation to ensure that services for children are co-ordinated and provide an integrated response to the

needs of children and their families. The Act also provides that the principles of the best interests of the child and of participation are applied to the Agency's work. There is also a comprehensive legal framework for rights based parenting support in the form of the United Nations Convention on the Rights of the Child, which Ireland has signed and ratified and an emerging policy interest at European level for parenting support. General comment 13 of the UN Committee on the Rights of the Child, in calling for a holistic child protection system with an emphasis on primary prevention, specifies that States must adhere to the Convention by.

Supporting parents and caregivers to understand, embrace and implement good childrearing, 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 (CRC/C/GC/13).

This strategy contributes to the State's endeavours to respect, protect and fulfil the rights of children by supporting parents in their essential role as children's primary care-givers.

The Agenda outlines a path to developing a whole child/whole system approach to counteract existing unnecessary and unhelpful divisions and fragmentation in service provision so as to improve outcomes for children and young people. This strategy builds on the Agenda by focusing on supporting parenting with a view to improving outcomes for children and young people. Therefore it is critical that the following five national outcomes<sup>2</sup> for children and young people underpin the approach of the Agency and its partners to parenting support.

- **Healthy, both physically and mentally;**
- **Supported in active learning;**
- **Safe from accidental and intentional harm / Secure in the immediate and wider physical environment;**
- **Economically secure; and**
- **Part of positive networks of family, friends, neighbours and the community / included and participating in society.**

2 The Agenda identified 7 outcomes however the National Strategy for Research and Data on Children's Lives, 2011-2016 distilled these to 5 national outcomes.



# 1.4

## STRATEGIC DIRECTION FOR PARENTING SUPPORT

The Parenting Support Strategy deals with one aspect of the implementation of national policy as directed by the Department of Children and Youth Affairs (DCYA). The overall mission statement of the DCYA is to lead the effort to improve outcomes for children and young people in Ireland (DCYA, 2012). Supporting parents is a critical element of the effort to improve outcomes for children and young people. The DCYA Statement of Strategy 2011-2014 identifies the following high level objectives relevant to its parenting support activities:

- **Develop, strengthen and align policies, legislation and resources in order to achieve better outcomes for children and young people and provide support for parents and families.**
- **Improve systems for supporting families, safeguarding and protecting children, providing alternative care and assisting those young people whose behaviour poses a risk to themselves or others.**
- **Collaborate with stakeholders, including across Government, in monitoring and promoting the physical, emotional and economic well-being of children and young people and reducing inequalities.**

The DCYA Statement of Strategy also states that the DCYA will adopt an increasing focus on prevention and early intervention approaches that help children, young people and their families realise their true potential and to review, redesign or curtail programmes and services in the light of both research evidence on effectiveness and available resources.

This Parenting Support Strategy outlines how the Agency's activities can realise the goals of the DCYA Strategy and contribute to creating the conditions necessary to maximise children and young people's well-being and development in order to realise their full potential. This strategy envisages how the Agency will improve practice and provide the necessary range of supports to parents in order to create such conditions.

As well as being informed by the overall strategic direction set by DCYA, the Parenting Support Strategy is also part of the operational policy of the Agency and must be consistent with the purpose, vision, values and change themes of the Agency and support the operation of the National Service Delivery Framework. The Agency recognises that investing in all families, strengthens parents, improves outcomes for children, promotes children's rights and is core business for the Agency. In summary the Agency position on parenting support is:

**Investing in all families, in order to support parents, improves outcomes for children and young people and is core business for the Agency.**

All practitioners, who through their role, engage with parents and children have the opportunity to support the crucial task of parenting. This requires the Agency and its partners to work together with parents and other agencies to commission and provide an effective continuum of evidence informed parenting supports. The development of a National Service Delivery Framework (NSDF) for the Agency, including the reconfiguration of all services and professionals that impact on the lives of children and their families into Child and Family Support Networks (CFSNs), represents an important opportunity to mainstream parenting support. In line with the development of the NSDF this will entail a continuum of support, from universal support, to targeted and specialist services applying a progressive universalist approach. The National Practice Model - Meitheal - will facilitate the delivery of needs based, integrated and preventative support to families and will form one avenue through which parenting support may be delivered.

