



The conceptualisation and delivery of family support in Europe: A
review of academic literature

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1 Introduction

Even though children are active agents in their own right they remain a vulnerable group dependent on adults to protect, support, nourish and educate them. In certain circumstances and for a myriad of reasons, some families' capacity to provide for and care for their children can be reduced or compromised, and as a result they require support and assistance in carrying out this fundamental function. Family Support is one way in which children's well-being can be protected and promoted. However, the way in which this mode of support is conceptualised and operationalised can vary within and across jurisdictions. For instance, family support approaches can be framed by concerns about care or control, can take a child-based or parent-oriented perspective, and may be targeted or universal in terms of eligibility.

This report is part of a wider programme of work which aims to provide an innovative conceptual framework relevant to the delivery of family support in Europe. In order to provide insight to this project, this document presents a review of recent academic literature which considers the ways in which formal family support is conceptualised, developed and delivered in the European context. This includes literature from member states of the European Union, and adjacent countries from the continent that have special relationships with the Union. Much of the literature in this review stems from the UK, but it also comes from Ireland, Spain, Portugal, Germany, Belgium, Norway, Sweden, Denmark, Netherlands, France and Italy, as well as Cyprus and Croatia.

This literature review aims to:

1. Identify and examine similarities and differences in the meanings and applications of 'family support' as a key concept within and across European countries.
 2. Consider similarities and differences in national approaches to family support and family support services for children, parents and families across European countries.
 3. Present a review of how the literature in these areas has conceptualised, evaluated and theorised these similarities and differences.
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1.1 Methodology

This literature review utilises a widely used framework developed by Arksey and O'Malley (2005) to explore the relevant academic literature on family support in Europe. The application of this framework entails a five-step process:

1. Identifying the research question: Developing a clear, focused and feasible research question; clarifying key concepts and terms.
2. Identifying relevant literature and studies: Utilising literature sources, literature search methods and initial inclusion/exclusion criteria to identify relevant research and literature.
3. Literature and study selection: Refining the selection of relevant research and literature by honing study aims, questions and inclusion/exclusion criteria.
4. Charting the data: Adopting a systematic approach to 'charting the key information' obtained from the research review.
5. Collating, summarising and reporting the results.

1.2 Research questions

Two overarching research questions were identified to provide a clear focus for the review of research and literature. These overarching questions were further developed into sub-questions to support a full exploration of the literature. The questions are as follows:

1. What are the main conceptualisations of, and approaches to, family support across Europe?
 - How has 'family support' in general terms been conceptualised in European academic, policy and practice literatures and debates?
 - How have 'family support services' been conceptualised in European academic, policy and practice literatures and debates?
 - How do conceptualisations of 'family support' in general and 'family support services' align with theoretical, disciplinary and political perspectives?
 2. What are the main forms (types) and modalities (genres) of family support services delivered in European countries?
 - What are the main forms and modalities of universal and targeted services?
 - What are the modes and conditions of access and eligibility related to family support services? In what ways, and to what degree, are these services provided on the basis
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of entitlements (e.g., parental rights to support, children's rights to welfare); statutory duties (e.g., child welfare services, adoption services, services for families affected by disability); categories of status, risk or need; and/or professional/local discretion?

- In what ways and to what degree do European countries vary in their approach to and arrangements for the organisation and delivery of family support services (e.g., institutional roles, central–local government roles, professional roles and funding arrangements)?

1.3 Search strategy

Three separate systematic literature searches were completed to source the relevant material. First, searches were conducted in March 2020 using the following social science databases: Academic Search Complete; EconLit; Education Full Text (H.W. Wilson); ERIC; International Bibliography of the Social Sciences (IBSS); Ovid Medline; PsycArticles (APA PsychNet); PsychINFO; Psychology and Behavioral Sciences Collection; Scopus; Social Sciences Citation Index; Social Sciences Full Text (H.W. Wilson); and SocINDEX.

This review includes all relevant papers from 2015 to 2020 as this was deemed a reasonable publication timeframe for new or recent academic literature on family support. However, older seminal texts were also included if relevant to add depth to the discussion. Search terms included family, child or parent in conjunction with key words such as 'informal help', 'formal support', 'welfare', 'well-being', 'programme', 'modalities' and 'services'. A second round of additional searches was conducted in September 2020. Using the same approach as in the initial searches, new research and literature from March to August 2020 was collated. A third and final round of searches took place in January 2021 to identify remaining research and literature published in 2020 as well as previously missed publications.

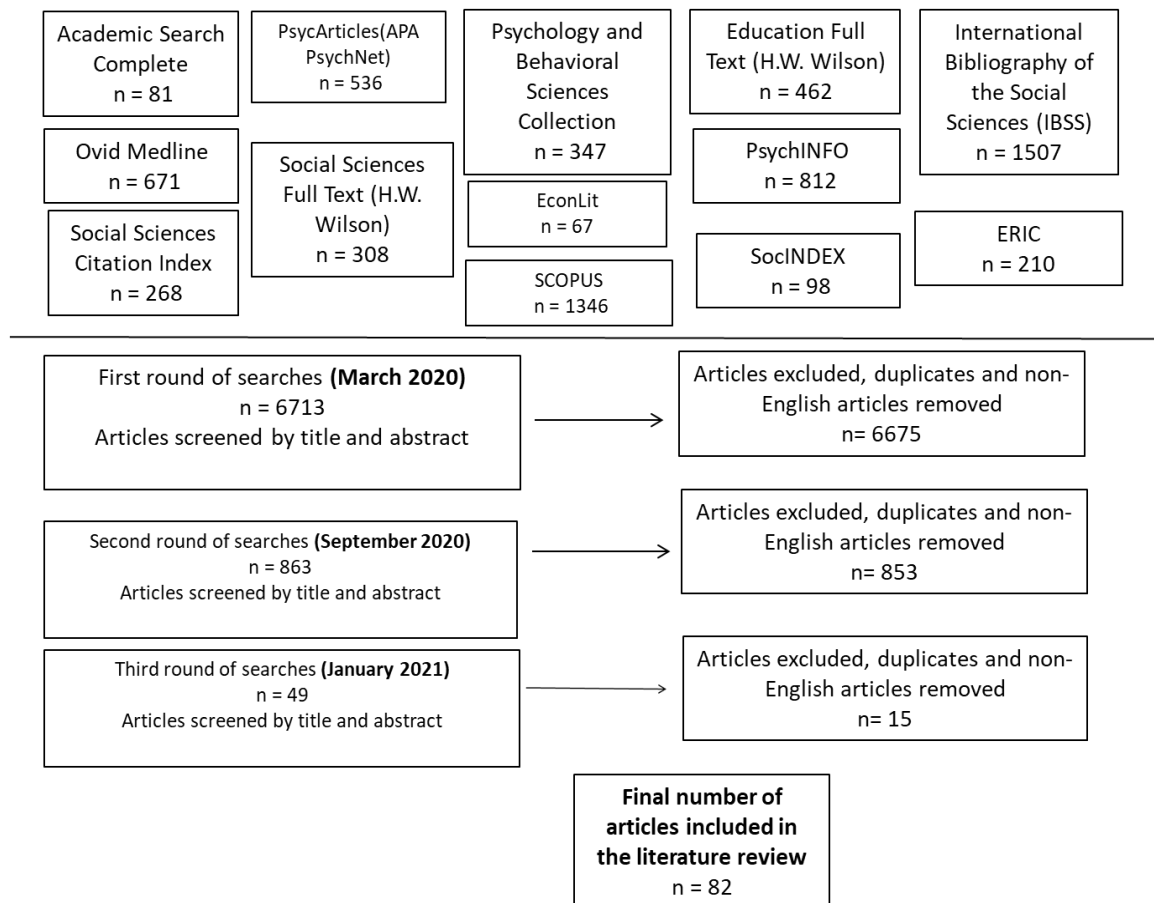
1.4 Inclusion and exclusion criteria

The review included all empirical research and discussions in literature that: articulated a conceptual understanding or theoretical framing of family support; described a family support intervention or programme; or evaluated a family support intervention or programme. The review excluded papers that did not focus on children or young people and their parent/carer/family; papers that did not focus on Europe; papers written in a language other than English; papers published before 2015; and conference proceedings and dissertations.

1.5 Screening and data extraction

As outlined above, there were three rounds of searches. The first round returned 6,713 journal articles from the social science databases. Citations and abstracts for all articles were exported as Excel spreadsheets. Reviewing these articles involved a reviewer screening the publications by title and abstract. Following the screening, 6,675 articles were removed. The second and third rounds of searches identified a further 44 publications for inclusion. A flowchart of the search and screening process is shown in Figure 1. Full-text screening of publications for inclusion was conducted by members of the Working Group, using a data extraction template (see Appendix A). The following data were extracted: reference; country of study; reference to/definition of family support; descriptive, evaluative or conceptual focus of paper; key themes; issues/debates identified; key findings; relevance to research questions; and relevant policy.

Figure 1. *Flowchart of the search and screening process*



1.2.5 Included studies

Following the screening process, a total of 82 articles were included in this literature review. Overall, they addressed family support as a concept and conceptualised family support services, but they also provided theoretical, disciplinary or political perspectives on family support as well as discussing applications, limitations and complexities of the concept for research, policy and practice. Select articles also presented the main forms and modalities of universal and targeted services; modes and conditions of access and eligibility related to family support services; and the arrangements for the organisation and delivery of family support services.

Much of the literature in this review stems from the UK (n=33) but literature is also included from Ireland (n=13), Spain (n=10) and Portugal (n=4), Germany (n=3), Belgium (n=1), Norway (n=4), Sweden (n=3), Denmark (n=1), Netherlands (n=4), France (n=2) and Italy (n=1), as well as Cyprus (n=1), Croatia (n=1). However, the review does not frame country-specific conceptualisations in terms of legislation or policy contexts, but compares research conducted in the respective countries. Of note, this review does not define family (rather it takes a broad and inclusive view of family). It does include material on family policy.

2 Conceptualising family support across Europe

2.1 Family support as a concept

Family support

The requirement to understand and conceptualise family support is well supported in the literature. As far back as 1994, Weissbourd posed the question (p. 44):

Is Family Support a programme with specific characteristics? Is it a set of principles applicable to all social service delivery systems? Is it an approach? Or is it all of the above?

During this period, the Audit Commission (1994, p. 39) in the United Kingdom provided impetus for the development of family support defined as:

Any activity or facility provided either by statutory agencies or by community groups or individuals, aimed at providing advice and support to parents to help them bring up their children.

Shortly after, the first widely accepted definition of family support in Ireland was provided by Murphy (1996, p. 78), who described it as:

the collective title given to a broad range of provisions developed by a combination of statutory and voluntary agencies to promote the welfare of children and families in their own homes and communities. These services are provided mainly to particularly vulnerable children in disadvantaged areas, and often include pre-school, parental education, development, and support activities, as well as homemaker, visiting schemes and youth education and training projects.

In more recent times, Daly et al. (2015, p. 12) developed the following generic definition of 'family support':

Family support is a set of (service and other) activities oriented to improving family functioning and grounding child-rearing and other familial activities in a system of supportive relationships and resources (both formal and informal).

Other recent definitions of family support put the emphasis on a child-protection perspective, which involves a set of activities and access to practice that encourages positive informal social networks through integrated programmes which combine the statutory, voluntary and private agencies and services (Dolan, Zegarac and Arsic 2020).

These definitions illustrate how the concept of family support, as Pinkerton (2000) suggests: 'can be used as a synthesising term to create something which is more than the sum of the parts' (p. 218). For this reason, family support has been referred to as an umbrella term covering a range of interventions which vary along many dimensions depending on their target group, the background of service providers, the issue being addressed and the nature of the intervention or activity as well as the service setting (Gilligan, 2000; Dolan, Canavan and Pinkerton, 2004; Frost, Abbot and Race, 2015; Devaney et al., 2013; Brady et al., 2018).

While a sound definition of family support provides a frame for activities engaged with and services provided to children and families, much of the literature also refers to the necessity of an accompanying set of practice principles. These principles should add descriptive value and ensure that family support is a useful and meaningful approach in practice (Devaney, 2011). According to Pinkerton (2000), collectively a sound set of guiding principles ensures that family support is more than a 'warm and fuzzy' concept (p. 207). An argument put forward by Devaney and Dolan (2017), among others, is that although services may offer support to diverse family forms, unless they are based on and meet specific criteria, they cannot be appropriately described as family support. The elements, features and characteristics of family support describe efforts to distinguish between traditional human services and what is viewed as family support.

For example, McGregor, Canavan and Gabhainn (2020) have noted that extant definitions of family support emphasise certain attributes of practice. These are:

- informal social networks;
- the strengths and capacities of children and parents who use services;
- the need for services to be socially and culturally inclusive, accessible and responsive; and
- the need for services to work in partnership with children and families.

Devaney (2011) and Devaney and Dolan (2017) emphasise an additional core set of service and practice characteristics which are fundamental to providing family support. These core features include

- a knowledge and skill base;
- a particular style and orientation for practice and service delivery; and
- the use of reflective practice and supervision.

A relationship-based, non-judgemental, respectful approach in how practitioners approach the work is also advocated in this literature. A key function of these supportive welfare services is preventing issues from escalating to the point where they cause significant harm to children's welfare and delay to their development. The principle of needs-led early intervention with a focus on outcomes and evidence-based practice is central to family support (Devaney, 2020).

Today family support is accepted as a transdisciplinary field made up of practices and knowledge from different areas, theories and approaches (Herrera-Pastor, Frost and Devaney, 2020). This form of support can be provided by a range of practitioners working with families with varying levels of need in an effort to respond to those needs in a timely and considered manner (Canavan, Dolan and Pinkerton, 2016; Devaney and Dolan, 2017; Frost et al., 2015; Churchill and Fawcett, 2016). But ultimately, family support is an optimistic approach – with an underpinning view that adverse or challenging situations can change and improve (Herrera-Pastor, Frost and Devaney, 2020).

Family support in the European context

Much has been written about the concept of family support within the European context, with literature repeatedly highlighting the benefits of family support provision to achieve positive

outcomes for families. Hidalgo et al. (2018) suggest that family support as a child welfare measure is a social priority for government bodies across Europe, as the effectiveness of family support in promoting child well-being in disadvantaged family contexts is supported by research evidence. However, there are notable differences across jurisdictions, both in definition and focus. A key aim of this review is to identify and examine similarities and differences in the meanings and applications of ‘family support’ as a key concept within and across European countries. This subsection provides an overview of various national perspectives and discussions in the literature.

