

Chapter 5 –

Evidencing the value of parenting support as a policy and practice orientation: The case of ‘Growing Up Together’ in Croatia

Nina Pećnik

Introduction

Parenting support is a significant part of enhancing children’s rights and well-being. It is also a relatively new field of child and family policy and research that increasingly engages parents, service providers, researchers, and policymakers in Europe and beyond (Daly et al., 2015; Hermanns, 2014; Daly, 2007). This chapter focuses on the development of the universal and targeted parenting support programmes ‘Growing Up Together’ and ‘Growing Up Together Plus’, which aim to support positive parenting among parents of young children in Croatia. The aim of this chapter is threefold. Firstly, it outlines the Growing Up Together (GUT) and Growing Up Together Plus (GUTP) programmes; secondly, it looks at the role of evaluation in the development and implementation of GUT; and third, it highlights the value of pluralist approaches to generating evidence to support relevant, accessible, and effective parenting support in this context.

The first section of the chapter focuses on the concept of positive parenting and explores its background in the UN Convention of the Rights of the Child and how it is promoted by the Council of Europe (CoE). The second section describes a universal parenting support programme for parents of young children in Croatia: Growing Up Together (GUT) (see Pećnik and Starc, 2010) and a selective parenting support programme for parents of young children with disabilities: Growing Up Together Plus (GUT plus, or GUTP) (see Starc, 2014). They were developed in response to the lack of parenting support services, with the support of the UNICEF Office for Croatia, following the Council of Europe’s Recommendation Rec(2006)19

on policy to support positive parenting. The third section discusses the evaluation procedure which developed an evidence base for Growing Up Together and Growing Up Together Plus. The final section offers some conclusions and recommendations on the role of evaluation in the child's-rights-based parenting support and pluralist approach to generating evidence.

Children's rights, positive parenting and parenting support

Since 2000, most European states are increasingly active in parental participation, with the aim of optimising children's well-being and development through positive parenting values and practices. The Council of Europe Recommendation Rec(2006)19 on policy to support positive parenting outlined the importance of quality and conditions of parenting in European countries. This document fully acknowledges children's rights as enshrined in the UN Convention on the Rights of the Child (UNCRC).

The UNCRC provides two core messages about parental responsibilities (Doek, 2004). It allocates to parents the primary responsibility for the upbringing and development of the child, and it exhorts that the best interests of the child be their basic concern (Article 18). They should provide appropriate guidance to the child in the exercise of his or her rights (Article 5). Guidance is 'appropriate' when it is provided in a manner consistent with the evolving capacities of the child (Article 5), the right to be heard (Article 12), and protection from all forms of violence (Article 19). Parents should also secure the living conditions that provide for full and harmonious development of the child (Article 27). These principles endorse the rights of the child in the context of a family (Pečnik, 2007) and are embedded in conceptual approaches to *positive parenting*, defined in the CoE Recommendation as the 'parental behaviour based on the best interests of the child that is nurturing, empowering, non-violent and provides recognition and guidance which involves setting of boundaries to enable the full development of the child'.

Alongside the expectations about how parents should fulfil their parenting responsibilities, the UNCRC conveys that the state should ensure the necessary measures of support – by encouraging and facilitating parents' acting in the child's best interest, providing adequate living conditions for development, and ensuring other rights of the child. The CoE Recommendation also calls for measures directed to the social or structural conditions of parenting, the quality of parent–child interactions, and the provision of information on and facilitating greater understanding of positive parenting among all parents. Significantly, it affirms the values of partnership and parental empowerment in service provision, while replacing the 'deficit view' of parents'

resources with a strengths-based one. Parenting support services need to concentrate on the best interest of the child, respect diversity, be needs-led and evidence-based, and reflect best practice.