The Agency currently spends approximately €550 million on children and families. In line with the Agency Commissioning Guidance, there is a need to achieve optimum outcomes for children and families. These optimum outcomes can be fostered by supporting parents within their communities; at different stages of the Lifecourse; at various levels of need; and in a manner informed by evidence of effectiveness. The implementation of the Commissioning Guidance must include reference to the development of parenting support services.

# 2.0

## THE AGENCY APPROACH TO PARENTING SUPPORT

The Agency recognises that parenting support has a particular role within the wider context of supporting families. This section looks at definitions of both parenting support and family support and explores the characteristics of parenting support practice and positive parenting.

Parenting support is both a style of work and a set of activities that provides information, advice and assistance to parents and carers in relation to the upbringing of their children, in order to maximise their child's potential.

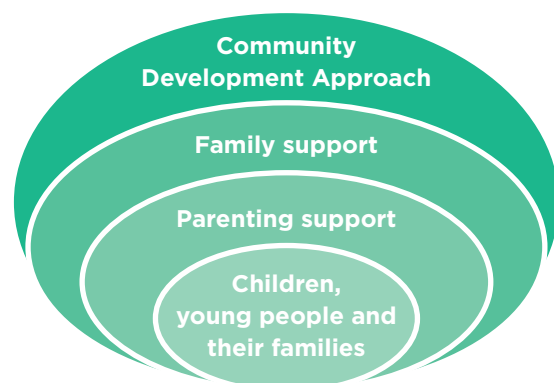
For the purposes of this Strategy,

Family Support is recognised as both a style of work and a set of activities that reinforce positive informal social networks through integrated programmes. These programmes combine statutory, voluntary, community and private services and are generally provided to families within their own homes and communities. The primary focus of these services is on early intervention aiming to promote and protect the health, well being and rights of all children, young people and their families. At the same time particular attention is given to those who are vulnerable or at risk. Dolan, Canavan and Pinkerton (2006, p.16).

There are many different approaches to defining parenting support. For the purposes of this Strategy, a definition has been developed that reflects parenting support as a subdivision of an overall approach to Family Support (Figure 2).

Therefore parenting support is understood as both a style of work consistent with a family support approach and one of the set of activities described in Dolan, Canavan and Pinkerton's definition. Support can be formal, semi-formal or informal. This can be as simple as signposting to services/information or alternatively providing more intensive support. It is needs led and strives for the minimum intervention required. Where there are issues of parenting capacity, which leave children at risk, more directing and mandated interventions are required. The capacity to build a therapeutic alliance with a family is a key component of providing help.

**Figure 2: Parenting Support as part of Family Support**



Further to understanding its position as occurring within the context of family support, parenting support, like family support can be viewed as being underpinned by a set of inter-related theories. These are social ecology, social support, resilience, social capital and attachment theory.

Daly uses the following criteria for situating parenting support within the range of activities that occur within services to children and families. Parenting support is when:

- **Parents are the target and focus is on how they approach and execute their roles as parents, especially in regard to how they relate to and interact with their children;**
- **The focus is on increasing parents' resources (defined broadly to include information, knowledge, skills, personal and social resources, material resources) and their child-rearing competencies with the intent of increasing both competencies (Daly, forthcoming).**

Having situated parenting support within family support it is useful to further reflect on parenting support in practice and also to explore the characteristics of positive parenting.

## 2.0.1

### PARENTING SUPPORT APPROACH IN PRACTICE

The Parenting Support Approach is an evidence-informed style of work that recognises the importance of relationships in delivering support services to families. Delivering services with a Parenting Support Approach has the following features:

- **Awareness of the Parent/Child relationship**
- **Awareness of the Parent/Practitioner relationship**
- **Having a genuine interest in client and their perceived needs**
- **Involving the Parent in every step of the support process**
- **Re-orientation of service provision so that an agreed percentage of time is spent in/ with Promotion and Prevention initiatives**

Examples of the implementation of the Parenting Support Approach could include a Speech and Language Therapist working within the pre-school context to coach early years workers to support parents in relation to their child's speech and language development. The approach should include Public Health Nurses,

Social Workers and clinic based practitioners, for example, Clinical Psychologists, working in prevention as well as targeted individual interventions. This has significant potential within the development of integrated services at primary care level.

