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PARENTING ADOLESCENTS

**A Regional Study on Parenting Adolescents and Parenting Support Programmes
in Belarus, Bulgaria, Georgia, Moldova, Montenegro and Romania**

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Content

Acknowledgements	iii
CONTENT	IV
Tables, Figures and Boxes	vi
Acronyms	vii
CHAPTER 1:	
EXECUTIVE SUMMARY	1
1.1 Main Findings.....	2
1.2 The way forward.....	4
CHAPTER 2:	
BACKGROUND.....	7
2.1 Introduction	7
2.2 Research objectives and methodology	8
Table 1: Sample Description	10
2.3 Conceptual framework and key definitions.....	12
CHAPTER 3:	
PARENTING ADOLESCENTS IN THE ECA REGION: A LITERATURE REVIEW	17
3.1 Parenting adolescent boys and girls, including the most vulnerable	17
3.2 How macro-level changes are impacting parenting.....	20
CHAPTER 4:	
PARENTING ADOLESCENTS IN THE ECA REGION: THE LEGISLATIVE AND POLICY FRAMEWORK	23
4.1 International standards	23
4.2 Regional standards: Europe and Central Asia	25
4.3 National legal and policy frameworks	27
4.4 Key findings	34
CHAPTER 5:	
RESEARCH FINDINGS: PARENTING ADOLESCENTS IN THE ECA REGION.....	37
5.1 How is the parenting of adolescent boys and girls understood, perceived and practiced?	37
5.2 How do macro, interpersonal and individual-level factors influence parenting?	49
5.3 Where do adolescents and their parents turn for informal and formal support?.....	56

CHAPTER 6:	
RESEARCH FINDINGS: PARENTING SUPPORT PROGRAMMES IN THE ECA REGION.....	61
6.1 Parenting support programmes, services and initiatives.....	62
6.2 Gaps, barriers and bottlenecks in parenting support	72
6.3 How can parenting support programmes be improved?	75
CHAPTER 7:	
CONCLUSIONS AND RECOMMENDATIONS.....	79
7.1 Conclusions	79
7.2 Recommendations	81
REFERENCES	87
International and regional literature	87
Country-specific literature.....	90
Legal and Policy Documents	95
APPENDICES	99
Appendix 1: Research methodology.....	99
Appendix 2: Ethics Review Board approval	108
Appendix 3: Team structure for the project <i>Parenting Adolescents</i>	109
Appendix 4: List of key informants by country	111
Appendix 5: Examples of Parenting Support Programmes supported by UNICEF in the ECA Region.....	114
Appendix 6: Terms of Reference.....	115
ENDNOTES.....	125

TABLES, FIGURES AND BOXES

TABLE 1: SAMPLE DESCRIPTION	10
FIGURE 1: AN ECOLOGICAL FRAMEWORK.....	12
FIGURE 2: FRAMEWORK FOR THE ANALYSIS OF FAMILY AND PARENTING SUPPORT.....	14
BOX 1: LAWS RELATED TO THE PARENTING OF ADOLESCENTS BY COUNTRY AND SECTOR.....	28
BOX 2: ADOLESCENCE AND PARENTAL LABOUR MIGRATION	50
BOX 3: SOCIAL TRANSFORMATIONS IN A DIGITAL AGE	51
BOX 4: CASE STUDY: HOLTIS ASSOCIATION PARENT EDUCATION PROGRAMME, ROMANIA	64
BOX 5: PARENTING SUPPORT PROGRAMMES AND INITIATIVES BY COUNTRY AND SECTOR	66

ACRONYMS

CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CEE/CIS	Central and Eastern Europe/Commonwealth of Independent States
COE	Council of Europe
CRPD	Convention on the Rights of Persons with Disabilities
EC	European Council
ECA	Europe and Central Asia
ECARO	Europe and Central Asia Regional Office
EU	European Union
GC	General Comment
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ICESCR	International Covenant on Economic, Social and Cultural Rights
IDP	Internally Displaced Person
LGBTQ	Lesbian/Gay/Bisexual/Transgender/Questioning
NGO	Non-Governmental Organisation
SDGs	Sustainable Development Goals
UN	United Nations
UN CRC	United Nations Convention on the Rights of the Child
UN GACC	United Nations Guidelines for the Alternative Care of Children
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organisation



Chapter 1:

Executive Summary

Adolescence is a critical period of transition between childhood and adulthood that is characterised by transformations in children's physical, emotional and cognitive development. Within this life stage, children seek to establish their own identity and relationships apart from family; they are also inclined to experiment and take risks to explore boundaries (Siegel 2013). These natural processes can make adolescence a challenging season - both for adolescents and their parents and caregivers. All too often, stereotypes that portray adolescents as 'moody', 'volatile' or 'risk-prone' reinforce the negative associations many make with children in the second decade of life.