Enhancing positive parenting, and through that the child's well-being and development, is a key goal of parenting support programmes. According to Bremberg (2006), a core objective of engaging with and strengthening parenting capacities through parenting support is to promote the welfare of the child. Daly et al. (2015, p. 12) define parenting support as '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'. Hermanns (2014, p. 15) acknowledges (possible) differences in expectations about the goals of parenting support among actors involved in parenting support programmes (e.g., authorities, professionals, parents), and proposes a more 'neutral' definition of parenting support. Hermanns (2014, p. 5) states that parenting support comprises activities from professionals, volunteers, or members of parents' social network, that aim to influence the parent-child relationship and parent-child interactions.

Parenting support can be distinguished with respect to the target group. Universal parenting support engages a general population of parents (of children at certain developmental stages). Selective parenting support is intended for parents who raise children in more demanding or disadvantageous circumstances due to specific factors related to the child, parent, or context. Those factors (e.g., child's disabilities, teenage parents, low income) put parents statistically at risk for problems in parenting, or their children for unfavourable developmental outcomes. Indicated parenting support engages with parents who manifest (complex) parenting difficulties or have children with adjustment problems. The conceptualisation of universal, selective, and indicated parenting support is helpful in working towards universal support to all parents, which is rights-based and consistent with the idea of progressive universalism.

The field of parenting support policy and practice contains a number of dilemmas or underlying conflicts of interests too (Hermanns, 2014). Some of them, and their evidence base, were particularly relevant for developing the programmes presented in this paper. One such tension exists between a tendency to educate parents on how to parent, and to provide them with information and parenting skills and even techniques, as opposed to respecting parenting as an expression of unique, intimate, and personal relationship. Although conceptualisations of good parenting may be helpful for stimulating thinking about universal children's rights, it is also

problematic to prescribe ‘correct’ parenting behaviours outside the context of relationships between parents and children. The uniqueness of children’s characteristics and adults’ parenting strategies (Grusec, 2008) and socio-cultural contexts (Baldwin et al., 1990) all affect how relationships between parents and children emerge and develop.

Another underlying conflict in parenting support relates to the intended outcomes of interventions. These outcomes focus on (a) the child and their development, (b) the parent’s skills and practices, attitudes and feelings, knowledge of child development, psychological well-being, and social networks, and (c) the parent–child relationship (Moran et al., 2004). Tension exists between interventions which engage parents to promote children’s developmental outcomes and which focus solely on the child’s well-being and development (as defined by professionals) while treating parents as means of supporting the child’s outcomes. On the other hand, policies and practices also promote interventions oriented towards parents’ needs as defined by parents themselves, and do not necessarily correspond to child-focused goals of parenting support as defined by professionals (Hermanns, 2014). Fukkink and Vink (2014) express concern that a policy perspective in parenting support emerges that will remain focused on the child without understanding the perspectives, needs, and wishes of the parent.

The next underlying conflict of interests or values in the arena of parenting support is manifest in the contradictory requests (by policymakers and practitioners) that interventions have a strong evidence base and that they are matched to the individual needs of the parent or user. The emphasis on evidence-based practice and a theoretically sound intervention dominates professional literature (Hermanns, 2014; Asmussen, 2011) and policy documents. The evaluation of an intervention’s effectiveness in achieving its targeted outcomes is one criterion in determining a high-quality parenting support programme (Oates, 2010). The requirement for evidence of effectiveness favours (quasi-)experimental research designs, and they favour the use of standardised programmes since they are easier to ensure implementation fidelity than the more individualised forms that parenting support can take, and to evaluate with methods that are favoured by policymakers as producing the best evidence of effectiveness. Consequently, there is more emphasis on providing structured, time-limited interventions and neglecting other forms of parenting support such as peer support or individual or home-based interventions. This approach has been criticised by Moran et al. (2004) for being too strict and entailing the risk of discarding promising practices. In addition, Crepaldi et al. (2011) argue that the use of manualised programmes may be detrimental to the involvement of service users, taking into account their specific needs. Indeed, since in standardised or manualised programmes, intended

outcomes and the content of the interventions are determined prior to a parent's enrolment, parents' perceptions of problems and needs are less significant.