## 2.0.2

### WHAT IS AN EFFECTIVE PARENT?

Children do better when they have a close and positive relationship with their parents and the Child and Family Agency considers that rights based positive parenting has the following characteristics:

- **Is authoritative, not authoritarian;**
- **Emphasises strong support, warmth and responsiveness;**
- **Promotes an in depth understanding of the child's daily life;**
- **Expects the child to follow rules within a space of understanding, not control;**
- **Is democratic and reciprocal: encourages communication and discussion;**
- **Is non-violent;**
- **Is underpinned by dignity, where the adult recognises the individual child and adjusts accordingly, and assumes full responsibility for the quality of the relationship with the child;**
- **Involves the child in decision making.**

Positive parenting involves a range of duties and responsibilities (see Appendix 2 for more details).

It is understood that people come to parenthood from different starting points, with different capacities and with different beliefs and values as well as in a range of family forms. While there will be differences, therefore, in styles of parenting, the core parenting tasks of protecting, nurturing, guiding, and directing are common to all cultures.

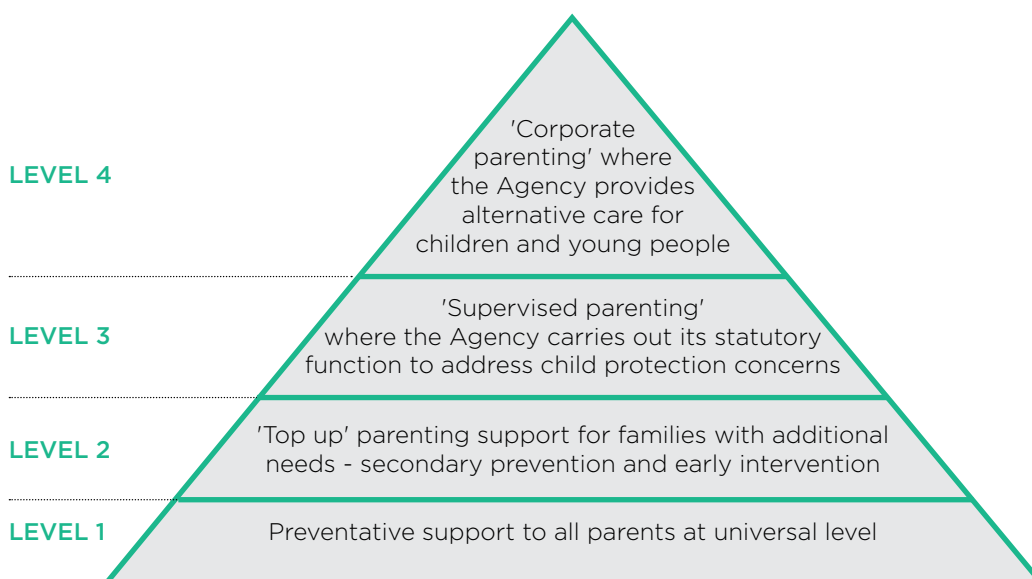
It should be noted that the term 'parent' is used as shorthand to include mothers, fathers, carers and other adults with responsibility for caring for a child or young person including, for example, those with responsibilities for children in residential care.

# 2.1

## PARENTING SUPPORT AND LEVELS OF NEED

The adapted version of the Hardiker model outlined in figure 3 below is useful for reflecting on the configuration of parenting support services in the same way that it is applied to family support service provision more generally. It is important that it is viewed fluidly and as **a categorisation of services rather than families**. Families may move up and down the continuum of need at different points in time. This framework is similarly applied in What Works in Family Support? and the Commissioning Guidance.