In the Irish context, Canavan et al. 2016 refer to family support as a style of work and set of activities that reinforce informal social networks through integrated programmes. These include statutory, voluntary, community and private services with a primary focus on early intervention, promoting the health, well-being and rights of children, young people and their families, and paying particular attention to those who are vulnerable or at risk. Family support in Germany is defined as various intervention programmes that help parents support their children and create a stimulating environment for them. This stems from the recognition that family and home environment have an immediate and direct impact on the child’s well-being and development (Wilke et al., 2018).

In Damen et al.’s (2020) paper, family support in the Netherlands is described from an empowerment perspective. In this jurisdiction family-centred programmes aim to achieve positive changes by strengthening the capacity of parents, families and their social networks; involving parents in shared decision-making; and recognising parents as experts and active participants in meeting their children’s needs. In Sweden, family support can be defined as both a political agenda item and the solution to several social and political problems. By suggesting that the state is an ally of the individual family member, Littmark et al. (2018) highlight:

- the family unit as an important focus for social policy investments;
- the necessity of supporting parental responsibility;
- the rights of parents to make choices for their children;
- the provisions that serve to empower parents; and
- acceptance of the child’s dependence on its family.

Sweden’s focus of family support is directed at parents in the form of parent education and initiatives to support parents in their child-rearing responsibilities. Referring to a universalist approach, support is aimed at and offered to all parents to assist them to recognise children’s needs and to promote healthy family interaction. Parental education is argued to improve

children's well-being and life chances and prevent a later burden of social exclusion and childhood mental health disorders (Littmark et al., 2018).

In France, Join-Lambert (2016) emphasises responsive needs-based family support rather than parenting education or monitoring, with family support described as entailing three types and support for families having three sources (Tillard, 2016). These include informal, semi-formal and formal support, the first being provided by extended family, friends and neighbours; the second by the neighbourhood-based and voluntary sector; and the third by professionals working in the universal and targeted services.

While family support policies in Cyprus have largely been developed to support parents' participation in the labour market (Rentzou, 2018), Rodrigo (2016) describes the adoption of a preventive approach to family support in Spain as resulting from the Council of Europe's positive parenting framework. Jiménez et al. (2019) broadly define family support as family interventions aimed at guaranteeing children's rights, particularly targeting children in situations of psychosocial risk. Rácz and Bogács (2019) understand the concept of family support provision as a multidisciplinary and multidimensional process, aimed at the promotion of children's well-being, the improvement of life quality for each member of the family, and long-term social integration of families with multiple problems. A distinction is drawn between family support for families with lower stress levels and family preservation for high-risk families (e.g., crisis situations). In neighbouring Portugal, Melo and Alarcão (2015) argue that community-based family support is both an efficient and respectful way of helping families with complex lives. While not using the term family support, Franco et al. (2017) emphasise the significance of a family-centred approach to early intervention in conjunction with recognition of the community in the individual child's life context. In Norway, family support is described as most effective when coordinated and converged with families in a way that puts the child at the centre (Bulling and Berg, 2018).

In their paper on professional practice in Belgium, a broad understanding of family support is provided by van Houte et al. (2015). With reference to children in need as well as children at risk, their primary focus is on the parent-child relationship. The term 'children in need' is also referred to by Nethercott (2017) when writing about mandated family support in the UK, where legislative duty is placed upon local authorities to provide support services. Roberts (2015) refers to family support as aiming to reduce the risk of family breakdown with intervention and support being offered to alleviate family stressors and to avoid the need for children to be placed in alternative care. Priority is given to families at risk.

However, Churchill and Sen (2016) describe family support in a wider sense, as a range of formal services targeted at children, young people, parents and families, with an alternative conception of 'family support' as a 'continuum of service provision' suggested by the authors.

According to Sen (2016), family support focuses on voluntary engagement, harnessing parents' agency for change and establishing shared goals. This is achieved through clear communication about what needs to change, while still respecting the parents' perspectives on their circumstances. Most recently, Saunders et al. (2020) defined family support in Scotland in terms of parenting interventions. Accordingly, parenting interventions aim to improve parenting skills and address parenting practices that may contribute to behavioural difficulties. Darra et al. (2020) refer to family support in Wales as early intervention (including pre-birth) aimed at reducing health and social inequalities and challenging the link between early disadvantage and poor future life chances.

Parenting support

Due to the focus on children and parents, most European literature employs the terms 'family support' and 'parenting support' interchangeably (Boddy et al., 2009) so this literature review encompasses discussions using these terms. In publications by Eira Nunes et al. (2020) and Williams et al. (2020), for instance, family support is approached from the point of view of parenting programmes, i.e., either a coparenting-focused programme or a parenting skills programme. However, some literature maintains a focus on activities or practices that have a particular focus on parents. According to Ivan et al. (2015), parenting support in the European context encompasses a variety of interventions – ranging from information and advice to education and training – directed at parents, and aimed at facilitating parents and caregivers in their role. These interventions are propelled by principle-driven social policies aiming to ensure that children and youth develop better cognitive, emotional and social skills, embedded in a child-centred social investment approach.

In the UK, Daly (2015) defines parenting support as a social policy phenomenon and type of governance of 'private life'. This support can entail information about parenting and child-rearing; organised parenting classes or programmes; one-to-one counselling; intensive work around parenting behaviours in 'troubled families'; and professional and non-professional networks and service provision oriented to reducing social isolation and increasing social integration. This discussion illustrates how parenting support focuses on the practice of parenting, generally treating parents as conduits to effecting more 'positive' family-related behaviour (Daly and Bray, 2015). This definition recognises parenting support practice as akin to family support, which also spans service provision and other 'activities' such as economic support. Indeed, in the Irish context, parenting support is generally placed under the umbrella term 'family support'. This term refers to the broad range of family-focused services and programmes, underpinned by a culture of rights, and implemented as an investment in the welfare of families to improve outcomes for children and young people (Connolly and Devaney, 2018; Devaney, 2017). A particular focus on supporting parents can enhance family well-being

and contribute to better outcomes for children by reducing the prevalence of problems later in a child's life. In addition, at a community level, parenting support can support healthy communities and promote social inclusion. At a societal level, support for parents can ensure a more effective use of resources, serve to reduce inequalities, and develop and promote human and social capital (Devaney, 2017).

However, parenting support is more often conceived of as more specifically concerned with parenting practices and parent–child relations (Daly, 2015). For this reason, authors suggest that parenting support is inherently different to family support. Cohen et al. (2020) differentiate between parenting support, which focuses on the improvement of resources for raising children, and family support, which focuses on the stability and well-being of the family. Their research into professional competencies focuses on effective programmes (in Germany and the Netherlands) which span both family and parenting support services, aiming to create stimulating home environments that ensure the well-being of children and families.

In Germany, the attainment of appropriate child-rearing environments is achieved through parenting support as a 'pedagogical intervention', meaning the provision of interventions with an 'educative' goal (Ostner and Stolberg, 2015). This form of support is evident in Sweden, where parents are provided with knowledge about children's health and their emotional, cognitive and social development; in addition efforts are made to strengthen parents' social networks (Lundqvist, 2015). Similarly in the Dutch context, Ponzoni (2015) describes parenting support as the intent to educate and empower parents to support their children's well-being and development. This author notes that there are also informal forms of support, such as informal networks of family support, school initiatives and grassroots organisations that help parents or children when problems arise.

The scope of parenting support in France has been described as difficult to define as yet, since it is a 'new pillar' of French family policy (Martin, 2015). It is however suggested by Roberts (2015) that a family support approach that is aimed at the whole family, as opposed to being a child-focused or parent-focused service, is appropriate. Roberts calls for inclusive consideration of the needs of the family rather than the needs of individual children or adults within the family.

However, Jones, Lowe and West (2020) have critiqued supportive practice by arguing that policy and practice privilege middle-class parenting norms, which position parenting practices as an investment of time and finances to ensure appropriate child development rather than as a bond characterised by love and care. Conversely, parents on low incomes or living in disadvantaged neighbourhoods are more likely to be subjected to greater child-protection scrutiny, which is premised on individualised, behavioural explanations for poverty rather than recognising structural inequalities.

Key points

Family support is a broad concept, with nuances and different approaches on several levels. Most definitions of family support emphasise the integration of informal, community, voluntary sector (semi-formal) and statutory/professional (formal) networks of support.

Family support is defined in different ways in different contexts, with the notion of families and parents often interchangeable. Some consider the legal rights of parents in totality; some implement an approach that is paternalistic to a greater or lesser extent. Most family support interventions and programmes are based on the principle of the well-being of the family being a prerequisite of child well-being. All approaches emphasise the importance of well-prepared professionals and most also adopt an assets-based approach to the family.

Relatedly, while many conceptualisations of parenting support highlight the role of empowerment and the resource-building capacity of families, they also seem to imply a pedagogical/expert type of action.

There are no clear differences in conceptualisation between family support and parental support. Family support is described as a multidisciplinary response to early intervention and prevention of risk which emphasises the importance of informal social networks. Promoting children's well-being is central. Some authors, but not all, give priority to disadvantaged families.

Family support in many circumstances is interchangeable with parenting support and child support. Although some definitions and authors recognise that family support is more than using a child-centred approach, most describe actions, measures and programmes with this strong focus.

Most authors consider the provision of family support in a hierarchical manner according to level of need and/or universality or specialism of service provision. This means that the range or type of families being targeted by family support differ.

While many papers emphasise the primary aim of securing children's welfare in a child-centred approach, the transactional nature of family relationships is recognised. Definitions, therefore, highlight the importance of promoting the well-being of each family member if the rights and well-being of children are to be upheld. However, the attainment of these aims is pinned on variable approaches, from a broader supportive perspective,

i.e., what do families and parents need to create a warm, stimulating environment, to a more change-oriented view, i.e., what do parents need to do better.

A discourse of 'expert parenting' seems to underly all literature discussed in this section, which in some circumstances requires that the parent informs his/her daily practice through the knowledge of experts (for instance Ramaekers & Suissa, 2012). Daly (2015) refers to this concept when discussing the governance of private life.

Family support – theoretical perspectives

The definition and discussion of family support practice in literature cannot be considered in full without attention to the theoretical perspectives that drive and inform initiatives. Family support is informed by an amalgam of social science theories, namely social support, social ecology, social capital, attachment and resilience (Devaney, 2017; Devaney and Dolan, 2017). These social science theories seek to explain effective family functioning and children's development, and so their utility to the discussion of family support is evident and will be considered here.

The family unit is central to children's development. For the majority of children, the primary relationships formed within a family provide the platform from which children grow, develop and explore the world. Assured by the permanence and stability of their attachment to and connection with their family members, children can reach their full potential. However, in certain instances, and for varying lengths of time, families may not function in the positive, healthy manner outlined and be unable to provide the appropriate developmental supports and environment. There may be difficulties associated with attachments within the family relationships, and with the source, type or quality of the social support available.

A myriad of factors can impact on individuals within families affecting their ability to support and care for each other. Direct and indirect influences on well-being can adversely affect each family member's ability to deal with regular and irregular life events. These influences can include particular stresses or adversities in the immediate or extended environment, and an accompanying lack of resilience in coping with these issues. For example, poor mental health, physical illness, poverty, isolation, addiction or family breakdown can detract from the ability of children and parents to respond to and cope with difficulties. The need to support parents and families in the rearing of their children is well researched for such instances (Devaney, 2017). Moreover, family support has a role in the support of sibling relationships, which are often overlooked as a resource in interventions. The sibling relationship is considered very significant for children in light of the emotional intensity of the relationship and the amount of time spent together (Devaney, 2017).

These familial relationships are crucial to families' capacity to withstand adverse circumstances. In Maurović et al.'s (2020) paper, which reviewed and conceptualised the term 'family resilience' in order to inform practitioners, family support is a resource that is drawn mainly from within the family; it is how the family adjusts and adapts in the face of several risks. Thus, their argument is that those working with families should endeavour to strengthen all family systems. They also stress that public programmes and policies need to be flexible so that work with families can be transferred between systems and family resilience promoted.

There are other suggested approaches to family support. Pontoppidan et al. (2020) discuss the Family Club Denmark, which refers to positive psychology, neuroscience and social learning theory. Williams (2019) most recently proposes the restorative approach as the main framework for delivering family support services in the UK. However, Tunstill and Blewett (2015) have previously reported that the theory underpinning the UK's national network of children's centres is that better outcomes for children will be achieved through improved parental aspirations, self-esteem and parenting skills, and family life chances.

In Portugal, Franco et al.'s (2017) early intervention strategy builds on the pillars of the individual child level (neuroscience and knowledge of brain functions, including cerebral plasticity); the family level (attachment theory and the transactional model); and the contextual, community level (Bronfenbrenner's bioecological theory). Devaney (2015) identifies the core theories informing family support in Ireland as including social support, child development, the ecological perspective, social capital, attachment and resilience. The author argues that family support is an approach to working with children and families which is applicable across disciplines, roles and agencies as opposed to being the remit of one practitioner (p. 215). This discussion was further advanced in 2017, when Devaney et al. proposed the use of a strengths-based approach to achieve the goals of reorientation of child welfare services towards prevention and early intervention.

A consideration of the relevance of this theoretical approach to practice was put forward by Dolan et al. (2018), who argued that Irish practice mechanisms must be identified to reorientate social work practice towards family support as a means to counteract ineffective social work practices (p. 737). These authors suggest that there is a dearth of understanding as to what family support means in practice for professionals and families in the Republic of Ireland. The authors outline three core messages:

- First, there should be direct work with children and families and the voice of the child should be heard;
 - Second, a strengths-based style of working should be developed, while ensuring robust monitoring that includes task completion and safeguarding; and
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- Third, there should be realistic forms of multidisciplinary working with other professionals and reflective practice skills should be promoted to improve professional responses.

Churchill and Sen (2016) argue that social values, theories and assumptions inform interpretation and standpoint of family support within services. Roberts (2015) noted that services can be framed as child-centred, parent-focused or family-focused and that there are different implications regarding the outcomes of practice based on this orientation and targeting of support. Daly et al. (2015) suggest that activities consistent with family-centred or family-focused practice tend to emphasise improving well-being, social support and service satisfaction via increased parental self-efficacy. However, the variable impacts of different approaches to practice have been revealed to have implications in relation to interventions with children. Questions are raised as to what extent children should be afforded enriching experiences, relief from difficult and disadvantageous circumstances, and access to transformative opportunities to broaden their knowledge, skills and social networks – and to what extent family support should be limited to family preservation.

Roberts (2015) engages with this question regarding these implications by comparing short-break services for children at risk of placement in alternative care with the conceptual underpinning of similar services for children with disabilities. The child with a disability is considered the primary recipient of support with the impact on parents and the wider family considered a secondary benefit. Short breaks have the explicit aim of enriching the child's life with opportunities and experiences that they would normally be excluded from. There is a different understanding of the purpose of short breaks for child protection, with service providers having reservations about introducing children and young people to activities with a carer that cannot be replicated or sustained by the family.