Along with the expansion of standardised programmes, there is a recognition that 'one size does not fit all' in parenting support (Moran et al., 2004) and an expectation that interventions provide flexible, individualised support, tailored to individual parents' needs. Flexibility, being demand-led and need-oriented, is a characteristic of parenting programmes that contributes to their effectiveness. In response to this tension, Hermanns (2014) proposes to develop interventions that are 'programmatic' as well as individualised and flexible.

Supporting parents of young children through 'Growing Up Together' programmes

Growing Up Together (GUT) is a universal parenting support programme for parents of children aged 1–4 years (Pećnik and Starc, 2010a, 2010b). It was developed by local professionals with the support of the UNICEF Office for Croatia, within a project on early child development and positive parenting (2008–2010). This project was funded by Croatian citizens and companies who responded to the awareness-raising and fundraising campaigns 'First three are the most important!' (2007), which focused on parenting of young children, and 'First three are even more important!' (2009), which focused on the parents of young children with disabilities.

The foundational principles of GUT are manifold but the most important are children's rights, including the right to support for parents, as enshrined in the UNCRC and General Comment No. 7 (2005) Implementing child rights in early childhood.³ The Rec(2006)19 on positive parenting strongly influenced the development of GUT, particularly the idea that all parents are entitled to additional supports in carrying out parenting responsibilities. This highlights the need for accessible universal parenting support services in addition to the existent network of child protection services in Croatia (Pećnik and Ivandić-Blažina, 2011). Research on beliefs about parenting, parents' practices, and the needs for and obstacles to accessing parenting support services revealed inequalities in young children's access to supportive, stimulating, and non-violent parenting and in their parents' access to parenting support programmes (Pećnik, 2013; Pećnik et al., 2011; Radočaj, 2008). In addition, national studies with parents of older children

³ With this document the Committee on the Rights of the Child encourages recognition that young children are holders of all rights enshrined in the Convention and that early childhood is a critical period for the realisation of these rights.

found several barriers to parents' access to additional information and support around parenting issues (Pećnik and Tokić, 2011; Pećnik and Raboteg-Šarić, 2005).

In order to increase availability of parenting support at community level and strengthen professional competencies of organisations that provide it, the development of a standardised programme was planned. The GUT is the result of a three-year cooperation process between professionals and parents who participated in testing the pilot versions of the programme in kindergartens and family centres. Today, GUT is a widely recognised tool for empowering professionals and parents in coping with some of the challenges of contemporary parenting. From 2009 to 2016, 154 organisations provided the programme free of charge to around 3,600 parents throughout Croatia (Keresteš et al., 2017). GUT has also been implemented in Bosnia and Herzegovina and in Bulgaria.

The main objective of GUT is to support parents of young children carrying out their parental responsibilities in ways consistent with the rights of the child, and to promote growth in competence and resourcefulness of both the parent and the child, by facilitating the exchange of information, knowledge, skills, and support. The process-related goal of GUT is to provide a safe and inspiring learning environment in which parents work with professionals to explore the values that underlie their parenting practices, learn about the needs of children and parents, and different ways to satisfy them, practice communication skills, and deal with other issues in which they express interest. Within this framework, each of the 11 workshops has specific aims and outcomes too (Pećnik and Starc, 2010a).

The weekly two-hour workshops are entitled: (1) 'Parents of the 21st century', (2) 'The four pillars of parenting', (3) 'Children's psychological needs and parental goals', (4) 'All of our children and the way we love them', (5) 'Listening – an important parenting skill', (6) 'How does the child learn about the world?', (7) 'Boundaries: why and how?', (8) 'Choosing and creating solutions', (9) 'Parental responsibilities and more questions', (10) 'Being a parent: influences and choices', and (11) 'The end and a new beginning'. These workshops are supported by a training manual, PowerPoint presentation, short films, and written materials for parents.

Workshops are designed for groups of approximately eight to twelve parents and facilitated by interdisciplinary teams of two to three co-leaders (e.g., psychologists, pedagogues, kindergarten teachers, social workers) who are licensed as programme providers. The 'Growing Up Together' centre, in collaboration with other stakeholders, strives to support the national

network of programme providers, trainers, and supervisors. It aims to monitor the implementation of quality standards in programme provision and facilitates the development of adaptations and additions to the programme.