Yet the same developmental processes that can make *adolescents* challenging can also make *adolescence* a dynamic life stage full of promise and potential. Advances in neuroscience tell us that the plasticity of the adolescent brain presents "*a second opportunity*" to positively influence long-term outcomes and even reverse some of the effects of adverse childhood experiences (ACEs) (Balvin and Banati 2017; Lansford and Banati 2018). Supported and challenged by parents and caregivers who love them unconditionally, adolescents have the relational connection required to build on their strengths to develop competencies that enhance their resilience and give them the confidence, character, knowledge and skills they need to cope with adversity, realise their full developmental potential, and contribute to family and society (Ginsburg et al. 2015; Siegel 2013).

Global evidence indicates that parenting support programmes equip and empower parents and caregivers to improve parenting practices and enhance adolescent well-being and development. However, this evidence primarily comes from high-income contexts and studies of early childhood that focus on ages zero through five. There is a dearth of parenting support programmes in middle-income countries and few serve the parents of adolescents. Thus, there is limited evidence for effective interventions, particularly in relation to younger adolescents and those from vulnerable and marginalised backgrounds (Reavely and Sawyer 2017).

The regional study *Parenting Adolescents* expands and deepens the limited evidence base for understanding adolescence, the parenting of adolescents and parenting support programmes in the Europe and Central Asia (ECA) Region, with a focus on the middle and upper-middle income countries of Belarus, Bulgaria, Georgia, Moldova, Montenegro and Romania. Specifically, the study findings and recommendations provide UNICEF and partners (government and non-government) with guidance to strengthen and develop regional intervention packages for adolescents and their families, and adapt existing good practices, so that national systems can ensure the availability of parenting programmes for parents/caregivers of adolescents, and especially for vulnerable families and adolescents. More broadly, the study aims to raise awareness about the importance of equipping parents

and caregivers with the support and competencies they need for positive parenting. It also aims to enhance inter-generational dialogue, influence negative social norms related to parenting adolescents, and highlight innovations that could support parents and caregivers of adolescents, including the most vulnerable and marginalised.

Rapid political, economic and social transformations and increased family vulnerability in the ECA Region make support for adolescents and their parents/caregivers even more vital. Evidence from the six focal countries shows that several factors at the macro, interpersonal and individual levels are influencing and re-shaping parenting dynamics, styles and practices, including in the most vulnerable and marginalised families. The study provides insights into these factors, as well as evidence for understanding how adolescence and the parenting of adolescent boys and girls is understood and practiced in the ECA Region.

The study also shows where adolescents and their parents turn for informal and formal support, and provides insights on how parenting support policies and programmes can be strengthened to meet the needs of adolescents and their parents and caregivers, especially in the most vulnerable and marginalised families.

Findings from the six focal countries provide evidence that positive parenting contributes to adolescent wellbeing and more favourable long-term outcomes, particularly when it begins in early childhood. While children's physical dependence on parents decreases throughout adolescence, findings show that adolescents navigate these crucial years with greater ease with emotionally supportive parents. Parents, defined broadly as *those who provide significant or primary care to children*, have this influence because they are not only providers, but also children's primary role models and teachers. When parents and caregivers build attachment and positive connections with adolescents, they communicate value and foster resilience, self-esteem and confidence. When they encourage open communication, they instil trust, respect and good decision-making skills. When they criticise, demean or ignore, they set the child up for negative outcomes.

The good news is that it is rarely ever 'too late' for positive parenting. Even if it does not begin until adolescence, supportive parents can help realise the "*second window of opportunity*" adolescence presents to improve outcomes across the life course. This goal is more likely to be achieved when parents themselves are adequately supported.