2.2 Conceptualisation of family support services in context

Family support services

The previous section has highlighted a consensus on understanding formal family support as an approach to practice in services working with and on behalf of children, young people and their families (Herrera-Pastor, Frost and Devaney, 2020). Churchill et al. (2020) broadly define family support services as: services and programmes targeted at children and/or young people and their parents and/or their families which variously aim to support families, benefit children and improve the quality of family life and relations. Brady et al. (2018) suggest that family support services are not homogenous, and that support strategies rely on the existence of a range of services that will help families to attend to the care and protection needs of their children when statutory intervention from child-protection services is neither appropriate nor necessary.

Furthermore, family support services often operate across state, market and civil society sectors and are managed by multiple areas of government (healthcare, education and social services) and multiple levels of government (national and sub-national governments). And as Churchill et al. (2020) remind us, it is important to note alternative and related terms are employed in European debates to refer to these services or specific categories of them, including 'social services' or 'children's services'. This underscores further the diverse nature and target of this service domain.

The service landscape that frames the provision of family support may influence implementation. Advocating for holistic and high-quality family support in Norway, Bulling and Berg (2018) discuss the fragmentation and divide in family support services, caused by concern with policing the boundaries of responsibility instead of collaborating. The authors call for action to organise family support services in family centres, reframing intersectoral collaboration from a problem-solving approach to a form of collective learning and innovative, holistic interdisciplinary practice. They also note leadership and management structures as pivotal to facilitating collaborative interdisciplinary practice when different services are co-located. Neighbouring Finnish family services are described as being about supporting family well-being and, apart from day-care, pre-school and primary school, are primarily health-focused and multidisciplinary in nature (Vuorenmaa et al., 2016). In contrast to the professionally framed support provision in other contexts Pontoppidan et al. (2020) report on a Family Club in Denmark. This is a volunteer family support programme that is delivered to vulnerable families. Networks of up to nine families are built in a local area, led by a volunteer team consisting of a leader and two to five other volunteers. The programme runs for six months, and the group convenes every other week.

Conceptualising family support provision in Spain, Rácz and Bogács (2019) suggest that in order to preserve the unity of the family, it is necessary to introduce services from the local community into the family's life, thus mobilising the internal resources of the family, and acknowledging parenting as a social value. Integrative child-protection safeguards and maintains the family's responsibility, focused on care, while promoting the protection and widespread social acceptance of the rights of the child. A community-based service system requires decentralised finance, administrative and management structures as well as democratic decision-making processes at management and direct service-provision levels. The authors argue that the practice of child protection can be efficient only if professional objectives and methods include meaningful reflection and cooperation with clients, including all affected and responsible parties. In this context family support professionals must commit to the partnership model instead of the expert model or befriending approach.

In Portugal, family support services are also regarded as collaborative and community-based interventions that identify the views, processes and strategies relevant to the community itself in order to strengthen and promote the development of the communities, families and children (Melo and Alarcão, 2015). In other words, the important aspect is to work with the community to build programmes that are aligned with communities' preferred future. Forming multidisciplinary networks which include professionals from different services (health, education and social care) are essential to the strategy of Portuguese family support and early intervention described by Franco et al. (2017). This service aims to specifically support the transition to the school system for children (0–6 years) with disabilities or developmental delay, or children and families who face other serious risk factors, thus promoting inclusion and preventing social isolation and educational failure.

Multiprofessional support is also emphasised by Zakirova et al. (2016) in Russia, who describe the specific characteristics of professional family support. These include a systematic approach:

- identification of potential allies in families' environments;
- strengthening of families' own potential for the independent solution of problems;
- elimination of causes of social risks to prevent crisis situations;
- respect for family and personal autonomy;
- differentiated and individual approaches;
- targeted assistance according to the identified problem;
- shared responsibility between individuals and specialists in terms of problem solving with a gradual delegation to individuals or families.

In line with the wide scope for practice through professional collaboration, family support is often described as a 'continuum' of services and supports for children affected by child abuse and other related problems. The term continuum refers to the scope and intensity of the intervention or the degree to which the state is required to intervene to protect children from harm. However, it is clear from the literature that the family support orientation is applicable across the range of services that respond to differing levels of need in children. For this reason, it is useful to consider practice as occurring in response to a continuum of need. As children's needs and those of their parents vary in complexity and intensity, so too must the formal support services provided to meet their need. This continuum includes all services which are provided universally to children and parents; services which respond to identified need and which are more targeted and focused in their delivery; and services which provide specialist support or

care placements for children where the family unit has broken down temporarily or on a more permanent basis (Devaney, 2017).

The application of a family support paradigm based on a continuum of need is evident in discussions in literature. Hall et al.'s (2015) discussion of Sure Start Children Centres in the UK describes family support as high-quality integrated, accessible services, in which all are welcomed. These centres have a broad aim of supporting young children and their families; however, they maintain a focus on the most disadvantaged in order to reduce inequalities in child development and school readiness. The mechanism for achieving this goal is through supporting children's personal, social and emotional development, improving parenting aspirations and skills, providing access to good early education, and addressing family health and life chances (p. 90). The scope of family support practice appears broader in France, as Join-Lambert (2016) argues that across both universal and targeted services, as well as all social work practice with families in France, a central concept underpinning practice is that of '*accompagnement*', which means to 'go alongside' (p. 319).

Meanwhile, a more targeted approach can be seen in Mercer et al.'s (2020) account of family centres in Scotland as providers of family support. These centres focus on families and parents who come from underprivileged areas characterised by high social exclusion and social isolation. In the UK, targeted family support services delivering early interventions for families with young children aim to improve outcomes and reduce inequality, particularly in terms of development and school readiness, for the most disadvantaged families (Tunstill and Blewett, 2015). In Belgium, services are also characterised as preventive, voluntary and temporary (Houte et al., 2015).

Commentators have noted that the provision of family support services requires a commitment to building effective relationships between parents, other relatives and the professionals who strive to support them in order to achieve the aforementioned goals. Williams (2019) views family support through a restorative lens where services are based on a relationship- and strength-based family form of practice in which teams of practitioners, families and community members come together to explore the challenges affecting families, provide support, facilitate change and ultimately benefit the children or young people involved. Leese et al. (2017) focus on the provision of early intervention family support services designed to support young mothers in caring for their child. These services are operated within the framework of Sure Start Children's Centres, which include individual support in the home, group activities in children's centres and parenting classes. The authors argue that building a supportive relationship enables a young mother to construct positive counter-narratives about her parenting experience, thus meeting their needs for support.

To enable professionals to deliver appropriate services that meet the needs of families, Nethercott (2016) identifies additional requirements beyond a relational approach, highlighting a need for a holistic assessment tool, and for less formal procedures that support the real engagement of parents and children. To explore this issue further, in 2017 Nethercott evaluated the Common Assessment Framework (CAF) as a tool for assessing family need and planning support services. This CAF is used throughout England and Wales in order to ensure a common approach to assessment for all the various professionals involved with a child in need and their family. The aims of the CAF are to reduce the burden of multiple assessments for families; improve communication between professionals, parents and different agencies; promote early identification of problems; and facilitate early intervention in order to help families before a 'crisis point' is reached. Its underlying principle is to move away from a service-led culture to providing supportive services which are thought to match need, with the child central to the assessment process.

Meeting the needs of families through supportive practice also requires the implementation of a programme of support. Gbate (2018) discusses differences between practitioner-developed and evidence-based programmes, the latter usually being more expensive due to extensive infrastructure. The author argues that in the field of family and parenting support, practitioner-developed programmes may compete with evidence-based-programmes if techniques from implementation science are applied. Accordingly, any intervention or programme should have a theory of change model so the assumptions underlying the programme can be tested and evaluated. For example, Williams (2019) notes that a restorative approach incorporates elements of motivational interviewing, solution-focused therapy, and social modelling in order to achieve the goal of beneficial change.

Another example of a programme of support underpinned by a theory of change is available in the Irish literature. Devaney et al. (2017) present a strengths-based family-centred model of practice (the Meitheal model) and highlight how this approach asserts a fundamental belief that people have strengths and are motivated towards well-being and optimal functioning. This approach maintains a realistic and practical focus on what is changeable and attainable, to avoid the perception of daunting challenges that may disempower the families who participate. The Meitheal normalises the idea of seeking help around parenting issues through a community emphasis that aims to change families' attitudes to services and make them feel more supported, and to promote greater confidence in the system. By encouraging interdisciplinary cooperation this model is also a potential catalyst for the development of a stronger continuum of service provision from early intervention to child protection.

Álvarez et al. (2020) also analyse a type of group-based family programme (Growing Up Happily in the Family) that provides useful information regarding the outcomes of programme provision for certain cohorts of service users. This programme aims at the empowerment of vulnerable families in the context of family support services to prevent child maltreatment. This programme draws on approaches of attachment, parental child-rearing practices, self-regulation, parental sense of competence, family stress and social support. Their findings on individual trajectories of change after the application of the programme highlight overall good outcomes but also highlight a more vulnerable group which does not show the same benefits. This group is composed of participants from a lower socio-economic status (SES), from urban areas, who have lower instrumental and emotional support. This highlights the need to start intervention as early as possible and to allow for adequate time sessions and full dosage in those at-risk groups most in need of intensive intervention.

However, ensuring that families access a programme of support is not necessarily straightforward. Wilke et al. (2018) discuss the need for German intervention programmes focusing on fostering warm and enriching parent–child interactions that target parents with disadvantaged social backgrounds (p. 413). However, early intervention programmes in Germany have shown problems in reaching families in need, particularly target groups such as parents with lower socio-economic status, resulting in lower participation rates for this cohort (p. 414).

Parenting support services

Referring specifically to the concept of parenting support services, Ivan et al. (2015) suggest that parenting support interventions in Europe can also be ‘envisioned as fulfilling a demand from increasingly uncertain parents’ (p. 1,984). But other authors have noted a discursive turn in policies. For instance, in Sweden Lundqvist (2015) describes a shift towards a conception of a ‘responsible autonomous family’ arguing that ‘support in parenthood’ is needed, rather than ‘parental education’. Similarly, parenting support services in the Netherlands are viewed as a set of service and other activities oriented to improving how parents approach and execute their role as parents while increasing their child-rearing resources (including information, knowledge, skills and social support) and competencies (Knijn and Hopman, 2015). In contrast, the Irish literature focuses on prevention and intervention, with Connolly and Devaney (2018) conceptualising parenting support services as programmes and practice providing a range of targeted supports for parents in different contexts and in different parenting relationships (p. 15–16).

In the UK, Daly (2015) suggests that parenting support varies in terms of the forms it takes but also in whether the underlying objectives are ‘supportive’ or ‘controlling’ of families. According to Daly and Bray (2015), the core orientation of provision is to ‘support’ and ‘educate’ parents in their child-rearing role. The authors argue that there are four conceptualisations of

parenting support and what it can achieve: 1) improvement of child outcomes generally, especially with regard to education and health; 2) early intervention and prevention towards minimising child risk; 3) focus on parents and parental well-being; 4) social inclusion, and the building of social capital among and by parents (and by association in families, including children) on the basis that stronger social relationships improve parental mental health and reduce child risks.

In the German context, Ostner and Stolberg (2015) argue that there is a fourfold distinction of social policy interventions relevant to parents and families: legal, economic, infrastructural and pedagogical. Their paper also describes three tiers of parenting support: 1. universal measures for promoting families and their parenting efforts, including parenting education, typically provided by welfare associations; 2. the promotion of universal non-family public childcare as the children's (but not the parents') right; 3. targeted measures for families in evident need of professional help, mostly in the form of home-visiting by social workers and their home-based advice ('soft force'). Also in the German context, Wilke et al. (2018) differentiate between parent-child interaction-focused courses and parenting skills-focused courses to improve the parent-child relationship.

In the literature surrounding parental support in Spain, the concept of positive parenting draws on the corpus of knowledge established within the scientific community, which designs theoretical and methodological proposals to provide a sound basis for parenting policies at national, regional and local levels (Freijo and López, 2018, p. 1,504). Álvarez et al. (2020) discuss how positive parenting is linked to attachment theory, parental child-rearing practices, self-regulation, parental sense of competence, and family stress and social support (p. 231). Rodrigo (2016) further discusses the implementation of family support services under the framework of positive parenting, describing this approach as a collaborative venture among a network of social, educational, health and community services. It is argued that the focus of this approach should be on promoting parental capacities building on existing skills and strengths. Professionals should avoid creating excessive dependency on services among families, and increase their self-confidence by means of a collaborative alliance. This paper also advocates interventions being based on promoting the strengths and resources of children to help them to communicate their feelings and needs. Finally, the innovative and quality assurance processes should be enhanced by identifying professional best practices and improving organisational cultures in the services (p. 64).

Describing the current nature of positive parenting policies and actions in Spain, Freijo and López (2018) define the parameters of support provision to include:

- parents' and guardians' obligations to the minors in their care with a clearly child-centred approach, and parental empowerment;

- a rigorous and evidence-based implementation and a guarantee that the complexity of the diverse family situations is taken into account;
- a focus on universal primary prevention;
- fostering universally-valid parenting competencies;
- reactivity;
- the principle of co-education and implementation in a cross-cutting manner in different interactive environments outside the family home;
- a primary focus on the prenatal, perinatal and early infancy periods but also on critical periods;
- a model which focuses on strengths, not weaknesses;
- a constructivist and experience-based approach with group methodologies to help participants acquire parenting competencies;
- a coordinated implementation of support to avoid unnecessary duplication.

Whether the various conceptualisations of family support are efficacious or not when applied in practice is variously answered in the examples available in literature. In Scotland, Mercer et al.'s (2020) assessment of parents' perspectives on attending a Family Centre for support revealed that this intervention is essential in reducing parents' social isolation by positioning them not only as support receivers but also as support providers, an aspect which impacted positively on their well-being. Additionally, attending the centre seems to increase parents' social capital in the form of trust and mutual dependency with others in similar circumstances.