GUT is firmly grounded in the relational view of socialisation and social relational theory (Kuczynski and Parkin, 2006; Sommer, 1998). The key theme throughout the programme is the ‘four pillars of parenting’. These are parental behaviours and values that encapsulate the principles of provision, protection, and the participation rights of the child (Pećnik and Starc, 2010a; Pećnik, 2007). *Nurturing behaviour* responds to the child’s need for emotional warmth and requires the parents’ sensitivity, responsiveness, acceptance, and protection. *Providing a structure* addresses the child’s need for security, predictability, and guidance in the development of self-regulation. The structure concerns the safe space, time routines and rituals, and appropriate boundaries of acceptable and unacceptable behaviours that parents set and explain while considering the child’s view and refraining from emotional, physical, and psychological violence. *Acknowledging the child as a person* responds to the child’s need to be seen and respected as an individual, with their own experiences of self and dignity. This requires the parent to listen to the child’s point of view, help them express thoughts and feelings, and take them into consideration when making decisions that affect the child. *Enabling the empowerment of the child* concerns creating the conditions for the child to satisfy their need for autonomy and the ability to affect their surroundings and solve problems according to their increasing age and maturity. The child’s agency and effectiveness are enabled by the quality of their relationships with parents, parental openness, support of their abilities and initiatives, and creating opportunities for learning.

The ‘four pillars of parenting’ are linked to the conceptualisation of parenting inherent in self-determination theory (Grolnick et al., 1997). It proposes that the attitudes and behaviours of the parent (personal involvement, provision of a structure or limits, and support for the child’s autonomy) may support or thwart the fulfilment of the child’s psychological needs for autonomy, connectedness, and competence. The theoretical foundations of GUT also include Juul’s (2008) concept of equal dignity as an important quality of a parent–child relationship as well as the principles of the positive, empathic, parent–child interaction promoted in the International Child Development Programme (Hundeide, 1996). This programme recognises the importance of parental empathy and of adapting to the child’s needs as crucial for providing optimal conditions for the child’s well-being and development. Ecological models of determinants of parenting (cf. Belsky and Stratton 2002) are also incorporated to underline the

multiple influences on parental behaviour (e.g., individual characteristics of the parents and the child, sources of stress and support in the family and in the broader social environment, and structural conditions of parenting).

The Growing Up Together Plus (GUTP) programme (Pećnik et al., 2014; Starc, 2014) was developed on the basis of GUT, with additional expertise from professionals in the field of early childhood intervention, in order to meet universal and specific needs of parents of children with disabilities. The overall goal of GUTP is to facilitate the exchange of knowledge, skills, and support to promote parental responsibilities, competence, and personal growth of both the parent and the child with a disability. GUTP provides an enabling and empowering environment where parents with group leaders share ideas about how they live their parenthood, get to know themselves better as parents, recognise effective ways to cope with additional stressors, reflect on how they relate to their child and on other ways of supporting the child's well-being and development, and discuss recent knowledge on the developmental needs of children with disabilities and the positive parent-child interaction. The content of 11 workshops remained largely similar to GUT, except for the first two workshops, entitled (1) 'Every child is special, every parent is special', and (2) 'Between expectations and adjustment'. The titles of the following nine workshops remained the same as in the GUT.

Through the GUTP, participants were expected to enhance their parental competence, well-being and resourcefulness, which could in turn lead to manifesting more developmentally supportive and less violent parenting behaviours in their interactions with the child. In addition, the programme allows for parents' self-selected goals to be accommodated in the predetermined programme structure. As with GUT, co-leaders in the GUTP programme had professional background in disciplines like psychology, special education, rehabilitation, and social work. In approach, GUTP is committed to empowerment models of parenting support and to developing partnership and collaborative relationship between group leaders and parents.