1.1 MAIN FINDINGS

The main findings from *Parenting Adolescents* are the result of careful analysis of empirical evidence from in-person qualitative research with key informants, parents and caregivers of adolescents, and adolescent boys and girls aged 10 to 17 in the six focal countries. Findings are interpreted in the context of evidence from a desk review of international, regional and national research on parenting and adolescence in the ECA Region, and an analysis of international, European, regional and national laws and policies that influence the parenting of adolescents in the study countries. The research design and data analysis uses a rights-based, gender-sensitive, intergenerational and equity-focused lens to capture the relationships that shape and inform parenting and adolescent outcomes. The analysis also takes an appreciative approach in that it highlights adolescent and parental strengths over deficits.

The legal and policy review finds that **existing laws and policies do not adequately address the unique needs of adolescents and their parents**. Legal and policy instruments at all levels define and enforce parents' duties of care. However, few instruments mention adolescents specifically. Those that do tend to conceptualise them in terms of risk and vulnerability. Laws and policies further fail to recognise significant caregivers alongside le-

gal parents and guardians. Nor do they acknowledge that parents and caregivers need different types of support according to their child's developmental stage as well as child- or household-related vulnerabilities. Finally, while international, European and regional instruments detail the State's obligation to support parents to fulfil their parental responsibilities, few national legal or policy instruments recognise or make provision for the support parents and caregivers need to fulfil their duties of care.

Against this legal-policy backdrop, *Parenting Adolescents* presents key findings in relation to the study's four research questions.

1.1.1 How is parenting understood, practiced and experienced by adolescents and their parents, including the most vulnerable?

***Parenting Adolescents* confirms global evidence that adolescence is a distinct life stage between early childhood and adulthood with characteristics that necessitate a shift in the parent-child relationship and parenting strategies.** While there is considerable variation

in how adolescence and the parenting of adolescents is understood, practiced and experienced within the Region, those parents and caregivers who establish a warm connection, trust, respect, open communication and appropriate boundaries with their adolescent, and take an *authoritative* – rather than *authoritarian* – approach to discipline, are able to better prevent and mitigate risks associated with adolescence and enhance their children's wellbeing and development.

Overall, parents remain the most important figures in adolescents' lives. In all six countries, adolescents and parents are more likely to discuss their relationship with the other generation in positive rather than negative terms, and most adolescents trust their parents more than their peers. Relatedly, adolescents want and expect their parents to be positive role models. They also need to know that their parents trust and respect them. Adolescents say they feel less respected, trusted and loved by parents who use an authoritarian parenting style.

Parenting styles, dynamics and practices shift as children transition to adolescence. More confident in their adolescent's capacity to manage him or herself, parents tend to spend less time with older children even though adolescents in the six countries say they still need guidance, attention and quality time with their parents. Time and attention makes them feel valued. As children mature, adolescents demand – and parents generally give – more autonomy, privacy and decision-making power. However, across the Region there is also broad consensus and evidence that parents give, and believe they should give, more autonomy and freedom to sons than daughters. While corporal punishment remains widespread and accepted across the Region, most parents shift away from using physical forms of punishment as children transition to adolescence. Even when adolescents and parents enjoy a close connection, these life stage changes often increase intergenerational conflict.

Parental engagement in different aspects of adolescents' lives is generally driven by affection and personal obligations of care; however, many parents are also motivated by a fear of perceived risks in their environment – especially related to economic uncertainty, drugs and alcohol, and the internet. Parents are most engaged in caring for their adolescents' material and physical wellbeing. Education is a second, and growing, area of focus as parents regard schooling as a primary pathway to economic stability and social mobility. Parents are gradually becoming more engaged in supporting their adolescents' psychosocial health; however, this issue remains surrounded by stigma. Few actively support their adolescent's sexual and reproductive health due to a lack of knowledge as well as taboos related to this topic.

1.1.2 How do macro-, interpersonal- and individual-level factors influence the parenting of adolescents, including the most vulnerable?