Wittkowski et al. (2016) also argue for group-based interventions as an effective tool to increase parents' self-efficacy; however, there is no evidence that these interventions facilitate changes in parenting competencies. Nonetheless, the provision of supports can be experienced as beneficial for certain cohorts of parents as evident in an example of parenting support discussed by Shanks and Weitz (2020). They reflect on the impact of support provision given the particular vulnerabilities and experiences of stigma among birth parents of children in out-of-home care in Sweden. They analysed qualitative interviews with 14 parents from two support programmes, one group-based and one individual intervention. The purpose of these supports for parents of children in out-of-home care were described as: being for the benefit of the child (individual intervention) or to support them in their non-resident parenthood (group intervention). The authors note that despite a legal requirement for the provision of support for parents of

children in out-of-home care, such support is not always forthcoming. Specific interventions for this group are uncommon, and relationships between parents and child welfare services are often fraught. Furthermore, their review of the literature suggests a dichotomous perception where parents are depicted as undeserving and blameworthy while their children are seen as vulnerable and in need of help. This leads to a situation where parents' ability to receive support may be negatively affected.

In order to describe the experiences of the parents in this initiative, the authors draw on the concept of disenfranchised grief that is driven by stigma, where parents feel the need to conceal the in-care status of their child. This can inhibit engagement in support services. Group supports specifically targeted to this cohort, facilitated by respectful individual practitioners and with opportunities to mix with others in similar situations, allowed parents to share experiences and feelings. This transformed disenfranchised grief to legitimately expressed feelings of grief, which was experienced as empowering and stigma relieving as the development of relationships with others in the same situation alleviated stigma and allowed participants to attend to being 'just a parent'. This paper demonstrates the benefits of targeting supports to the specific needs of parents as individuals, beyond their role as caregiver.

Empowerment is also a desirable outcome of parenting support in other contexts. Reekers et al. (2018) discuss the Signs of Safety framework in the Netherlands, which is a strengths-based and safety-focused approach to child-protection work. It has two core principles, i.e., establishing a working relationship with the parents, referred to as a cooperative partnership, and parental empowerment (p. 177). The authors found that a solution-oriented approach and involvement of a network were elements that worked to establish parental empowerment (p. 182). For Damen et al. (2020), family support is intertwined with an empowerment perspective, and they discuss how the Intensive Family Treatment Programme (IFT) should aim to increase parents' empowerment and resources as they find in their study that empowerment at the start is related to treatment changes.

Williams et al. (2020) present and discuss the Enhancing Parenting Skills programmes, a UK programme mainly developed by health visitors and with an individual-focused delivery component. The individual delivery of the programme is expected to overcome practical barriers related to financial costs, transportation or stigma since the delivery of the programme is in the family home. The findings supported the acceptability of this programme for parents and health visitors, but evidence of effectiveness was limited since both control and intervention groups had similar outcomes. Nevertheless, child behaviour problems, lax parenting and parental depression significantly reduced over time for the whole sample. One of the suggestions is to develop the programme not with health visitors, because time restraints and lack of clinical supervision meant they struggled to identify and engage families in the intervention, but with

other facilitator populations such as Child and Adolescent Mental Health Services primary care workers.

In the Swiss context, Eira Nunes et al. (2020) address family support from the point of view of coparenting programmes. The authors review the literature on coparenting programmes and try to establish their efficacy in outcomes related to the child's adjustment, parents' well-being and quality of the coparenting, and romantic and parent–child relationships. In their review of a randomised controlled trial (RCT) they found a small but significant effect of these programmes and pointed out measures that could enhance their efficacy, for instance by using more self-directed material, which reduces the time and resource constraints of some participants. Additionally, they suggest that at-risk populations had clearer benefits from the interventions and therefore focusing on modifiable risk factors could help increase the efficacy of the programmes.

While there can be beneficial outcomes from the provision of parenting support, this provision is not always straightforward in some service contexts. Whittaker et al. (2016) refer to the provision of parenting support within universal healthcare services for adults who are drug-dependent or have problematic drug use and who are also parents. Substance misuse compromises the parenting capacity of drug-using parents, who in turn pose a 'burden of care' for frontline healthcare professionals. This generates a tension between health and social services and a challenge for working in partnership across sectors to support 'vulnerable' children and families. It raises the question of whose responsibility it is to provide parenting support to drug-using mothers and fathers, especially those who are not involved in the child-protection system.

Challenges with engaging families in programmes are also discussed in literature. McGregor, Canavan and Gabhainn (2020) explored the relationship between professional and public understandings of family support, and link support to help-seeking behaviour. How people understand services matters because it influences how they seek help and whether they access support in a timely manner. They emphasise the fact that people who need external family support need to know what types of help are available as well as how to access it. However, they found that theoretical constructions of 'family support' were not in line with lay understandings. The public did not see family support in terms of specialist targeted services such as resource centres, specialist parenting programmes or other formal services. Rather, this type of family support was more commonly associated with child protection. The authors note that the association of family support with child protection, social work and children in care is also likely to influence help-seeking behaviour. It is less likely that people will approach a service that offers both protection and support. This highlights the ongoing dilemma of how to manage the relationship between family support and child protection and poses a challenge to provide

better accounts of what family support is in order to ensure service use (McGregor, Canavan & Gabhainn, 2020).

For this reason, it could be beneficial for family support and child-protection services to be more strategically and conceptually aligned, with closer relationships between statutory and voluntary/third-sector agencies. Furthermore, the public should be engaged more proactively in the construction of family support discourse and delivery. So, the authors argue for greater investment in public awareness and public education as well as exploration of models of family support that are more integrated into communities and led by and with families and informal networks (McGregor, Canavan & Gabhainn, 2020).

McGregor and Devaney (2020, p. 283) have challenged a tendency to present child protection and family support as two individual strands and noted that almost every country in the world is in some way attempting to work out this relationship between the two:

there still needs to be more work done in the conceptualisation of the relationship between family support and child protection that reflects the complexity and reality of child and family needs and risks.

Drawing on Ireland as a case study, the authors critique the notion of thresholds for various levels of intervention and suggest a more nuanced model to capture the complexities of family realities, particularly for families who present with high levels of need *and* concerns for child safety. They expand the Hardiker tiered model (Hardiker Exton and Barker, 1991, p. 284) of family support provision (i.e., universal, targeted to specific need, targeted to safeguarding children at risk, intensive forensic intervention) to present a novel way of thinking about support for families in the middle tiers of this continuum – supportive protection and protective support:

ensuring that children and families, no matter [at] what point they come into contact with “the system” or “the state”, are responded to in a manner that promotes strengths, offers partnership working, supports while it asserts and prosecutes as needed to protect .

They highlight that this requires 1) governmental and societal commitment to properly resourcing supports for children and families, and 2) reorientation of all aspects of child welfare work towards the core principle of child-centred practice and the principles of strengths, partnership, and a commitment to promoting rights, supporting families and protecting children in circumstances where this is not happening within their own natural systems.

Of relevance to the challenge of public engagement with services, access to support is considered by Schildermans and Vlieghe (2018). They describe Belgian childcare consultations with nurses which offer parents the opportunity to talk about child development and everyday child-raising issues. The consultations are not obligatory and not solely aimed at at-risk families,

but parents are nevertheless encouraged to attend. This approach has a broader mission than just childcare and more recently has taken a more integral view, facilitating both professional and informal parenting support. This led to the creation of Huizen van het Kind (Family Centres), where a range of actors involved in child-rearing – parents, professionals, representatives of non-profit organisations, etc. – have the opportunity to meet in order to exchange ideas, give support, detect problems at an early stage, and provide appropriate aid (p. 330–331).

Key points from this section

The wide relevance of family and parenting support in universal and targeted service environments to diverse practitioners and volunteers in various contexts is evident in the discussions here. The possible approaches to and characteristics of practice include child-centred, needs-led, strengths-based (resilience), socially inclusive and accessible, informal network-focused, easily accessed, responsive and flexible programmes of support.

Switching from a more targeted child-protection approach to a universal service entails a relational shift that transforms power relations between the beneficiaries of support and the professionals who provide it. An empowering approach is present in many of the studies cited here. Family needs and capabilities are valued alongside a strong relationship with the providers of support programmes.

However, some tensions emerge from reflection on the discussions. McGregor, Canavan & Gabhainn (2020) identify the tension between programme intent and programme experience. Questions arise as to whether a service can be deemed supportive if families do not accept it that way, and this draws attention to the role of professionals and the structure of programmes that aim to produce change in the lives of families and children.

In terms of the orientation of service provision, there is a further tension between seeking to police the boundaries of family responsibility for children's welfare (Bulling and Berg, 2018), especially when children are perceived to be at risk of harm, and 'going alongside' families (Join-Lambert, 2016) to support family well-being. This tends to mean the organisation of services in separate child-protection and family support silos, a dichotomy which is neither necessary nor accurately reflective of family realities (McGregor and Devaney, 2020).

A tension also arises in terms of the locus of support, that is, whether services are child-centred or parent-focused. It is important for the welfare of the child to orient supports

towards them in pursuit of positive development. Precedence is often given to a child-centred approach in family support practices, so parents are mostly supported in terms of their child-rearing role. It can be argued, however, that parents are more than a 'role', and their well-being can be said to be of crucial importance to overall familial well-being, so there is a case to be made for practice that supports their needs.

2.3 Political perspectives on family support

Family support – political perspectives

Littmark, Lind and Sandin (2018) reflect on how different political ideologies, particularly regarding the relationship between family and state, influence the approach to family support in Sweden. Centre and liberal parties emphasise family as an important unit of social policy investment and stress the need to support parental responsibility with an emphasis on the rights of parents to make choices for their children. However, investment in empowering parents in discharging their responsibility can also be viewed as state intrusion or manipulation: 'parent education and parenting support whose purpose was changing parental behaviour could have been interpreted as infringing on parental rights and as an invasion of the privacy of the family' (Littmark et al., 2018, p. 492). On the other hand, parties of the left tend to emphasise egalitarianism and a focus on individuals within families rather than on the family as a unit. In this paradigm, provision that accepts that children are dependent upon their parents undermines the position of the state as 'an ally of the individual family member' (Littmark et al., 2018, p. 492).

While political ideologies may influence the provision of family support across the broader European context, Hidalgo et al. (2018) argue that family support as a child welfare measure is a social priority for government bodies in most European countries. For example, in Spain laws mandate the provision of family support and interventions that are attuned to specific family need. Similarly, Vuorenmaa et al. (2016) describe how the provision of Finnish family services lies with municipalities in guidance and directions for service provision that are laid down in Finnish legislation, statutes and national programmes.

In a shift from government provision, Portuguese policy for social support involves a strong partnership with third-sector organisations, as discussed by Nata and Cadima (2019). They note that local private non-profit organisations, in addition to publicly subsidised institutions, play a key role in the delivery of services. However, in this context public support for parenting is very low, and there are no universal services or resources specifically addressing parents' needs. Rather, services are devoted to child-protection or to families facing extreme economic conditions (pp. 270 and 272). Targeted social measures currently implemented in Portugal

providing parenting support for families include (a) Social Integration Income, designed to support extremely poor families, and (b) Family Support and Parental Counselling Centres, designed to support children and young people in situations of danger and their families (p. 273). Support for families that specifically addresses parents' needs seems to be minimal and mainly available through voluntary initiatives (p. 273). Citing Perista and Baptista (2014), family support policy in Portugal appears to be fragmented and marked by discontinuity, with strong delegation of state responsibilities to private (not-for-profit) institutions, without adequate monitoring or supervision (p. 281).

State support for families and parenting is also undeveloped in Cyprus where society can be characterised by the familialistic features that typify the southern European social model (Rentzou, 2018). Social assistance schemes are residual since those without normal employment must primarily rely for support on the family; care for children and the elderly is provided by family members, which is primarily unpaid work by women, and welfare state institutions are highly inefficient (Rentzou, 2018, p. 572). Indeed, this author highlights the fact that parents' needs have not been mapped (p. 582).

The wider social context can also have an impact in terms of family support. In the Russian context, Zakirova et al. (2016) note that professionals serve families in acute need of state support due to their socio-economic situation as well as psychological problems. However, the authors describe a 'system-wide crisis of society in recent years' (p. 634) with political and economic transformations causing a series of social consequences such as 'unemployment, poverty, increasing numbers of orphans, the spread of social disease, and loss of moral values'. This societal shift has implications for service provision that may affect its implementation.

Challenging societal conditions are the focus of Jones, Lowe and West's (2020) description of family support in the context of austerity (i.e., the programmes of fiscal tightening adopted by most Western governments after the global financial crisis of 2007–8), which disproportionately impacted poorer families and children. Austerity measures exacerbated poverty, removed social protections and worsened health inequalities, leading commentators to refer to this policy as 'institutional violence' (p. 390, citing Cooper & Whyte, 2017). Jones et al. note that austerity has led to public sector family support services moving away from 'universal' provision to narrowly targeted intervention emphasising the binary of 'stable' and 'unstable' families and reinforcing the construction of 'risky' families. They further highlight how individualised, behavioural explanations for poverty dominate policy debates and as a result, government austerity measures individualise the responsibility for disadvantage, and target intervention at individual behaviour.

Changes in government that impact on policy may also have implications for the delivery of support services to families and children. According to Hall et al. (2015) changes in UK policy emphasis led to tensions within the practice priorities required by the Sure Start Children's Centres, which were expected to be flexible to the local needs of families on one hand, while delivering a mandatory core offer on the other. The authors argue that a mandatory offer assumes that all local families in all areas need the same set of services; however, flexibility requires a more local determination of needs and the processes required to meet them (p. 92). Hall et al. (2015) conclude that due to the disruptive nature of changes in government, ambiguity exists over the focus of services: whether the focus is parents or children, educational attainment or child behaviour, or families in poverty or those with complex difficulties. Without clarity it is difficult to decide what activities will best meet the needs, and where investment should be concentrated.

Churchill and Sen (2016) argue that family support, as a concept and sub-field of social policy, is value and context laden and that consideration should be given to social care versus social control dimensions of family support. They further point to the centrality of social welfare and egalitarian principles in family support. These principles can be seen in Williams' (2019) reflection on policies related to early intervention services, namely the *Team Around the Family* and the strengths-based approach in the UK. However, tension arises in considering child-centred or family-focused approaches within a context of shifting ideological concerns. Roberts (2015) suggests that the provision of short breaks to prevent family breakdown aligns with the current 'whole-family' trend in UK child welfare policy. In spite of this congruence between support and policy, this approach is suggested in the context of political scepticism about the possibility of 'fixing' families and the political argument that children should be 'rescued' from parents who maltreat them and who will not change.