Evaluation in continual development of the Growing Up Together (GUT) parenting support programmes

Evaluation of parenting support programmes allows providers to be accountable to users, assists professionals in matching interventions to parents' needs and desired outcomes, helps programme developers formulate clearer objectives and more precise programme theories, and informs policy and funding decisions (Asmussen, 2011). In Croatia, the importance of evidence-based practice in work with children and families has been increasingly emphasised

at policy level, but in implementation, evaluations of interventions in the field of parenting support are scarce. This section briefly presents evaluation of effectiveness of GUT and GUTP in achieving their outcome-related and process-related goals. The process of generating the evidence base for each programme included quasi-experimental and descriptive studies. Their key findings are summarised in Table 1.

Table 1: Summary of key findings of evaluating effectiveness of Growing Up Together (GUT) and Growing up Together Plus (GUTP)

Programme	Design	Measures	Key Findings Quantitative	Key Findings Qualitative
GUT	Quasi Experiment Pre-post with intervention (n=198) and comparison group (n=297)	<u>Standardised</u> Beliefs about practices with young children (<i>Pećnik et al., 2011</i>) Parental competence (<i>Gibaud-Wallston and Wandersman, 1978</i>) Parental stress (<i>Gottlieb, 1997</i>), Parent's interaction with the child (<i>Pećnik and Starc, 2010a</i>) Coping with children's negative emotions (<i>Fabes et al., 2002</i>) <u>Unstandardised</u> Responses to child's distress (vignette)	<u>Pre-Post Comparison</u> parental beliefs became more consistent with children's rights among programme participants but not controls increase in parenting self-efficacy among programme participants but not controls decrease in frequency of verbal and physical violence towards the child in 7 days prior to evaluation, in both groups increase in intentions to encourage child's emotional expression and problem-solving; decrease in intentions to minimise child's distress, react punitively and with own distress among programme participants but not controls increase in empathic reactions and validation of child's affective state; decrease in devaluating the child's problem and punitive reactions with 'lecturing'	<u>Post</u> Parents' gains from GUT: - increased sense of competence - changed interaction with the child - new knowledge - better understanding of the child - group support - more involvement with the child - support for self-care Child's gains from parent's participation in GUT (parent report): - changed parent's behaviours and attitudes towards the child - improved quality of relationship to the child - improved child's well-being

GUT	Pre-post intervention group (n=2,114)	<u>Standardised</u> Beliefs about practices with young children Parental competence/self-efficacy Parent's interaction with the child <u>Unstandardised</u> Question(s) that motivated enrolment	<u>Pre-post comparison</u> parental beliefs became more consistent with children's rights increase in parenting self-efficacy increased frequency of positive interactions decreased frequency of parental verbal and physical violence Answers found: 79% yes, 18% partly, 3% no <u>6-Month Follow-up</u> Increased parenting self-efficacy post-programme remains stable after six months Decreased parental verbal and physical violence towards the child post-programme remains stable after six months Positive interactions, increased post-programme, returned to pre-programme level six months after its implementation	<u>Post</u> Responses of 1,273 parents to open-ended questions about parent's and child's outcomes from GUT correspond to the findings from the pilot study presented above
	with follow-up group (n=224)			

GUTP	Quasi Experiment Pre-post with intervention (n=255) and comparison group (n=67)	<u>Standardised</u> The Parenting Morale Index (<i>Trute et al., 2009</i>) Parenting Stress – Incompetence (<i>Profaca and Arambašić, 2004</i>) Parental Interaction with the Child (<i>Pećnik, 2014</i>) Family Needs Survey (<i>Bailey and Simeonsson, 1988</i>) <u>Unstandardised</u> Perceived progress in parent-defined goals of GUTP (desired changes) Individual question(s) (needs) met by GUTP	<u>Pre-Post Comparison</u> increase of parenting morale among programme participants but not controls decrease in self-reported frequency of verbal and physical violence towards the child with disability among programme participants but not controls decrease in some of the needs for support Achieved changes in relationship with the disabled child, other children in the family, partner, or how they personally feel as parents of a child with disability post-programme surpass the level of changes desired pre-programme. 56% of participants found the answers to the questions that motivated their enrolment, 42% did so partly, 2% did not	<u>Post</u> Parents' gains: - support from the group - improved relationship with the child due to acquired knowledge and parenting skills/tools - opportunity for personal growth and time for themselves Child's gains (parent's report): - a parent who understands and appreciates the child more - an empowered, happier and more patient parent - a parent who can better meet the child's needs (and solve problems, including setting boundaries) - participation in children's activities while the parent was at GUTP
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Development of the GUT