In all six countries, **the parenting of adolescents is changing significantly in response to broader political, economic and social transformations**, including the collapse of Communist and authoritarian regimes and the move from a planned economy to a globalised market economy. These transformations have increased economic instability, which is forcing many parents to take multiple jobs or migrate for work and thus spend less time with their children. Social norms continue to have a strong impact on parenting practices: parents are still influenced by what they learned from their parents. But parents of adolescents are also changing generational practices – intentionally and unintentionally – as they struggle to navigate and respond to changing child rights laws and policies, economic uncertainty, global culture and internet use, among other factors. Just one generation ago, an authoritarian parenting style was dominant. While this remains the case, it is becoming more common for parents to be more permissive or use an authoritative style informed by a positive parenting approach.

Amidst this change, **traditional views of gender roles persist**: fathers remain the dominant authority figure while mothers continue to be held accountable for adolescent behaviour, especially daughters'. Gender bias is particularly strong in ethnic and religious minority households. However, parenting roles are becoming more egalitarian as mothers increasingly work outside the home and society is exposed to different gender norms. Adolescent roles also tend to be quite gendered, and parents continue to expect daughters to behave more responsibly than sons. But in both rural and urban areas, parents increasingly give their sons and daughters similar tasks, or tasks that reflect birth order or household composition as much or more than gender.

1.1.3 Where do adolescents and their parents turn for informal and formal support?

Across the six countries and contexts, adolescents and parents primarily turn to immediate and extended family for support, especially grandparents and older adolescents. Single-parent households, and those with a child or parent with a disability or chronic illness, are particularly dependent on family for household and caregiving support. Adolescents also turn to friends for support and "Google" for information, while parents may turn to a close friend, teacher, medical practitioner and magazines, books, TV shows and/or digital media for parenting

advice and support. But there is a pervasive distrust of neighbours and the State that hinders parents from seeking support from either. Parents are also more reticent to seek help from psychologists or child protection services due to the fear of being labelled a 'bad' parent and stigma associated with mental health issues and non-conforming adolescent behaviour.

1.1.4 How can parenting support programmes be strengthened to meet the needs of parents of adolescents, including the most vulnerable?

First, by **improving availability and access to such programmes**. Rapid political, economic and social transformations and increased family vulnerability in the ECA Region make support for adolescents and their caregivers more vital than ever. But *Parenting Adolescents* finds that **parenting support programmes, services and initiatives that specifically target parents of adolescents are extremely limited**. Most such programmes depend on non-government funding and have limited or no State support. Very few offer universal access. This leaves a significant gap in support for parents and caregivers of adolescents.

Throughout the ECA Region, vulnerable parents as well as parents of the most vulnerable adolescents are in most need of support, yet they face many barriers in accessing support services. Many vulnerable adolescents tend to live in households where parents face important challenges, for

example, they are a single parent, a parent who migrates for labour, and/or a family member with a disability or chronic illness. Those parents need special support. Similarly, special support is needed for parents of vulnerable adolescents, for example of adolescents with mental health challenges, disabilities or chronic conditions; adolescent girls from ethnic/religious minority groups; or those from marginalised groups such as adolescents who identify as LGBTQ, who use drugs or are in conflict with the law.

Further, **parenting support initiatives can be improved in their quality. Such initiatives can be strengthened if they balance global evidence related to programme design with local learning**. Many could benefit from improved **monitoring and evaluation** frameworks. In a context where parents are often too spent (and disinterested) to engage in impersonal programmes, and parents and key informants complain of thick State bureaucracy and inadequate State provision, parent support initiatives can improve by being **more participatory**. At a minimum, this means including parents and adolescents in programme design, monitoring and evaluation. For many respondents, this also means programmes follow a peer-support model.

Parenting support programmes can also be strengthened if they take a life course and ecological approach wherein both parents and significant caregivers are targeted for support; they move from a risk-focused to a strength-based approach; they expand to offer universal access; and adolescence is recognised as a distinct life stage that necessitates unique forms of support for parents and caregivers, especially those of the most vulnerable adolescents.