This discussion demonstrates how the value base of policy translates into the application, with implications for the experience of the social supports it mandates for particular family members. A recent paper by Daly (2020) reflects on family support from the point of view of children and children's policy. According to this paper many policies and actions aimed at supporting children can be seen as being family-focused, i.e., they view children's welfare as best obtained within a family/collective-unit orientation. There is no direct engagement with children; rather the focus is on the adult world, and the extent to which children's welfare is dealt with by resourcing the family or parents and/or seeking to affect parental behaviour and institutions. Recognition of children's concerns and autonomy is not part of the policy lexicon or mindset. Other policies may have a child-oriented standpoint which confers some agency on children. In this child-oriented policy there is a direct focus on children (rather than an indirect or mediated relationship as in the former the modes). Additional variants of child-oriented policy can either recognise children as members of a status group, conferring resources on them via

rights and entitlements distinct from those of adults, or can recognise and enable children's personhood and enhance their agentic capacities, conferring participation resources and opportunities on them, especially in a context of powerful adult institutions and persons. However, policy often prioritises resourcing childhood as a stage or phase of life. Here children are an age category, and they are resourced as members of a generation rather than as having value and claims as persons.

In contrast to top-down policies that frame child and family support as a social investment, several researchers emphasise the value of listening to parents' and children's voices to identify relevant aspects of service provision that will strengthen the potential benefits of family support. By exploring process-oriented factors this approach represents an alternative to the dominant approach where achievements are defined according to specific outcome variables and cost-effectiveness calculation. This is the point of departure for Mitchell (2020), who studied outcomes experienced from participation in Family Group Conferencing, and Butler et al. (2019), who examined parents' experiences from parenting programmes through a metasynthesis of qualitative studies.

This discussion surrounding service-user orientation in policy and practice is continued in French literature where Join-Lambert (2016) proposes that the evolution of family and parenting support in recent decades shows two tendencies. The first is to involve parents in the work that is done with their children and build on the strengths and competencies of parents themselves to reinforce and develop their parenting roles. The second is that the more stigmatising and controlling approach in targeted services for parents of vulnerable children has not disappeared from the agenda of family policies (p. 327). Van Houte et al. (2015) also discuss whether the kind of professional–parent partnership they have studied in Belgium should be recognised as a strategic measure more than a democratic approach. This is because 'referring to equality in a context of inequality is, however, rather paradoxical and results [in] an instrumental understanding of partnership, stressing the importance of parental involvement for the realisation of the desired outcomes of professional interventions' (p. 122).

Parenting support – political perspectives

In terms of political perspectives relating to parenting support, Ivan et al. (2015) argue that processes of individualisation and rationalisation in Europe drive a weakening of family bonds and of 'traditional' values; as a result of individualisation, parents are more sensitive to how they, their parental behaviour and their children are envisioned by others. Following that argument leads, paradoxically, to arguing that individualisation results in less instead of more parenting autonomy (p. 1,988). The same argument could be made of family support provision in a context of strong welfare provision. Littmark, Lind and Sandin (2018) point to the strategic aim of parenting support in the Swedish context as an acceptance of the state's responsibility for

improving and equalising children's living conditions and investment to achieve equality in children's life chances. Parenting support is viewed as a vehicle for reducing public costs and for achieving economic and human gains. However, even in the Nordic context with its strong tradition of state provision, Sundsbø and Sihvonen (2018) ask whether the recent emphasis on parenting support and guidance implies a continuum of the traditions of the welfare state or whether it is an indication of something new, for example, welfare state retreat via the responsabilisation of parents as well as the individualisation of social problems. They also challenge how the new policies of investing in parenting support change the role and expectations of parents and the influence of parenting support and advice provided by institutions on parental interactions with their children. Subsequently they query where the normative authority lies regarding the definition of 'good' parenting practices.

Knijn and Hopman (2015) argue that parents' rights in the Netherlands are now juxtaposed to those of their children, and that the family is no longer an institution but an 'assemblage' of individuals. Parents as well as professionals became alarmed by apparent signs of deviance and tried to find solutions via a wide variety of intervention programmes, particularly those programmes defined as evidence based. An expectation was placed on parents to take responsibility for their child-rearing, in order to avoid 'medicalisation, psychologisation and unnecessary care'. This means that the focus of support in the Netherlands is now mainly on child well-being, through prevention and monitoring. While this approach aims to be science-based, the authors note a shift towards the 'responsibilisation' of families and activation of their social networks.

Meanwhile, Ponzoni (2015) maintains that the old Dutch system, primarily focused on monitoring risks and detecting and treating problematic developments, is being replaced by a new policy orientation focused on improving normal developmental conditions by improving the environment in which children grow up. The transformation also attempts a shift from professional control to a greater emphasis on the perspectives, wishes and initiatives of parents and those in their immediate environment. The goal is a more balanced distribution of tasks and responsibilities between formal services and parents and a better and more fruitful interplay between formal and informal sources of support to provide more effective interventions (p. 44).

In other contexts, it is fair to say that the state has a lighter touch when it comes to the provision of family and parenting support. In France, the government promotes low-cost territorial measures calling on non-governmental organisation (NGO) mobilisation and a parent-empowerment approach. There are also less resources available to provide the types of evidence-based programmes popular in England, and there is resistance to this form of provision among childhood and family professionals. For this reason, Martin (2015) argues that parenting

support policy is the result of a complex process engaging a potent combination of old and new ideas, objectives and instruments which involve political and ideological contestation.

A more focused approach is evident in the German context, where parents and their parenting practices have come under public scrutiny, with parents (most notably mothers) believed to be overburdened by their role, under permanent pressure to 'do the right thing' and thus in urgent need of support (Ostner and Stolberg, 2015). Expert attention is targeted especially at parents of newborns and small children (below the age of 12 months, who are too young to enter creches) and an additional focus is directed towards young pregnant mothers in apparent need of support and advice. The state's leeway to act as an 'educator' of parents has grown, meaning that the state is more 'educative' towards its citizens and their lifestyles and behaviour, and also more successful in both monitoring them and persuading them to act appropriately.

In the Irish context, a paternalistic orientation is also evident. Connolly and Devaney's (2018) paper suggests that parenting support has become a policy issue with a range of stakeholder activity and the accepted notion that a set of skills for parenting can be learned (p. 15). Growing emphasis on children's rights and the policy shift towards prevention and early intervention in the fight against social exclusion has contributed to this form of policy imperative (p. 19). Hickey et al. (2018) state that as a result of the prediction that 250 million children worldwide will fail to reach their potential due to social and economic adversity as well as inequality, supporting parents and infants from the earliest stages of the family lifecycle has been recognised as a crucial public policy priority. The development of policies and initiatives is aimed at educating parents in realising the importance of nurturing their children and promoting mental health and well-being in families (p. 1–2).

Daly (2015) argues that there are fundamental contestations between state and society regarding the management of personal life and the governance of family in the UK. Major orientations of parenting support include continued development of social policy focused on the well-being and development of children and the implications of this; the governance of parents and families; the contestations between different professional bodies of knowledge; and the move to evidence-based interventions. Daly and Bray (2015) suggest that the two goals of parental education and support lead to some diversity, if not divergence, in the field, and that it is difficult to categorise parenting support on the ground as there are many overlapping services. The paper argues that boundaries between state and family are being shifted but that, while the use of the word 'support' tends to imply a needs-led engagement with parents, much of what is offered in practice are interventions developed by experts to address what are perceived by them as deficits in child-rearing practices. A move away from structural interventions towards those that are more behavioural in orientation and intent is recommended. The authors propose

signature processes which include a widening of the locations in which parenting support is offered; parenting support becoming generalised over time; and promotion of the role and perceived value of parenting programmes.

The structure of the state as well as the orientation of prevailing political perspectives and policy can also influence how family support is conceptualised and delivered. The development and implementation of parenting support policy is diffused throughout various levels of government in Spain. According to Rodrigo (2016), the development of parental support policies is generally the responsibility of the central government, which is responsible for the legislative framework and regulations, the drafting of national action plans, and part of the financial support. In turn, the governments of the Autonomous Communities and the Autonomous Cities are responsible for specific legislative regulations, co-funding and the general organisation of services within their territories. The implementation of the programmes through the provision of parenting support activities is, in most cases, the responsibility of the local administrations, involving public and private agencies and organisations from the voluntary sector, with varying degrees of coordination and funding (p. 65).

Key points from this section

While all countries appear to make available a level of universal services, more intensive or specialised support is mainly residual, targeted at families experiencing acute or complex economic, psychological or social difficulties. The implementation of these services may be centralised and governmental, although in some contexts the provision relies on a community-based approach to a greater extent.

Family support services are shaped by the prevailing political climate, in particular a country's orientation towards welfare, and the relationship between the family and the state (for example, social care, social control or social investment). The orientation of services can also be influenced by the prevailing concept of the nature of parenthood (whether it is a set of skills to be learned or a kind of relational disposition to be nurtured), which also varies among contexts.

However, the concept of 'family support', or the definition of ideal family functioning is in essence a political act, and so is open to contestation. This raises questions regarding the authority to define the desired outcomes or approaches to practice.

Political perspectives may be in alignment with theoretical perspectives. However, this is not necessarily the case. A disconnect between prevailing policy and practice is

evidence of a theory–policy gap and possibly a theory–practice gap. Addressing these gaps could further advance the quality of family support.

For instance, within the theoretical explanations explored there is evidence of ecological, empowering and also parent-centred approaches; however, this is less evident in review of services. Thus, it seems as if the operationalisation of the theoretical underpinnings focuses on some aspects of theory only in certain contexts.

There are limitations within the discussions. Surprisingly few authors approach the topic of family support from a children’s or children’s rights perspective or focus on children’s agency within families. A gendered perspective (mothers/fathers) is also missing in the literature, and so there might be an underlying assumption that care as well as control in family support is directed towards mothers.

3 Main forms and modalities of family support services across Europe

3.1 Main forms and modalities of universal and targeted services

Diverse forms and modalities of universal and targeted service provision are evident in the literature available across the European context. Hidalgo et al. (2018) state that the need to attune interventions to specific needs has led to a significant diversification of family support and preservation services in Spain, with different intervention types (e.g., psycho- or socio-educational, therapeutic, community-based), formats (e.g., group or individual) and targets (e.g., parents, children or the whole family).

Rentzou (2018) states that several initiatives in Cyprus provide parents with support and guidance in their parenting role. Support available to families can include the provision of information sessions at the Early Childhood Education and Care (ECEC) setting, and home-learning guidance for parents with children aged three years and over. Government organisations such as pedagogical institutes or non-governmental organisations such as parents’ unions (locally financed) also run educational seminars for parents. In addition, general hospitals deliver lectures to future parents/pregnant women. Preventive services targeted to family support include counselling and support, financial assistance, day-care of children in foster families, and domestic care for families whose members cannot care for their family and home. Furthermore, social welfare services run in the Nicosia Family Guidance Centre offer guidance and support to people who face family problems (p. 575).

Lundqvist (2015) describes family support in Sweden as mainly provided through universal services, but also encompassing targeted measures. The provision of universal and free-of-charge support includes antenatal clinics, social services, family centres and open pre-schools, which are mainly integrated in family centres. Structured parenting programmes are a new element in Swedish parenting support services; these are organised as universal prevention as well as being targeted in orientation and practice. Parenting support is also part of the child and youth psychiatry services.

Family support provision in Belgium is described as a set of services that interlink and together form a pyramid structure. Family support at the lower level should prevent the need for more coercive child-protection interventions, which are situated at the top of the pyramid. Van Houte et al.'s (2015) study explored Centres for Child Care and Family Support (CKG) in Belgium; the authors place these just below the top level. The centres' services comprise parent training and home-based services but also short-term 'semi-residential' care for children. All are within a timeframe of up to six months. According to Schildermans and Vlieghe (2018) informal support is encouraged by the Public Health, Welfare and Family Department of the Flemish government, which emphasises the importance of informal social networks for preventive family support. Public child healthcare centres, which aim to improve public health and reduce infant death rates, form the backbone of parenting support in the Netherlands. The expansion from physical/medical issues of children now includes preventive tasks such as 'light' forms of parenting support, for instance, related to issues such as healthy nutrition or the prevention of negative child-rearing practices. It also includes monitoring and screening children and informing local policy makers about child-related issues (Knijn and Hopman, 2015).

Whittaker et al. (2016) also note that professionals working in universal healthcare services (such as GPs, midwives and public health nurses) as well as specialist addiction staff have a role in providing parenting support to drug-using mothers and fathers in order to improve child outcomes. While the role of healthcare providers in the management of problem drug use is well established, their role in caring for children and families affected by parental drug use is little examined. It is assumed that they will play a key role in supporting families and protecting children from harm, yet the voices of these practitioners are largely absent from the parenting support literature. This paper reports on the perspectives of primary healthcare professionals regarding the provision of parenting support to parents with problematic drug use. Universal healthcare providers were ambivalent about their parenting support role, concerned about dwindling resources and lack of organisational support, and struggling to balance support and surveillance because the child-protection agenda (rather than the family support agenda) was paramount and the blame culture generated fear. The authors conclude that if healthcare staff are to provide parenting support, then better training and guidance for staff and more resources are required.

The family house model in Norway, suggested as providing informal meeting places for parents and professionals, encompasses healthcare services for children, pregnancy care, child welfare services, pedagogical–psychological services and in some cases also open kindergartens (Bulling & Berg, 2018). Empowerment is a central concept in support practices in the paper from Kalleson et al. (2020). They report from a longitudinal evaluation of a systematic follow-up programme aiming to support and strengthen parents caring for a child with cerebral palsy (CP) throughout early childhood. This programme relies on a multidisciplinary support team, service coordination (service coordinator and individual service plan (ISP)), parent training and an intensive rehabilitation programme. Parents’ experiences and expressions of empowerment are used as outcome measures, in relation to three areas:

1. Family situation: the situation at home.
2. Service situation: parents’ collaboration with the service system.
3. Community: parents’ advocacy for improved services for children with disabilities in general rather than specifically for their child.

The findings indicated that most parents perceived themselves as empowered in family and service situations, but less so when it comes to influencing the service systems, and that there was a positive association observed between empowerment and having a multidisciplinary support team. It is argued that knowledge about these factors related to improved empowerment can contribute to the development of services and programmes that strengthen families’ capacity to care for children with special needs.

Wilke et al.’s (2018) paper explored the regional model project *Chancenreich* in Western Germany, aimed at enhancing parenting skills and child outcomes by offering a wide variety of approaches to the parents (e.g., home visits, parenting courses) of children of up to three years of age. *Chancenreich* is unique in Germany as it uses a modular approach, offering a wider variety of support to parents and their children (p. 414). (See also Cohen e.a., 2020). Devaney (2015) in Ireland suggests the core characteristics of family support services to be: flexible, time limited, offered early in difficulty, having multiple referral routes, strengths-based as well as needs-led, preventive, participative and evidence-based. Irish family support entails a range of services and activities including parent education programmes, home-based parent and family support programmes, child development and education interactions, youth work, and community development (Brady et al., 2018, p. 353). Group-based parenting programmes are known to deliver positive outcomes and individual work undertaken by a practitioner complements group-based work. While parenting support programmes are increasingly popular, professionals also act as key sources of support for children and families in contributing to positive outcomes. Individual work can be particularly effective when problems are more complex or parents are not

ready or able to work in a group, and in these cases it can meet individual needs. The requirement for both tailored and targeted supports was identified, as different parenting support strategies are needed due to family circumstances but also to the diversity of families' needs (Connolly and Devaney, 2018, p. 16).

