

# Parenting

## A glimpse into The *ISPCAN* *Thinking Space* Report on Positive Parenting

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# What is the *ISPCAN THINKING SPACE*

- A biennial project, which researches current international thinking and practice around a current child protection issue.
  - 2011 topic: “Sexual abuse of children”
  - 2013 topic: “Working with men and boys: Preventing sexual abuse.
  - 2015 topic: Promoting positive parenting: Preventing Violence

The above reports are available on [www.ispcan.org](http://www.ispcan.org)

Workshop on the 2015 report on Wednesday 10:15 – 11:15

The report contains recommendations directed at a number of role-players – practitioners, researchers, policy makers, etc.

# Promoting positive parenting

- The Global Partnership on Preventing Violence Against Children (UNICEF)
- The WHO strategic plan on the prevention of violence against women, girls and children
- The Strategic Development Goals focus on the prevention of violence against children (5 and 16.2)

All focus on parenting – to varying degrees.

We therefore can anticipate an increase in the conceptualisation, development and implementation of parenting programmes.

# According to Research (the ISPCAN Thinking Space – [www.ispcan.org](http://www.ispcan.org) )

- Most parenting programmes are developed in high income countries
- The evidence base is developed on populations in high income countries
- Are not necessarily appropriate for direct transfer to developing/low income countries where levels of poverty and deprivation are more pervasive.
- Transferring programmes from one context to another/one culture to another may present different results.
- May even undermine existing cultural practices that are child protective
- However there are some parenting projects in low income that are showing positive results.

# According to Research (the ISPCAN Thinking Space – [www.ispcan.org](http://www.ispcan.org) )

- Many pilots are well funded and implemented often will money directed at evaluation
- Scaling up is challenging with regards to
  - Funding that is at the same level as the pilot
  - Maintaining the same levels of commitment from implementers
  - And ensuring the evidence base continues to develop and encourage continuing evaluation of outcomes.

# (The reality for low income countries)

- Will the development of parenting programmes to enhance parenting be their most pressing challenge?
- Would interventions relating to poverty such as social protection mechanism bring equal results in terms of child protection?
- The enormous costs of “buying in” programmes from high income countries prohibits their use in these contexts
- As well as copyrighting which prevents adaptations to context.
- (and the issue of professional tourism!)

# The ISPCAN research produced some interesting contrasts...

- Two contrasting views emerge from the survey on the issue of an evidence base:
- *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 (Nigeria).*
- *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 (USA).*

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

# Building an evidence base

- Costs in the short term – and there may be challenges in low income countries with regard to funding this.
- May save in the long term
- However pursuing only evidence based programmes may diminish the possibility of new interventions that may be as effective – both in terms of impact and cost-effectiveness.



# Online provision of parenting programmes – a missed opportunity?

**A** Swedish research study 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. (Enebrink and others, 2012)

# Other examples of Online Programmes

- *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 programme is supported on the ground locally by peers and community agency staff. This innovative program was found to be effective in engaging a high risk population and in reducing parental stress, child behavioral problems and lax/permissive or over-reactive parenting. (Love and others, 2016)
- What are the practicalities of investigating this for low income countries?

# *ISPCAN THINKING SPACE*

- Reflected the neglect of programmes directed at parents who have “offended” or “failed” at parenting although there were some parenting programmes considered appropriate for all levels
- 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 favoured
- But then the question is – if child within the family is so prevalent – are we neglecting tertiary prevention/rehabilitation opportunities?
- Or are we labelling our intervention programmes at this level as “therapy”?
- What does this label mean for the parent?

# The Challenges

- How do we take the parenting imperative forward in meaningful ways across political, socio-economic and cultural divides?
- Should parenting programmes be integrated into more broadly based primary health, education and social care programmes?
- Do we focus on the development of parenting skills too late? (waiting for parenthood to happen)
- Do we use media opportunities sufficiently and appropriately
- How do we create the “political commitment” to do this?

Thank you