**Figure 3: Parenting Support and Hardiker's (1991) levels of need**



The diagram at Figure 3 above assists in the planning of services so that it can be ensured there is access to support for parents at all levels of need and in their local community. This approach is intended to emphasise the connection between services at different levels rather than truncation. For example a service operating at level 1 is connected to services at level 3 through its role in

preventing child abuse and neglect. Or a child in care receiving services at level 4 will also likely need to avail of services offered at level 1 and 2. The configuration of parenting support must be thought about in terms of all services as well as specific parenting support provision and in terms of individual practice as well as programmatic approaches in line with What Works in Family Support? For example,

a practitioner may adapt their practice, informed by evidence, to ensure that parents are fully supported and involved through the course of an intervention with a child, as well as allocating time and resources to evidence based preventative initiatives.

Providing resources from within a universal platform can prevent stigma and make it more likely that 'hard to reach families' will access services. In addition to such universal services, timely supports for 'families with additional needs' may help to prevent difficulties from escalating and ultimately reduce the number of referrals in relation to child abuse and neglect. Community based support services must arrange themselves locally into a cohesive network of help-providing services to ensure both universal and targeted support is readily accessible for parents. This may involve taking on the role of Lead Practitioner as part of the Meitheal Model. As well as targeting additional need, parenting support may need to be targeted towards specific populations or parenting contexts. Examples of populations and parenting contexts that may require tailored parenting support are outlined in table 3 below.

- **Parents living with illness or disability**
- **Parenting children with additional needs**
- **Parenting and substance misuse**
- **Parenting and domestic violence**
- **Pregnancy related bereavement**
- **Supporting parents with bereavement**
- **Cultural aspects of parenting**
- **Parenting post Adoption**
- **Doing the majority of parenting alone**
- **Parenting after divorce/separation**
- **Step parenting**
- **Parenting in LGBT families**

Table 3: Specific populations and parenting contexts that may require tailored parenting support

More direct and mandated interventions help families with significant additional needs to improve parenting capacity and reduce risk to children. Where it is established that there is a risk to the child, the local Social Work Department will lead and coordinate the intervention. In such instances, parenting support, including parent education and other interventions to enhance parental capacity, may be a critical aspect of the intervention. Direct supervision of parenting including the use of court ordered supervision may be necessary. Whilst the role of the Social Work Department in coordinating such interventions is undoubtedly vital, local community based providers of parenting support will need to be drawn upon to participate in such interventions.

Lastly, the Agency will be required on occasion to provide alternative care in instances where the level of risk to the health and safety of the child or children is deemed unacceptable. The need for parenting support will be at its most acute at this point. Some parents will need to be supported to address the existing concerns in order to facilitate the process of reunification. Where reunification is not considered in the best interests of the child, but contact is being facilitated, then parents will still need to be supported to participate in the contact and to build a good quality relationship with their child in care (see forthcoming Agency Corporate Parenting Strategy).

# 2.2

## PARENTING SUPPORT AND THE LIFECOURSE

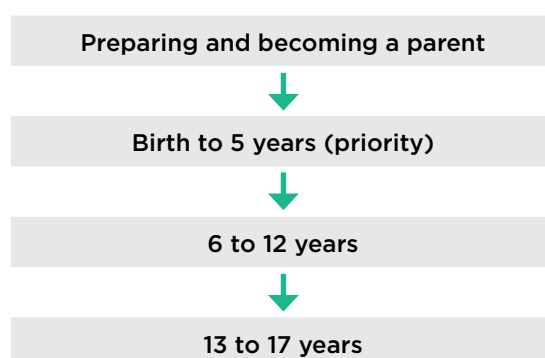
A second way of reflecting on the provision of parenting support is to apply a lifecourse approach (Figure 4). Those with parental responsibilities can face a number of challenges across the lifecourse and across different parenting contexts which require different types of support. Those parenting teenagers may require advice or support which differs greatly from those parenting a toddler or newborn. Children are exposed to different risk and protective factors at different stages of their lives and the support available to parents is central to minimising risks and developing resilience.

The lifecourse approach can also be used very broadly for thinking about social policy and for communicating the knock on benefits of parenting support, such as delivering parenting support with a view to reducing lifelong adverse outcomes.

Families can be thought about in stages, from preparing for and having young children through to end of life care. It is proposed that for the purposes of planning provision of parenting support in the context of this strategy the following age cohorts are used: preparing for and becoming a parent, birth to 5 years, 6 to 12 years, and 13 to 17 years.