A wide range of practices are evident in the British context. Williams and Segrott (2018) have noted diverse categories of focus within family and parenting support practices in the UK:

- The first focuses on one primary service user, and the ability of the wider family to support them.
- The second model treats family members as service users in their own right but still concentrates on helping them to support the primary service user.
- The third 'whole-family approach' works at the collective family level, directing attention to the needs and strengths of the group (family) unit and building resultant services around these.

Tunstill and Blewett (2015) refer to the UK national network of children's centres and the role of the Office for Standards in Education, Children's Services and Skills (OFSTED) in regulating and inspecting these services. These services are subject to statutory inspection against government-established standards and grade descriptors. Daly and Bray (2015) state that the actual services involved in parenting support in England include information services, home-visiting, parent counselling, parenting programmes, drop-in sessions for parents and children (modelled play, early years education, nutrition) and advice clinics (in which a professional such as a nurse, speech therapist or educational psychologist is available). Social work services are also core to the field (although they are oriented also to other objectives), as is the work of the Family Nurse Partnership. According to the authors, parenting support is situated within three main domains of service provision: children's (social) services, health and education. Support is provided through two channels: parenting programmes and collective provision through open access 'Stay and Play' and 'advice clinics'. The authors also note home visits and multi-modal service. Roberts (2015) discusses support care, which is short-break provision for children in the UK, designed to ease family tensions and prevent long-term separation. It is a support service for families at risk of children being placed in out-of-home care. Provision of short-term foster care is viewed as a preventive service with short breaks reducing the risk that children will need longer-term or permanent placement in alternative care.

Support in this context is not just about prevention. Daly et al. (2015) maintain that capacity building is a key feature of family support and this means first and foremost providing relevant and practical materials and skills that can be implemented independently by participants. In addition to capacity building in certain service models, effective programmes

should have a focus on empowerment. For instance, carers of persons with disabilities should be empowered in their engagement with policymakers, services and local communities. Nevertheless, the authors suggest that while specific knowledge and advocacy skills may be useful to families, programmes would be found lacking if they were not generating an element of community support (Daly et al., 2015, p. 36).

Churchill and Sen (2016) suggest that overall trends across the UK, Australia and France are the expansion and diversification of provision from crisis- and 'treatment'-focused interventions to incorporate early intervention and prevention approaches. They also demonstrate an emphasis on 'whole-family support' and 'family-centred practice' where services aim to engage parents, children, young people and broader family and social networks to address intergenerational and multiple needs and adversities. In the UK and Australia increasing and changing demands on statutory child welfare services alongside critiques of short-term, narrowly conceived, crisis-intervention-oriented family interventions and family casework led to the introduction of longer-term, complex, multi-modal intensive family support services and evidence-based intensive family intervention programmes. Aspects of intensive family support service provision which have been well received are the opportunity to develop close relationships with a dedicated family support worker; the combination of practical, material and emotional support from family support workers; the provision of professional parenting and child welfare advice; and specialist services to meet adult, child, couple and family support needs. However, many ethical, political and practice issues and challenges need consideration, including ethical issues around the intrusive and social control dimensions of intensive service provision and the challenges of interagency working between professionals and services.

An example of the whole-family multi-modal family support approach can be seen in the work of Yates and Gatsou (2020), who developed and tested a framework for practitioners of mental health services, social work and allied professions. The framework allowed the professionals to engage with the impact of a parent's mental illness (PMI) on the rest of the family, especially the children. With this intervention the authors wanted to prevent negative effects of the parent's illness on children's well-being. This requires that professionals have sufficient knowledge of PMI and how it affects families and that they feel confident in working with the whole family, especially the children involved. This brief intervention could be supportive for professionals as it gives a framework for their approach. The authors argue that some issues require support for the whole family in order to prevent adverse effects. According to Yates and Gatsou a whole-family approach could be worthwhile in families with PMI, even from within 'silo-based services'.

In Italy, Balenzano (2020) describes how service is delivered through a Family Support Centre (FSC) model. She underlines the need for a multidisciplinary approach to children's and families' needs and outlines a central role for family support organisations to work as a mediator between the families and several parties, such as health and social public services, schools, voluntary organisations and juvenile court, contributing to the formation of supportive networks around families. FSCs represent 'connecting structures between all interventions targeted at families, ... that is family friendly places where users can familiarise themselves with and take advantage of different typologies of services'. For this reason, the Family Support Centre is both a place and a method of engaging families in activities aimed at preventing negative outcomes (Balenzano, 2020).

Key points from this section

The forms and modalities of service provision can be diverse, as families present on a continuum of need and may have varying degrees of complexity in their lives. These diverse and flexible forms of provision may have implications for the outcomes for families who engage with the service.

It is therefore important that support provision takes a holistic approach, engaging with the complex circumstances of families. Centre-based services in local communities, described as 'family friendly places where users can familiarise themselves with and take advantage of different typologies of services' (Balenzano, 2020), appear to deliver a range of benefits in that they increase the accessibility of services; contribute to developing peer and informal social networks; enhance social cohesion; and enable families to give and receive support.

3.2 Modes and conditions of access and eligibility related to family support services

Following a reflection on the forms and modalities of service provision, it is important to consider the conditions of access to these services to present a full picture of service provision for parents and families in the European context. Access to services can be universal; for example, Wilke et al. (2018) suggest that although the *Chancenreich* project in Germany seeks to reach out specially to disadvantaged parents, it is open to all parents of newborns in the town, irrespective of their social or cultural background. This service offers a monetary incentive of €500 to all families who participate in at least five mandatory modules to promote engagement. While this incentive is unique among family support programmes it may be perceived as controversial in

practice not only because of the high costs, but also because of ethical concerns and the possibility of stigmatising disadvantaged families (p. 414).

Connolly and Devaney (2018) raise the issue of engaging parents as service users in the Irish context, noting that parents frequently lack awareness of the availability of services in their area, and those existing services may lack sufficient diversity to meet their needs. This means that a proactive approach to raising awareness of available services is imperative to support engagement, as are the location and accessibility of services suitable to the needs of families (p. 17). McGregor and Devaney (2020) refer to the model of child welfare practice in Ireland and describe its conditions for support eligibility and access. The statutory child and family agency Tusla has a Clear Response Pathways along the Continuum of Need framework (Tusla, 2018a). This offers descriptors of the remit and context of services, which are delivered on the basis of low, medium or high prevention, the aim being to ensure that children and families receive integrated and high-quality services at the earliest opportunity across all levels of need. The level of need informs the mode of support accessed. For example, within this framework the family support practice model called Meitheal is depicted on the continuum as low/medium prevention/level of needs, and the Signs of Safety approach to child safeguarding practice is contained in the medium prevention services/level of needs strand. The authors note that these are two strong practice models for working with families in the middle, balancing needs for support and protection, and reflect a shift in Irish child welfare from a reactive and residual service towards an attempt to be more developmental, preventive and supportive.

In the UK, access to family support as well as the definition and assessment criteria for being deemed a 'child in need' is mandated by legislation as previously mentioned (Nethercott, 2017). Access to services based on this description can encounter challenges in practice as the Common Assessment Framework (CAF) must be completed for services to be provided and must be signed by a consenting parent. Parental non-engagement in this obligatory process can be a barrier to children and young people accessing services. Nethercott (2017) points out the difficulty of accessing services via a formal approach where a signature is required on the form, especially if parents do not engage with the process or are 'hard to reach'. The author further highlights the need to understand the consequences for young people whose access to services is delayed or denied due to parental non-engagement in the Common Assessment Framework process.

A further issue is that parental engagement in support interventions can be biased towards mothers. Symonds (2020) addresses the strong evidence that fathers are rarely recruited to parenting support measures. Symonds applied analysis of initial telephone conversations between Child Welfare practitioners and parents who had been referred to a parenting programme. Attempts to invite 'the other parent' (almost always fathers) were only

identified in half of the conversations. This kind of practice challenges the ‘whole-family’ approach, which is a vital characteristic of family support services and in turn limits the outcome of the programmes for both children and their carers.

As previously discussed, societal circumstances can have an effect on the accessibility of services. Examining the everyday effects of austerity in one disadvantaged urban neighbourhood in England, Jones, Lowe and West (2020) consider the impacts of the everyday circumstances of families with low incomes and housing need in the context of public and third-sector family support provision. They found that austerity had harmed public and third-sector provision through the twin pressures of reduced resourcing and increased local need. Third-sector organisations faced increasing competition for charitable grant-funding. There was a move away from ‘universal’ provision to narrowly targeted intervention with family support increasingly rationed towards families ‘in crisis’, and particularly those with a Child-Protection Plan (CPP) in place. Those who were in need (due to poverty and disadvantage) but not in crisis were underserved. This led to families struggling to engage with the limited services available to them as they felt the services were overly focused on policing parental behaviour. This focus amplified a sense of stigma towards the neighbourhood by professionals and decision-makers, which further hampered interactions between families and service providers. Mercer et al. (2020) argue that in Scotland, family support provided by family centres should go beyond statutory intervention and include the opportunity for social integration for families who do not reach this threshold of statutory intervention.

In contrast, in the Spanish context, the current focus on prevention work with families has produced important changes in the specialised social services offered at the municipal level. While there used to be a tendency to mostly target high-need families, with resources exclusively tailored for them, services now tend to provide support to vulnerable families in the context of community-based psychosocial–educational interventions involving a continuum of low-risk to high-risk parents, thus increasing accessibility. The focus is on increasing parenting skills and social support across the board to improve parents’ autonomous functioning. Parental support is intended to be provided in non-judgemental, non-stigmatising, participatory, inclusive, needs-led ways that require that parents be placed at the very centre of the services. The author also argues that the most effective interventions are those that strengthen informal support networks, as these are natural sources of help that increase parents’ sense of confidence in their own capabilities. Lastly, there is a clear emphasis on empowering the community and creating participation platforms involving local stakeholders in many communities to strengthen and coordinate the networks of local resources available to families and to the population in general (Rodrigo, 2016, p. 65).

According to Freijo and López (2018), these services should provide parents in Spain with sufficient support mechanisms to enable them to fulfil their important child-rearing responsibilities, in keeping with the following principles:

- (a) Adequate family-oriented government policies must be put in place to create the necessary legislative, administrative and financial frameworks.
- (b) Services must be provided to support parents, such as local counselling services, help lines, online parent support, and therapeutic and psychoeducational programmes.
- (c) Services must support parents from a broad variety of family situations, but especially those parents and children facing adverse circumstances.
- (d) Diversity must be recognised and respected in relation to family patterns and cultural and gender differences, while keeping in mind the best interest of the child (p. 1,503).

Targeted and universal programmes are available in Sweden. These are voluntary, and offered rather than prescribed, but less than half of all parents express an interest in parenting programmes, and it is mostly women/mothers who participate. Furthermore, the level of interest is much higher for parents with children of younger ages, and those experiencing problems of different kinds (Lundqvist, 2015). For this reason, Lundqvist (2015) critiques the assumption that parenting programmes target all 'Swedish families', as in reality the participants often belong to specific groups. This might result in stigmatisation of those who attend, since they are construed as problematic. The author suggests that there is a generational shift among parents, as they no longer accept public authorities' decisions on what is considered 'good parenting'; instead, parents want to search for information and acquire knowledge themselves, on their own terms and for what they identify as their own needs.

Key points from this section

Effective family support relies on parents knowing about and being willing to engage with the services on offer. If families do engage with family support services there may be a social cost.

Most countries reviewed have tiered access criteria based on distinct levels along a continuum of need. In the UK and Ireland these levels are explicitly articulated in child welfare policy and/or legislation. In most countries access is not universal but linked to some kind of recognised disadvantage. What has become obvious from recent research is that children with families in the 'average' category are often at larger risk as they fly under the radar of any services.

Authors from several countries note that austerity measures have resulted in retraction of services leading to narrow focus on higher-tier needs, e.g., risking services being available mainly to those who meet the threshold criteria for statutory child-protection intervention.

3.3 Approach to and arrangements for the organisation and delivery of family support services

The approach to and arrangements for family support within the European context varies, as do the forms and modalities of provision, and access to services. Connolly and Devaney (2018) note that in Ireland, families often access their own naturally occurring informal supports to cope; this has been found an effective form of early intervention and prevention. Thus, it is important that informal and formal sources of support be recognised in the planning of services (p. 17). In the Portuguese context, Melo and Alarcão (2015) also highlight the value of informality and relationships as vehicles of human change and the value of involving the community in the process of building actions and interventions. Moreover, Franco et al. (2017) emphasise that early intervention in relation to inclusion and achievements in the school system for children with special needs should be interdisciplinary, with clarification of the roles of the various agents identified as crucial.

Working in partnership with all stakeholders, including cooperation between service providers to ensure the integrated provision of support, is key in Irish literature (Connolly and Devaney, 2018, p. 25). Hickey et al. (2018) contend that a hospitable environment is central to the delivery of this interagency parenting support programme, so relationship-building and strategic leadership are crucial practice components that promote buy-in and support innovation and programme implementation (p. 1). Indeed, the recommendations for best practice in the delivery of early childhood development services in this context involve integrated, multisectoral, evidence-based interventions which promote holistic, child-focused approaches in multiple stakeholder partnerships (Brady et al., 2018, p. 2). Luckock et al. (2017) describe alternative approaches to multi-agency team-working in children's services that have emerged, in which 'co-location' of health, social and other practitioners is the preferred means of service integration at those points where 'early help' needs better alignment with a 'child-protection' response. Developments of this kind are becoming widely established across England and common principles of information-sharing, joint decision-making and coordinated intervention have informed service redesign (p. 65). Darra et al. (2020) refer to the Well-being of Future Generations (Wales) Act 2015, which is premised on the idea that co-production between public and professionals is essential for improving social, economic, environmental and cultural well-being. To create a more sustainable and equal society, the Act requires public bodies to take an

approach that involves prevention, integration, involvement and collaboration, and those approaches must also be long term.