The GUT programme started with 13 parent-groups who provided feedback to the initial version of the programme, which was modified accordingly, and the total number of workshops increased from 10 to 11. The second pilot project included 24 parent-groups, in which the improved version of the programme was evaluated by a quasi-experimental study (Pečnik and Starc, 2010b; Pečnik, 2009). Results demonstrate the programme's impact on parental beliefs about (practices with) young children that became more consistent with children's rights and responsive to young children's needs (i.e., less supportive of corporal punishment and ignoring child's crying). After the programme, participants reported higher self-efficacy in the parental role and a marginally significant decrease in parental stress. The frequency of hitting the child and yelling at them in the seven days prior to data collection decreased. Participants were also more inclined to react to the child's distress with encouragement of their emotional expression and problem-solving, and less likely to react punitively or with their own distress or minimisation. This finding was supported by the post-programme change in their qualitative responses to a vignette depicting a young child with a problem. Self-reported frequency of storybook reading, the only indicator of positive involvement in this study, remained unchanged, but this was attributed to the high frequency of reading reported before GUT. Due to methodological limitations related to the biased samples (only those parents who completed the programme provided the data) and choice of self-report measures (brief but psychometrically problematic), the presented results were treated as an initial indication of a 'promising programme' rather than conclusive evidence of the programme's effectiveness.

In addition to quantitative data from pre- and post-intervention questionnaires, qualitative data about participants' experience of the programme and its outcomes for themselves and their young children was collected from parents at the end of the programme. As the most useful gains from participation in GUT, parents reported feeling more confident as a parent, increased insight into their own strong and weak sides in parenting, observed changes in their behaviour towards the child, acquisition of new knowledge, better understanding of the child's behaviour, perspective, and needs, exchange of experience with other parents, encouragement to enjoy shared time and joint activities with the child, and support for caring for their own personal needs. Parents also reported what they perceived to be the child's main benefits from participation: gaining a calmer, more patient, flexible and content parent (possibly allowing the child to experience more respect and less violence from the parent); gaining a parent who is more attentive to understanding the child's viewpoint and needs (possibly allowing the child to

experience being heard and ‘seen’ or acknowledged by the parent more); becoming happier, more joyful, and self-confident, and less frustrated; having more time or play with the parent; receiving better guidance, realistic expectations, and a clearer approach in limit-setting; and enjoying a better atmosphere at home.

Besides information on outcome-related goals, during programme development written feedback on each workshop activity was provided from parents and group leaders after every workshop, in order to learn how they were experienced by parents (from the parents’ and the group leaders’ perspective) and by group leaders. This feedback on programme activities and approach was used in creating the final version of the programme and published in the GUT manual (Pečnik and Starc, 2010a) in the form of quotes from parents and group leaders in response to particular topics or activities.

Since then, the outcomes and process of GUT have been continually monitored by the use of an anonymous pre-post intervention questionnaire that included some of the measures used in the pilot study. This allowed us to confirm results of the evaluation of the pilot project, establish the programme’s effect on parents’ positive interaction with the child, and test for possible moderator effects of parents’ gender and education level, in order to refine our understanding of the programme’s impact. Pre-post comparison conducted with participants from 214 groups (90.6% mothers, 9.4% fathers) (Keresteš et al., 2017) found the expected changes in parental beliefs (small to medium effect size) and parental competence or self-efficacy (medium to large effect size). The self-reported frequency of positive parental behaviours (involvement in joint activities, autonomy support) also increased (small effect, probably due to the ceiling effect). These changes did not depend on parents’ gender or level of education. However, the change in frequency of parental violent behaviours did. At the end of the programme, parents reported shouting at and hitting a child less frequently than before the programme (medium to large effect). The decrease in violent practices was more pronounced for mothers and for parents with a lower education level (who were also reporting more frequent violence initially). Finally, the vast majority of participants found the answer(s) to question(s) that brought them to the programme, indicating that the programme continues to address parents’ changing needs and aspirations beyond the pilot project phase.