It is important, whilst reflecting on the needs of parents across the lifecourse, to additionally consider that parents in different contexts may need more expert support and guidance across the lifecourse, for example, parents with a disability or parents with a child with a disability (See Figure 4 and also the 50 Key Messages, Parenting Support Strategy accompanying document).

**Figure 4: Parenting Support across the lifecourse**



# 2.3

## PARENTING SUPPORT AND LEVELS OF EVIDENCE

In line with DCYA policy, this strategy envisages that the Agency will increasingly move to ensure that services are delivered based on evidence of effectiveness. This imperative applies equally to parenting support. Outlined in Table 4 below is an approach to understanding and classifying various levels of evidence (Veerman and Yperen, 2007). A similar approach to understanding the levels of evidence outlined below is also used in the Agency Commissioning Guidance; What Works in Family Support and the National Survey of HSE funded agencies providing services to all children and their families.

**Table 4: Levels of evidence (adapted from Veerman and Van Yperen, 2007)**

Level of Evidence	Parameters	Types of research	Description used in survey of resources to the non-statutory sector
<b>Level One: Descriptive</b>	The essential elements of the intervention have been made explicit (e.g. goals, target group, methods, activities)	<ul style="list-style-type: none"> <li>• Logic model</li> <li>• Monitoring of programme delivery</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Emerging Practice</b> refers to those interventions/ initiatives which have yet to be evaluated where clear goals, targets, methods &amp; activities are outlined but only low level monitoring of outcomes has occurred.</li> </ul>
<b>Level Two: Theoretical</b>	The intervention has a plausible rationale to explain why it should work with whom	<ul style="list-style-type: none"> <li>• Literature review</li> <li>• Theoretical basis for the intervention is articulated</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Promising Practice</b> examples have simply been subjected to small scale non-generalisable evaluation.</li> </ul>
<b>Level Three: Indicative</b>	It has been demonstrated that the intervention clearly leads to the desired outcomes (e.g. increase in skills, the problem is reduced, people are satisfied)	<ul style="list-style-type: none"> <li>• Baseline and follow-up measures</li> <li>• Process studies</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Good Practice</b> denotes interventions or services which have been evaluated using sound methodologies, but not along RCT lines.</li> </ul>
<b>Level Four: Causal Evidence</b>	There is substantial evidence that the outcome is caused by the intervention.	<ul style="list-style-type: none"> <li>• Randomised control trial</li> <li>• Quasi-experimental design</li> </ul>	<ul style="list-style-type: none"> <li>• <b>What Works</b> denotes those interventions which have been subject to rigorous RCT examination (n=200+), or systematic reviews</li> </ul>



# 2.4

## KEY IMPLEMENTATION PRINCIPLES

The following principles provide guidance to managers and staff of the Agency and its partners in implementing this Strategy. These principles are adapted to be specific to parenting support but also complement and align with the principles applied in the Commissioning Guidance and in the development of the NSDF.

**Table 5: Key Implementation Principles**

<b>Principles</b>	<b>Description</b>
<b>Focus on Outcomes</b>	It is important to measure the impact of parenting programmes, services and interventions on children's outcomes through a range of measures and indicators.
<b>Parenting Support is an integral part of a wider Family Support approach</b>	Parenting support should be viewed as a crucial aspect of wider preventative work with children through mainstream health and personal social services, universal population based approaches and as social support within family support.
<b>Parenting Support needs to be Multi-dimensional</b>	Support can be formal, semi-formal or informal. This can be as simple as signposting to services/information or alternatively providing more intensive support. It is needs led and strives for the minimum intervention required. Where there are issues of parenting capacity, which leave children at risk, more directing and mandated interventions are required. The capacity to build a therapeutic alliance with a family is a key component of providing help.
<b>Investing in the early years</b>	Investing in the early years can combat both economic and social disadvantage in later life. Providing targeted resources within a universal platform to families in a timely way can serve to reduce the chances of economic inequality in later life. This can increase the productivity of society at large and prevent stigmatisation.