Returning to the Irish context, Dolan et al. (2018) suggest that establishing a rapport with parents and families and maintaining a strengths-based perspective are paramount. This is because the relationship between worker and family is the most essential component of any intervention and should encompass the four elements of social support (practical, emotional, advice and esteem) (citing Cutrona, 2000, p. 746). During this process of support provision, families must be enabled to use resources as and when they need them, using their own skills to assist each other, as this honours families' strengths as well as their vulnerabilities while using workers to maintain hopefulness, thus building families' capacity (Brady et al., 2018, p. 353). In the UK, Williams (2019) draws attention to the importance of relationships in the use of a restorative approach to family and children's services, i.e., repairing harm or resolving problematic situations, arguing that this is best achieved by building or restoring relationships rather than penalising those involved.

Vuorenmaa et al. (2016) maintain that the empowerment approach adopted in Finland creates the conditions that allow the individual to participate and make decisions about their own family, organisations and society. Citing Koren et al. (1992), the authors state that in the family, empowerment includes parents' sense of how they are able to manage as parents in their everyday life, cope with problems, ask for help if need be and contribute to their child's development by acquiring the requisite skills, knowledge and habits. In this service context, empowerment includes parents' sense of their knowledge, understanding and rights related to their child's current and required services, and their sense of how they are able to collaborate with professionals, participate in decision-making and act in such a way as to ensure the requisite services for their child. In the service system, empowerment includes parents' sense of their knowledge, understanding and rights related to the family service system and their sense of how they can influence and contribute to improving the system (p. 291).

In France, the position of professionals towards parents is shifting from the traditional position of authority to a more open position of dialogue which respects the capacities of parents. Through dialogue, parents are afforded more influence as service users, and professionals also engage with parents, promoting their perspectives about problems within their families and their objectives for professional support (Join-Lambert, 2016, p. 328). Support in the UK can also be based on dialogue between professional and parents. Support Care in the UK matches families with a support carer and was developed in response to families who did not want to be told what to do, who wanted to retain control of their lives, but who needed support through the provision of a break from their children. The service envisages the forging of positive relationships with parents and offers emotional support, encouragement and/or parenting advice. The approach

aims to be flexible and responsive to families' individual needs, although the short breaks typically involve one or two overnight stays per month (Roberts, 2015, p. 22).

Through a modular approach involving both parents and their children, the *Chancenreich* training modules in Germany (a) reach disadvantaged families, and (b) show a positive association with the children's vocabulary and social skills. Course formats that aim at a positive parent-child relationship, high interaction quality and facilitation of exchanges with other parents or experts were found to have a positive association with child developmental outcomes. However, it is suggested that further research is needed to investigate the nature of effective courses in more detail, i.e., the intensity of course participation or the quality of parent-child interaction-focused and parenting skills-focused courses (Wilke et al., 2018, p. 425).

While the promotion of empowerment and capacity building appears to be a clear focus of supportive approaches, the competencies required to achieve this in practice are sometimes not clear. In their German-Dutch exploration of provision, Cohen et al. (2020) focused on the necessary professional competencies required to effectively deliver family and parenting support programmes. The authors noted that practitioners working in these programmes are often confronted with highly complex, changing and diverse work environments, but that there is no clear description of the competencies these practitioners need to be effective. Drawing on qualitative findings from financiers, providers, practitioners and participants across three cases of effective family and parenting support programmes in Germany and the Netherlands, the authors developed a model that connects professional competencies with the objectives of such programmes.

In order to address this gap, Cohen et al. (2020) did identify clear objectives of family and parenting support programmes and the professional competencies needed to achieve these goals. The objectives of family support and parenting programmes identified included: high/effective outreach and good implementation quality. The professional competencies for practitioners to successfully implement these programmes were identified as: high motivation, knowledge (didactical, pedagogical, tacit, content and programme knowledge), beliefs based on openness and respect towards diverse family lives, adaptability, self-regulation, cooperation and reflection skills. The authors also highlight the central importance of trust for enabling a positive, respectful, authentic and effective relationship between practitioners and parent, which in turn is crucial to the effectiveness of the programme. Competencies themselves are not enough if the trust of the families is not gained. However, competencies are necessary to gain trust. Cohen et al. (2020) conclude that strategies for thorough and consistent professional development are crucial in the development and implementation of programmes. The efficacy of these programmes also relies on effective outreach to the target group and high implementation quality, which in turn promotes professional development, implying a bidirectional relationship

between the input and outcome factors. They recommend that programmes aim to recruit practitioners with high motivation and the ability to maintain their motivation over time, and that all practitioners should be continuously trained in the relevant competencies.

All national, regional and local child and adolescent well-being plans in Spain include strategic areas and actions designed to foster positive parenting that are developed with scientific support provided by researchers from Spanish universities. These can be grouped into three categories, including group programmes based on scientific evidence, individual programmes and actions for families, and resources aimed at providing support to professionals working with families from the perspective of positive parenting (Freijo and López, 2018, p. 1,509). Hidalgo et al. (2018) argue that to ensure the success of interventions, it is crucial for the support resources available for at-risk families to meet the quality standards of evidence-based programmes. This includes an analysis of the needs and strengths of the target families, an explicit theoretical framework to explain how change occurs due to the intervention, and proven effectiveness (p. 1,530). The evaluation study of a Spanish parenting programme by Álvarez and colleagues (2020) confirms other studies showing fewer positive outcomes for families from more disadvantaged living areas. The findings indicate that more should be done to include fathers in parenting programmes and that the family's social network should be assessed and enhanced to promote better programme outcomes.

Outcomes are also a focus of conversation in consideration of appropriate practice in the British context. Tunstill and Blewett (2015) refer to a seemingly uncritical adherence to the concept of outcome measurement and highlight the potential of the 'interim' outcome framework, which measures interim family support outcomes. The authors found that the framework provides a picture of the progress made by families whose relatively (objectively) modest achievements are not always picked up by the other evaluation mechanism.

Service user's perceptions

In considering the outcomes of support provision, the perceptions of service users are a crucial source of insight. In their article Butler and colleagues (2019) reviewed qualitative research exploring parents' experiences and perceptions of parenting programmes. The aims were to identify key aspects of programmes perceived to be of value and to improve understanding of the acceptability and perceived benefits of parenting programmes. The metasynthesis provides insight to important process-oriented factors regarding approaches to and implementation of parenting programmes and family support (p. 177). The key findings are:

1. The skills of practitioners are crucial to parents.
 2. Programme elements such as role play and home visits are valued.
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3. Parents should have the option of choosing between group or individual programme formats.
4. Programme content should be tailored to meet the individual needs of families, which necessitates a balance between fidelity and flexibility.
5. Delivering parenting programmes across different cultural contexts is challenging and local ideas and practices should be recognised.
6. Following the end of the programme many parents experience the need of ongoing peer or professional support.
7. Attention should be paid to parents' fears and concerns in conjunction with the obligation to participate and the tendency to acquiesce.
8. Parents' reflections on their own experiences of being parented should be supported.
9. Wider familial support is often needed to implement change.
10. The involvement of both parents in the programme is perceived by many as beneficial.

In Wales, Darra et al. (2020) focus on the delivery of family support services to younger parents (aged 16–24) who have had Adverse Childhood Experiences (ACEs), and identify a number of key practice factors that can improve outcomes for these young families. They note the risk of intergenerational patterns of childhood poverty and harmful behaviours for these families; the significantly higher risk of living in poverty for children born to young mothers; and the low uptake of antenatal and postnatal services amongst younger parents. They undertook qualitative evaluation of an early intervention multi-agency project (MAP) aimed at providing support and offsetting social inequalities for this particular cohort of young families. This programme was aligned to the First 1000 Days initiative, supported by Welsh government, to reduce the number of children exposed to Adverse Childhood Experiences during their first 1000 days. To achieve this goal this programme aims to help parents raise physically and emotionally healthy children by supporting bonding and attachment during the first two years of life. Key findings from this study conclude that:

- Working with young parents can help them believe that they can be competent parents and give them a degree of agency in their lives.
 - An educational approach to health promotion seemed to be a means of improving health through providing information and knowledge to build the motivation and skills of young parents to make voluntary choices in parenting style.
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- Supporting young parents to gain experience and to apply for jobs and courses, leading to potential employment, may break the chain of deprivation.
- Social support – including the opportunity to form friendships and relax in social situations – had a positive effect on people’s emotions and helped them to make healthier choices while also helping to combat social isolation and mental health problems.

Key points from this section

In relation to the delivery of family support services, authors emphasise distinct aspects of practice:

- Informality – the development of trust, partnership working and shared dialogue between parent and practitioner are crucial for effective relationship-based working.
- Needs-Led Support – responsive, relevant, respectful support that builds capacities.
- Professionalism – there is a need to clearly articulate the required competencies for practitioners and deliver appropriate training to ensure a skilled family support workforce.

3.4 Applications, limitations and complexities of the concept of family support for research, policy and practice

Applications and complexities

The translation of family support *principle* into acceptable *practice* can be straightforward in some contexts. For instance, Ivan et al. (2015), in their study of five European countries, found a parallel between the individual level (population attitudes, public sentiments) and the macro policy level concerning child centredness and the need for parental investment in children. Such parental investment can be supported by state-guided professional interventions. Parenting support programmes, as part of a political strategy, were found to fit with attitudes and were considered welcome and even requested by child-centred parents in need of information and help about the most appropriate and efficient way of investing in their children (p. 1997).

However, the discussion in literature reveals how practice can include complex bridging of the different approaches of care and control, as in the French context. Join-Lambert (2016) found that French professionals regarded learning and behavioural issues as ‘symptoms’ of

other issues inside the family that required intervention rather than learning-support provision. These interventions entailed a multi-agency response to address the varied dimensions of the children's and parents' situations. These service-level partnerships allowed for an individualised approach to each family, addressing both the parents' and the professionals' concerns regarding the child. Underpinned by a professional commitment to helping, a trusting relationship with parents was established to ensure their involvement by meeting their needs, as the extent to which parents became involved in support services depended on how aims and activities were negotiated with them. Spending time listening and talking to parents, alongside providing different kinds of support and activities, helped practitioners to gather information about the family (control) and at the same time led to more responsive support (care).

In Ireland practice can be complex and requires a variety of approaches due to a parenting support strategy that encompasses the life-course, and a whole-child/whole-system approach. Connolly and Devaney (2018) emphasise a continuum of support from universal support to targeted and specialist services applying a progressive universalist approach (p. 23–24). This can be as simple as signposting to services/information or providing more intensive support. Both parenting and family support approaches may traverse formal, semi-formal or informal working styles; however, the primary principle is minimum intervention that is driven by the needs of the family (p. 24).

Hickey et al.'s (2018) paper describes the design and implementation in Ireland of a multi-stakeholder early-parenting education and intervention service model called the Parent and Infant (PIN) programme. This programme of early intervention focuses on strengthening parenting knowledge and skills and aims to improve parent–infant relationships and child cognitive, behavioural, social and emotional development outcomes. It is presented as a cost-effective strategy, increasing service efficiency and equity as well as generating substantial social and economic benefits (p. 2). However, implementing such a high-quality programme entails collaborative efforts which create cross-agency supports but also involve parents in an active and engaged manner; such efforts are necessary to build capacity within children's services and potentially improve outcomes for children (p. 11). This example highlights the necessity for multi-agency coordination, which may involve additional labour to ensure effective partnerships between various stakeholders. However, this cooperation and collaboration can generate benefits within local service contexts. Brady et al. (2018) propose that family support services have the capacity to reinforce both formal and informal networks through integrated programmes, and that family support services often combine community, voluntary, statutory and private services aiming to promote and protect health, well-being and the rights of children, youth and families in their homes and communities. They agree with Whittaker's (1993) suggestion that partnership between parents and professionals has a value beyond a more

defined programme strategy (p. 352). These trusting relationships and collaborations are central to the provision of family support (p. 363–364).

The principles of voluntarism and agency in parenting and family support approaches may be contentious, as discussed in previous sections, but Williams (2019) explores the application of these principles in a restorative orientation to a whole-family approach. Observation of practitioners encouraging but not pressurising reluctant individuals into service involvement gives further illustration of the restorative principle of voluntary inclusion. This approach was supported in practice by professional values such as commitment, communication, honesty and empathy, which are important elements in the restorative approach.

The capacity to adhere to these principles in practice can be vulnerable to wider societal circumstances. Jones, Lowe and West (2020, p. 400) note that retraction in services due to austerity, along with political discourse that emphasises individual explanations for disadvantage, risks forcing families into child-protection frameworks in order to access support:

With little support available for families on the edge of (but not quite in) crisis, parents or carers must demonstratively fail their child(ren) in order to access the support that comes with a CPP; in turn bearing the risk of prolonged scrutiny of family life by social services and the ultimate risk that child(ren) will be removed.

It can be argued hence that austerity refocuses responsibility for social ills away from structural inequalities and towards the (avoidable) failings of the individual, family or local community. Furthermore, these authors argue that current policy and practice privilege middle-class parenting norms, view parenting as an investment of time and finances to ensure appropriate child development rather than a bond characterised by love and care, and subject parents on low incomes or living in disadvantaged neighbourhoods to greater child-protection scrutiny. This example again illustrates how prevailing values and norms, and orientations, can have an effect on the experience of support by families in crisis.

This is also the case in Germany where rules and procedures for helping and advising parents on how to raise and teach their children properly has been part of 'public order' legislation and informed service provision for some time (Ostner and Stolberg, 2015). As a social welfare service, parenting support inextricably merged the logic of provision (*Leistung*) with the logic of (controlling) intervention (*Eingriff*). According to the authors, there is a middle-class bias to many parenting support measures, and gaps in parenting support provision. Current emphasis on supporting parents highlights altered definitions of childhood, shifting boundaries between the 'public' and 'private' worlds in parent–child relations, and new local welfare mixes in service delivery. In addition, German family policy has become quite employment-friendly and more

service intensive, with new child-centred legislation running parallel to the employment-friendly family policy reforms.

Hidalgo et al. (2018) argue that there are not only *inter*-country differences in family support, but also *intra*-country diversity regarding the resources used to assist at-risk families. In countries such as Spain, with regions with a high degree of economic autonomy, there are differences in the amount of economic resources invested in these services. This generates diversity in the conceptual assumptions and epistemological frameworks in the field of family support in Spain, and also a diversification of services, leading to differences in the types, formats, targets and accessibility of interventions (p. 1,529–15,30).

A further example of this service variability within contexts can be seen in Nata and Cadima's (2019) account of Family Support and Parental Counselling Centres in Portugal as a social response offering targeted services to children and families in situations of risk. The service is both private and publicly subsidised. Since 2013, this intervention model focused on positive parenting principles, aiming to strengthen families, with multidisciplinary teams being responsible for the assessment and development of intervention plans tailored to family needs. It was however found that more than half of the country's teams lacked the supervision of professionals as well as intervention guidelines and opportunities for professional development (p. 273). This draws attention to the need to support infrastructure if family and parenting interventions are to achieve their goals.