For some parents, six-month follow-up data was collected. Although this sub-sample was biased (it included only parents who participated in the follow-up activities – the GUT Clubs for Parents – that were not offered on all sites running GUT), the study provided preliminary

evidence on the sustainability of programme effects. Results showed that the positive effect of the programme on parental self-efficacy was maintained. Parental self-efficacy at the end of the programme was significantly higher than at programme entry, while there was no difference between self-efficacy at the end of the programme and at follow-up. The same was found for the frequency of hitting a child and shouting at a child in the seven days prior to data collection. Violent behaviours decreased after the programme and remained unchanged at follow-up. However, the frequency of parents' positive interaction with the child, which increased initially, was not sustained at follow-up.

Development of GUT Plus

The development of the GUT Plus programme included evaluating a longer programme version consisting of 11 workshops and a shorter version of six workshops in a quasi-experimental study (Pećnik and Ljubešić, n.d.; Pećnik, 2014). Following the participation in 11 workshops, parents reported an increase in parenting morale and a decrease in the frequency of verbal (shouting) and physical (hitting, hair-pulling) violence towards the child with disability. In order to measure personalised outcomes for children and parents, parent-defined goals of programme participation (or desired changes) were assessed pre- and post-programme. The participants reported being more positive about their role as parents and achieving the desired changes in their relationships with family members and, to a lesser extent, in the behaviour of their child with disability. In responses to open-ended questions, parents described changes they attributed to programme participation. They referred to the changes in their relationship with and behaviour towards the child with disability (better understanding of child's needs, more patience and listening), changes in their experience of the parenting role (increased insight and confidence in their internal resources), and changes in their relationships with another child or children in the family and with their partner. They also provided their views on the programme gains for themselves and their child (Table 1). All these findings provided initial evidence of GUTP effectiveness in meeting most of the professional- and parent-defined needs for parenting support in a variety of domains and allowed production of the manual (Pećnik et al., 2014).

Continual monitoring of outcomes with the new programme participants from 39 groups (85.1% mothers, 14.6% fathers) of children with various types of disability (25.5% had autistic spectrum disorder, 21.7% speech and language disorders, 13.4% intellectual disabilities, 13.4% multiple disabilities; 7.5% motor impairment, 4.3% hearing impairment, 3.1% visual impairment, 8.4% atypical development, undiagnosed as yet) confirmed that after GUTP, parents felt empowered in their parenting role – there was an increase in parenting morale (small

to medium effect) and a decrease in parenting stress resulting from the feeling of parental incompetence (small effect). Additional analyses revealed moderating effects of the type of child's disability on programme impact on parental incompetence. Results also showed a significant decrease in parents' need for information (close to medium effect), need for support in coping with spouse and siblings (small effect) and with their wider social network (neighbours, friends, other children) (small to medium effect). There was only a marginal decrease in the need for personal support, which remained relatively high after the programme. No change in the frequency of positive interaction (joint fun activity unrelated to therapy; storybook reading; autonomy support) was found, which was attributed to the ceiling effect. Even though no effect was found on the measures of positive parenting included in the study, on open-ended questions parents reported other changes in their interaction with the child, which they perceived as indicators of an increase in positive parenting practices. The programme completion was followed by a decrease in frequency of shouting at and hitting a child with disability (small effect). As for the GUTP influence on the parent-defined goals of programme participation, results showed that after GUTP almost 87% of parents reported that they had either moderately or significantly changed something in their relationship with their child with disability, 80% reported that they managed to make a moderate or significant difference in how they personally felt as a parent, and 72% moderately or significantly changed something in their relationship with another child or other children in the family.