<b>Valuing the role of Parents/Strengths based</b>	It is important to value the role of parents by adopting a strengths based perspective and to support parents, families and communities in a non-judgmental way, to do the best for their children. By doing this, the culture of 'parent blaming' or 'professional dependency' can be avoided.
<b>Diversity</b>	It is important to take into account the diverse nature of many families in Ireland. Parenting support can empower and motivate parents to solve their own problems and raise successful children. While there will be differences, the core parenting tasks of protecting, nurturing, and guiding are common to all families.
<b>Use of Evidence</b>	This document advocates balance between the need for evidence based programmes and evidence informed interventions, placing an emphasis on the role and skills of the practitioner in working directly with children and parents.
<b>Partnership working</b>	The Agency must work in partnership with all stakeholders, particularly parents, in relation to the development, delivery and monitoring and evaluation of parenting support services.
<b>Participatory</b>	Involvement of service users and providers in the planning, delivery and evaluation of parenting support.
<b>Child safety and welfare is paramount</b>	A clear focus on the wishes, feelings, safety and well being of children in line with Children First National Guidance, 2012. Parenting support delivered as part of wider family support initiatives should not be seen as separate from child protection. Keeping children safe is everyone's business and the goal of reducing child abuse and neglect connects all services.
<b>Accessible</b>	Non-stigmatising points of access to parenting support must be provided to all parents.

# 3.0

## IMPLEMENTATION OF THIS STRATEGY

This document has outlined the strategic direction of the Agency in respect of supporting parents and has articulated the rationale for the Agency engaging in parenting support. It has explained the Agency approach to parenting support and outlined the principles to which the Agency will adhere in providing parenting support.

The following represent the key strategic outcomes sought from the implementation of this Strategy.

- 1. Parenting support is integrated into the work of the Agency and is included in local service planning and practice.**
- 2. A culture of using evidence to inform parenting support is embedded within the Agency and partners.**
- 3. A coherent continuum of support is available to all parents in a locality and they are able to access supports in a timely way.**
- 4. Parents experience services provided by the Agency and partner agencies as engaging and participatory.**

The template contained in Appendix 1 is an implementation plan that identifies the service changes required to achieve these strategic outcomes. It also identifies the critical success factors in achieving these outcomes and suitable measures for tracking progress towards the outcomes. This approach is part of a wider approach to change management across the Agency. It explicitly documents the benefits sought and ensures progress towards these benefits is measurable and is monitored. This is also consistent with the monitoring and evaluation approach outlined in the Commissioning Guidance.

As alluded to in the introduction to this document, the Parenting Support Strategy is part of a suite of documents and must be read and applied in conjunction with What works in Family Support?; the Commissioning Guidance; and the Report of the National Survey of HSE funded agencies providing services to all children and their families and the Agency Participation Strategy. The Strategy must also be viewed within the context of the Guidance on the Development of Prevention, Partnership and Family Support and the National Service Delivery Framework (NSDF) of the Agency.

These documents collectively are characterised by a concern for partnership, evidence of effectiveness and a balanced continuum of support for all children, young people and their families. The implementation of this Strategy should be measured using Appendix 1.

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# 1

## APPENDIX: MEASURING THE BENEFITS OF PARENTING SUPPORT

Strategic Outcomes	Service Change	Critical Success Factors	Priority and outcome benefit measure
<p><b>1. Parenting support is integrated into the work of the Agency and is included in local service planning and practice.</b></p>	<ul style="list-style-type: none"> <li>All services are aware of their role in parenting support and are proactive in offering support to parents.</li> <li>Where parenting support is lacking services are reconfigured.</li> </ul>	<ul style="list-style-type: none"> <li>The Parenting Support Strategy and the 50 Key document is published and disseminated to all partners. The coordination of Parenting Support is included as an explicit function within the revised management structure.</li> <li>A National Training Manual on the PSS and the 50 Key messages is developed and incorporated into the Workforce Development Plan 2014.</li> <li>Parenting Support champions are identified and trained across appropriate roles and disciplines.</li> </ul>	<ul style="list-style-type: none"> <li>Number of Parenting Support champions in place.</li> <li>Numbers undertaking parenting support training.</li> <li>Parent satisfaction survey including question on whether parents found support readily accessible.</li> </ul>
<p><b>2. A culture of using evidence to inform effective parenting support is embedded within the Agency and partners.</b></p>	<ul style="list-style-type: none"> <li>Individual practitioners adopt an evidence informed approach to supporting parents in their practice.</li> <li>Evidence Based Parenting programmes are commissioned and developed.</li> </ul>	<ul style="list-style-type: none"> <li>A standardized commissioning process is applied in all areas.</li> <li>Clinical supervision includes reference to evidence informed parenting support.</li> <li>Local Parenting Support Plans are developed as part of a Family Support Plan for each of the 17 areas</li> </ul>	<ul style="list-style-type: none"> <li>Increased effectiveness of parenting support identified through Monitoring and Evaluation.</li> <li>Number of evidence based parenting support programmes commissioned.</li> <li>Survey of staff on whether evidence is used in practice and supervision.</li> <li>HIQA inspection report – specifically assessment of performance of Standard 2.4.</li> </ul>