Key points from this section

When implementing programmes/interventions, well-developed ideas and ideals of family support meet the precarious, complex circumstances of 'real life'. Some authors therefore point to the importance of implementation (e.g., Nores & Fernandez, 2018) and interpersonal relationships/partnerships between caregivers and professionals (e.g., Whittaker, 1993). However, discussions regarding the generation of practice requirements in context may raise questions as to whether a partnership approach in family support is a democratic value or an instrumentalist strategy.

The literature presented in this section highlights the importance of needs-based services and trust, and the various ways of providing support (state, community, etc.). The application of such interventions is critically analysed, demonstrating the potential complexity and challenges for practice.

The content in this section seems to call for critical reflection on the extent to which family support is biased towards middle-class parenting norms, which risks further disadvantaging families in low-income areas and locates the origin of family difficulties in

the characteristics and behaviour of individuals rather than social structures. This is an important point as discussions from several national contexts have pointed to the influence of societal conditions (e.g., austerity) on the implementation of support.

Limitations in and challenges for support practices

The nature of the relationship between the professional and the family in need of support can have implications for the outcomes of practice. In Belgium, van Houte et al. (2015) raise the question of how partnership, as a main concept in family support, is realised in daily practice. They identified a tension between professionals' commitment to work together with parents while at the same time employing an expert role. This draws attention to the perceptions and concepts of parenting and support that influence professional approaches in practice. Schildermans and Vlieghe (2018) explore this issue from the perspective of parents in the findings of their paper. In this article the parents themselves describe their experience of direct advice by experts as patronising, instead preferring more informal support from family, friends and parents who have had similar experiences and can provide reaffirmation (p. 331).

Indeed, professionals who provide support outside the prescribed practice of family support per se may be reluctant to describe their practices as parenting and family support, as noted by Whittaker et al. (2016), who documented the views of healthcare professionals. This cohort of professionals were reluctant to admit that they as healthcare providers were also providers of parenting support and on reflection felt ill-equipped to provide this. They saw their role not as providing family support per se but as contributing to family welfare by helping parents manage problem drug use.

The status of parents in society may also affect engagement with supports. Ponzoni (2015) argues that parental engagement in Dutch professional counselling programmes is not always successful, especially in families with weaker socio-economic positions or in families from immigrant groups, with these possibly having a more marginalised and fragile position in society. Community organisations may gain the trust of these families more easily since volunteers are often known and valued in specific immigrant communities whose main sources of help and support are their own informal social networks (p. 43).

The engagement of family members is a crucial aspect of service provision if positive outcomes are to be achieved, but discussions in the literature show that depending on the approach, the targeted subjects of the intervention can vary. The literature provides reasons to reflect on an expansive inclusion of family members in interventions. In the Finnish context it is noted that certain cohorts of families may experience more challenges than others. Vuorenmaa

et al. (2016) argue that well-being problems tend to accumulate in the same families. These authors argue that it is crucial for all family services to also take account of parents' well-being and to work to support their resources, in addition to child-centred interventions. Conversely, Juul and Husby's (2020) paper addresses how parents in Norway view their child's experiences with child welfare services and stresses the need for child welfare workers to engage in more conversations and closer collaboration with CWS children to strengthen their ability to cope with everyday life through child-friendly practices.

Martin (2015) suggests that parenting support in France is challenged by the need to maintain a balance between empowering and supporting all parents in a universal, service-oriented way, and controlling or even punishing those seen as irresponsible or incompetent. The paper critiques Daly's definition of parenting support as: 'organised services/provisions oriented to affect how parents execute their role as parents by giving them access to a range of resources that serve to increase their competence in child-rearing' (Daly, 2013a, p. 162). This definition is said to lead to the exclusion from parenting support services of early years childcare and education, insofar as its primary objective is not how the parental role is fulfilled. Child-related financial transfers as well as parental leave would also be excluded because these instruments seek neither to prescribe behaviours nor to intervene directly in relationships between parents and children.

This balance between care and control is evident in Leese's (2017) study focused on support provision to young mothers. This discusses how family support workers can find themselves in the dual role of supporting young mothers while making judgements about the quality of the care given to the child. Indeed, assessing risk and deciding when to refer families to Children's Social Care were a difficult balance for some of the participants; they reported that at times they had delayed making a referral to social care because of concerns that would lead to the breakdown of the supportive relationship. One general conclusion of Leese (2017) is that professionals view themselves as a bridge between the young mothers and the 'professionals', including social workers and health visitors. However, maintaining the supportive relationship while balancing care and control is a challenge for professionals. This relationship is hard to construct since negative ideas associated with teenage motherhood are problematic and act as a barrier to engaging young mothers in seeking support. Relatedly, providing parenting classes, while bringing important competencies for young mothers, reinforces stigma and labelling.

Luckock et al. (2017) propose a continuum of prevention practices which may address this issue, with multi-agency responses calibrated more carefully to the level of risk identified by children, parents and practitioners. Citing Featherstone et al. (2013) and Narey (2013), the authors argue that 'the intrinsic tendency of "child-protection" responses to under or over identify risk, to deploy too much or too little statutory social work authority, too soon or too late, and to

fail thereby to secure child and parent rights appropriately leads still to contention about the nature of the primary task in child safeguarding and family support' (p. 63). For this reason, a continuum of practice would be more adaptable to the needs of families in support services.

However, in the Italian context, while the inclusive, flexible and dynamic nature of the family support organisation is important to families, it can engender some challenges when applied in practice (Balenzano, 2020). The role of family support is consequently at risk of becoming unclear, meaning that other services and stakeholders refer families and have expectations beyond what the centres can provide. Moreover, at times the needs of high-risk children and families are not appropriately met. According to the author these challenges do not diminish the value family support centres represent especially with respect to their role as a connecting structure between families and different services and institutions.

The issue of a dichotomous focus on either child or adult in practice is also evident in literature from the UK. Roberts (2015) notes that in the provision of respite care, there is a risk that children are framed as a burden from which parents need respite. The paper provides an evaluation of support care – a short-break intervention for families at risk of breakdown and placement of child in out-of-home care. The intention of the service is not to enrich the lives of children but to alleviate stress on parents. While the benefits to parents are obvious, the benefits to children are less obvious, especially for those who are reluctant to go to the carer. If services are conceptualised as family-focused or parent-focused, there is a risk that the needs of children will be overshadowed by the needs of parents. It is argued that while we need to maintain an emphasis on easing parental stress to avoid family breakdown, there is insufficient attention paid to children's perspectives and a more child-centred agenda is needed. In relation to support for children with disabilities, Daly et al. (2015) argue that while family is the social resource and primary support unit for persons with intellectual disabilities, findings from several countries indicate insufficient support for families to be effective in their role, including issues with access to services, fragmented or ineffective service provision, and disempowerment of families.

Roberts (2015) argues that time pressure is a prominent feature in both social work and family support in the UK. These time pressures, in tandem with performance indicators, have reduced contact time and weakened the social worker–family relationship. For instance, family support is often structured around time-limited tasks, e.g., parenting courses delivered over a set number of sessions, in contrast to more broad expectations of intervention timeframes for intensive family support services. There is little emphasis on or recognition of the need to support families over long periods even when problems are chronic, intergenerational, and difficult to resolve (p. 28).

This previous issue is related to the challenge of delivering service in an outcome-oriented environment. Tunstill and Blewett (2015) refer to the UK Government's emphasis on outcome

evaluation for children's centres in the context of its vision for more targeted service access. The authors critique the concept of outcomes, and of family support policy and provision being based on measurable outcomes. They refer to what they call 'outcome theology', i.e., a policy era that accords major importance to the achievement of outcomes, including payment by results. Preoccupation with measurable outcomes can limit the range of services available when services end up being offered on the basis that their effect can be measured rather than in response to moral or social right. It is argued that families that do not achieve the desired outcome within the required timeframe risk being labelled as unsuccessful – and the services and practitioners as ineffective. The authors suggest an 'alternative but complementary' approach to service evaluation that captures interim outcomes to identify the trajectory of progress for families.

The nature of the outcome may also be queried on the basis of its meaning or benefit for those in receipt of supports. Sen (2016) explored agency practice and changes in nine families who were purposely selected to give some variation in length of involvement with the FSS, allocated key worker and family composition. There was evidence of 'soft' outcomes relating to relational changes. The most obvious 'hard' outcome was the children's diversion from care and the proposed ending of social work involvement. However, prevention of entry into care does not evidence that long-term child welfare outcomes are necessarily improved.

Key points from this section

There are systemic challenges relating to the structure and orientation of practice in context that can have implications for family and parenting engagement and the outcomes of interventions. For this reason, any concept of family support provision must consider the limitations in the respective context and consider not only a concept of family support provision, but also an implementation concept, taking into account possible hindering factors and how to address them.

This raises the importance of training, resources and preparation for practice of professionals and other supporters, and the measures taken to ensure a level of acceptance and understanding of the service in participating families.

The notion of 'time' and its relation to outcomes, and the nature of what is a good outcome for practice, also require consideration. For example, is it necessary to achieve clearly defined outcomes for children and/or 'softer' outcomes, such as trust and the capacity to reach out for help when it becomes too much?

Conclusion

In summarising a range of family support literature McGregor, Canavan & Gabhainn (2020) identify key contested features in terms of how family support is conceptualised theoretically and politically:

- a. Family support is an organising paradigm for social and public policy, so that societal well-being is more achievable if policy and services work to support families in their care-giving roles.
- b. Family support is perceived as a subset of activities within child-protection interventions focused on supporting parents to bring the care of their children to a safe level.
- c. Family support is sometimes seen as synonymous with parenting support, while these authors argue that parenting support should be viewed as fitting within, or as a subset of, the broader concept of family support.
- d. Family support can have an intended focus on children's rights which should not be eclipsed by parent-focused support.

This summation reveals the tensions that can arise in particular contexts, where family support is operationalised according to certain principles: whether its orientation is care or control, protection or welfare in general; whether the focus of support is oriented towards the parent or the child; and whether the intervention is targeted at risk circumstances or is universal in nature. However, Devaney (2017) argues that this mode of intervention is well placed to meet the wide range of welfare needs in children and is a valuable component in the continuum of supports available to children and their families. Family support can compensate where there are negative effects of disadvantage or adversity and can increase and strengthen protective factors in response to specific risks. A challenge within the family support orientation involves focusing on the needs of the child alongside the needs of parents, and the wider family context. However, it is by supporting the parent–child relationship, enhancing the parenting style used, and addressing issues in the wider family environment that the welfare needs of children are responded to and met. Underpinned by a sound knowledge and skill base and the practice and service characteristics outlined, family support can help parents in their efforts to ensure children's welfare needs are met, and at an overall level help to restore positive family functioning.

There is no specific general recipe for providing family support; there are many successful approaches, depending on context, traditions, people's acceptance of the state, and the state's trust in families. Provisions must reflect the changing realities of families, communities and society. However, it is also recognised that societal circumstances can restrain the provision of support that may be needed, for example, in contexts of austerity. Social factors may also play a role in determining living conditions and parenting practice; however, whether this is recognised or not is a political matter.

As the conception and application of family support varies across contexts, it is clear that the motives for practice in particular jurisdictions are worthy of consideration, as this influences analysis and conceptions of family support. This is particularly important where there are gaps between policy, practice and political perspectives.

Related to this point are the distinctions made between expert-led and user-led approaches and family support in relation to child protection. Moreover, the concepts of a child-centred or children's rights perspective and a more parent-oriented approach are presented as if dichotomous. The concept of a 'continuum' may be more appropriate in terms of conceptualising approaches.

Holistic, strengths-based and needs-based approaches are replacing universal, top-down approaches in most contexts within the literature, but practice may not conform to the ideals. Nevertheless, the results are an indicator of the direction in which the conceptualisation and provision of family support in Europe are heading.

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Appendix A: Literature review strategy

Focus

What is family support?

What are family support services?

Who provides?

- Formal (state, professional services, policies)
- Informal (families, social network, communities)

How is FS understood?

Who benefits?

What modalities?

What kinds? (emotional, financial, practical, information and advice, professional, childcare support)

What are the benefits for families? For children? For parents? For caregivers?

What is the effectiveness level?

What are the barriers/facilitators in access to and use and effectiveness of family support services?

Relevant databases for searching academic published literature:

International Bibliography of the Social Sciences (IBSS)

Science Citation Index Expanded (SCI-EXPANDED) –1970–present)

PsycINFO (2002 – present)

Ovid MEDLINE (ALL 1946 to August 31, 2018)

SCOPUS

ERIC

Academic Search Complete

PsycArticles

SocIndex

Education Source

Sociology Source Ultimate

Psychology and Behavioural Sciences Collection

EconLit

PsycArticles

PsycBooks.

Strategy for searching grey literature:

- Electronic search – initial Google search using a broad but specific search term, e.g., family support intervention/programme/policy.
- EurofamNet participants asked to identify relevant grey material known to them.
- Manual search – snowballing strategies such as reference list reviewing; checking the online profiles of key authors.

Suggested search terms

in the title, abstract, keyword or subject headings:

Family*	or	Parent*	or	Child*
And				
Programme*	or	Support*	or	Help*

And

family or child or parental or parenting & well-being

family or child or parental or parenting & welfare

family or child or parental or parenting & support services

family or child or parental or parenting & support & modalities

family or child or parental or parenting & support & informal

family or child or parental or parenting & support & formal

family or child or parental or parenting & support & programmes

Inclusion criteria

- Articulates a conceptual understanding or theoretical framing of family support
- Describes a family support intervention or programme
- Evaluates a family support intervention or programme

Exclusion criteria

- Papers that do not focus on children or young people and their parent/carer/family
- Papers that do not focus on Europe
- Papers written in a language other than English. Any papers written in another language and deemed to be significant will be included in an addendum to the main review (see note on Addendum)
- Papers published before 2015 and older papers with widely cited foundational theoretical or conceptual content
- Conference proceedings and dissertations.

Process for screening, data extraction and synthesis

- Pilot entering of search terms to see volume returned
 - References returned in the search exported to an excel spreadsheet
 - Identification and removal of duplicates using source and filter of an alphabetical list of authors in excel
 - Title and abstract of the remaining references read and screened against the inclusion criteria
-

- Identification of key groupings among included papers – e.g. Based on focus of the article – descriptive, evaluative, conceptual
 - Extraction of key information from included papers based on agreed headings and exported to excel spreadsheet (see suggested template below)
 - Narrative summary of key findings and concepts.
-