Conclusion

This chapter presents parenting support programmes that significantly contributed to ensuring the rights of young children in Croatia and to parenting in the child's best interest. Evaluation played a key role in the development of the GUT and GUTP programmes. While open to the criticism that it was conducted by the programme developers and was thus an internal evaluation, it was rigorous, operating a quasi-experimental design and combining quantitative and qualitative methods. As well as addressing core efficacy and effectiveness questions, the evaluation contributed to advocacy and accountability goals, and assisted in a process of programme co-production involving academics, parents, and practitioners, and in fine-tuning content and delivery. More widely, the evaluation encouraged a culture of evaluation in organisations, for example in kindergartens, family centres, and rehabilitation centres that piloted the programmes.

The evaluation enabled programme developers and providers to be accountable to parents who used or were invited to use the programme. It provided evidence that for a majority of

participants, the programmes are followed by positive changes in personal experience of parental competence or morale, more developmentally supportive reactions to children's distress, a reduction in (potentially) harmful practices, and high levels of achieving the self-defined goals and answers to the questions that brought them to the programme. Qualitative responses about gains and (un)fulfilled expectations provided much more detailed and specific information about the impact of the programme on parents' experience of their role, their view of the child, and their interaction with them. This offered additional insight into the effectiveness of the programme in achieving the child-focused and parent-focused goals (both expected and unexpected), in turn facilitating critical reflection on the programme aims and methodology, and led to improvement of the programme content and process. Establishing outcomes also provided reassurance to programme developers and providers, increasing their commitment to implement this new service for parents. Qualitative and quantitative evaluation data also had a very important role in understanding the programmes' performance in achieving their process-related ('enabling') goals. The feedback on the programme content and implementation, which was systematically generated with all parents and group leaders involved in the pilot project groups, provided unique input for programme developers and researchers to generate hypotheses about why and how the expected changes or outcomes were achieved or not, and so on.

However, the main value of listening to the views of parents and group leaders was in building a partnership with them. This participatory process of programme development ensured the experience of bi-directional influences between parents and professionals; they became co-creators of the programme and its evidence base, and this sense of ownership contributed greatly to programme sustainability. Involvement of parents and professionals in programme generation, through the process of effectiveness and process evaluation, gave legitimacy to the programme, validated the theoretical knowledge of programme developers, and increased both parents' motivation to enrol and professionals' motivation to join the network of programme providers. Group leaders who participated in programme piloting and evaluation were encouraged to bring forward their 'practice wisdom' and build it into the programme development. The manuals include numerous quotes from parents and professionals from 36 parent groups involved in the development of GUT, and 12 groups involved in the development of GUTP, offering a highly visual message about co-production of the programmes and their evidence. For new group leaders, the presence of parents' reflections in the manual encourages a partnership approach in their delivery. The continuous collection of quantitative and qualitative data on parents' reactions to the programmes beyond the period of their development

stimulated learning among moderators about the programmes' effects and unmet needs, thus contributing to further programme adaptations and development of supplementary activities.

A pluralist approach to evidence (Fives et al., 2017) for GUT and GUTP enabled coping with the conflicts inherent in the parenting support field (Hermanns, 2014). It allowed programme developers to learn how successfully they balanced the tension between the need to focus programme goals on the child's or the parent's needs and well-being. Parents' accounts about their own and their children's gains from GUT and GUTP confirmed that these programmes succeeded in maintaining a 'dual focus' on children's and parents' outcomes as intended. In addition, parents' and professionals' reflections on the programme process made it possible to confirm that how GUT and GUTP are designed and implemented manages to reconcile the tension between interventions with parents that are 'parent-driven' and those that are 'programme-driven'. In conclusion, for internal evaluation to fulfil the important role it potentially has, it is vital to build competence in effectiveness evaluation among professionals who develop and provide parenting support programmes.

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