Strategic Outcomes	Service Change	Critical Success Factors	Priority and outcome benefit measure
<p><b>3. A coherent continuum of support is available to all Parents in a locality and they are able to access supports in a timely way.</b></p>	<ul style="list-style-type: none"> <li>• Services are arranged differently through the National Service Delivery Framework to ensure greater integrated working, ease of access and timely response for families.</li> <li>• Where parenting support is lacking services are reconfigured to provide it in line with Commissioning Guidance.</li> <li>• A new common approach to assessment, intervention and review is implemented across all agencies working with children and families.</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of the National Area based approach to Prevention, Partnership and Family Support to include a focus on Parenting Support across the lifecourse.</li> <li>• Willingness of wide spectrum of agencies to engage.</li> <li>• Families perceive the support offered positively and not as stigmatising</li> </ul>	<ul style="list-style-type: none"> <li>• Waiting times for parenting support services are monitored.</li> <li>• Parent satisfaction survey including question on whether parents found support readily accessible and appropriate to their need.</li> <li>• % of the Agency budget invested in preventative parenting support.</li> <li>• % of practitioner's time spent on preventative parenting support.</li> </ul>
<p><b>4. Parents experience services provided by the Agency and partner agencies as engaging and participatory.</b></p>	<ul style="list-style-type: none"> <li>• The Agency Managers and Practitioners adapt all structures and processes to ensure maximum parental participation.</li> </ul>	<ul style="list-style-type: none"> <li>• Parents are participating in decisions both at individual family levels as well as at the service planning level.</li> <li>• Willingness to tailor Interventions reflect parental involvement.</li> <li>• Provision and dissemination of Parenting participation Tools.</li> </ul>	<ul style="list-style-type: none"> <li>• Parental satisfaction measure including question on whether parents experienced services as engaging and participatory.</li> <li>• Case file reviews to identify if parents always attend meetings to plan interventions and whether parental views are routinely documented.</li> </ul>

# 2

## APPENDIX: Responsibilities and Tasks Associated with Positive Parenting.

**Table 6: Parenting responsibilities and tasks**

Area of responsibility	Task
Physical care	Provide your child with nutritious food, shelter and rest. Encourage age appropriate physical exercise.
Safety	Provide a healthy and safe environment.
Affection and Positive Regard	Give overt physical and verbal warmth and comfort.
Emotional security and Belonging	Give approval, responsiveness and be aware of non-verbal signals. Be warm, sensitive and comforting. Listen to your child and allow them to make choices.
Boundaries & Managing Behaviour	Adopt a positive parenting style: be consistent, predictable and provide explanations. Give clear statements on what is acceptable. Provide good supervision.
Cognitive and Language Development	Talk a lot to your child. Encourage learning and exploration. Play with your child and be responsive to your child whilst playing together. Encourage constructive play. Read to your child and help them as they learn to read.
Learning Environment	Provide a stimulating learning environment and allow challenges within the child's capability. Monitor and participate in your child's schooling. Manage Transitions well.
Social Behaviour and Communication	Be a good role model. Foster reliability, reasonableness, and assertiveness. Facilitate peer contact and facilitate new social experiences.



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

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