1.2 THE WAY FORWARD

"Everyone stays in their own silo, there is no collaboration, and parents are left without any support" (mother of adolescent with disabilities, Montenegro)

As factors at the macro, interpersonal and individual levels converge to influence daily life, parents and caregivers in the study countries need new knowledge, skills and resources to not only equip their adolescents to avoid risky behaviours, but also prepare them for adulthood in a rapidly changing environment. The following recommendations aim to develop and strengthen legal and policy, research, programmatic, and capacity-building initiatives to support the parenting of adolescents in ECA:

Strengthen national legislative and policy frameworks to incorporate States' obligations to support parents and caregivers to fulfil their duties of care. Instruments should aim to enhance parents' capacities to fulfil their duties, rather than taking a punitive approach. They should also take an appreciative approach that builds on and enhances adolescents' and caregivers' strengths, rather than focusing on their deficits. To be effective, legislation and policy must also include 'significant caregivers' in definitions of 'parent/s' and recognise that caregivers' competencies and needs for support vary with their children's developmental stage and specific vulnerability factors.

Work towards influencing social norms in order to counter negative stereotypes about adolescents and **build awareness** among adolescents, parents, care providers, educators, health and social workers about adolescent de-

velopment and about the importance of fostering strong connections and good communication between adolescents and their parents/caregivers and communities.

Invest in research and evaluation to build on and strengthen the evidence base. Major historical change has introduced new opportunities and challenges for families in the ECA Region, especially in relation to parental labour migration and the internet. Thus, research and evaluation are needed so that key stakeholders clearly understand what competencies parents of adolescents need, and what forms of support are most likely to be effective, in the six study countries. It is also critical to conduct evaluations of existing parenting support programmes in the ECA Region and middle and upper-middle income countries to capture lessons learned so that initiatives can be improved and/or scaled up. This will help ensure that interventions are providing relevant and effective support for parents/caregivers of adolescents, including the most vulnerable and marginalised.

Strengthen programmes, services and initiatives related to parenting support for parents and caregivers of adolescents. Efforts should focus on strengthening intersectoral and horizontal cooperation related to parenting support. Efforts should also build on and strengthen existing sources of informal parenting support, while expanding access to formal sources of support for the parents/caregivers of adolescents, including the most vulnerable and marginalised. To achieve this, UNICEF and its state and non-state partners should draw on global and local evidence to strengthen existing programmes and develop and implement new initiatives in the ECA Region. They should also ensure that parenting support initiatives plan for long-term sustainability, and that they provide forms of support that are adapted to the local context and flexible enough to respond to the unique needs of parents of adolescents, especially the caregivers of vulnerable adolescents.

Build the capacity of state and non-state actors across sectors. Key stakeholders need to be equipped with the skills and competencies needed to understand adolescent development. They also need to be trained on the core principles of child resilience and how to identify and build on parents' and adolescents' strengths and competencies, while also recognising and addressing their needs and vulnerabilities. Different platforms and spaces (including virtual ones) also need to be developed to enhance parental competences.

This requires a coordinated and sustained effort at the policy and programmatic levels to improve the relationship between parents/caregivers and the systems that provide care and support services to adolescents. It also

requires awareness-raising efforts focused on reducing social stigma related to disability, mental health issues, and non-conformity to cultural ideals related to parenting and adolescence, all of which inhibit parents and caregivers (especially the most marginalised and vulnerable) from seeking parenting support.



Chapter 2: Background

2.1 INTRODUCTION

Parenting Adolescents is the culmination of research carried out by UNICEF and Protekno Consulting Group to examine how the parenting of adolescents is understood, experienced and practiced, and to analyse existing parenting programmes and initiatives in the middle- and upper-middle income countries of Eastern Europe, in particular Belarus, Bulgaria, Georgia, Moldova, Montenegro, and Romania. Based on empirical evidence gathered from key informants, the parents of adolescents, and adolescents themselves, *Parenting Adolescents* highlights adolescent and parental strengths and competencies that contribute to positive adolescent outcomes. At the same time, it shines the light on sources of vulnerability that adolescents and parents/caregivers from the six countries identified as needing parenting support. Lastly, the study examines how the broader environment influences the parenting of adolescents and how parenting is changing.

In the late 1980s and early 1990s, the collapse of Communist and authoritarian regimes in the Europe and Central Asia Region contributed to uneven shifts in how parenthood and adolescence are constructed and experienced in the six study countries. The move from planned economies to globalised market economies created new economic opportunities, but it also created economic instability and gaps in social welfare support. These changes have negatively impacted many parents' capacity to adequately provide for their children; they also help explain the rise of

parental labour migration within the Region. At the same time, the rapid introduction and implementation of new international children's rights laws and policies, combined with the increased exposure to global media, different cultures, and the booming of the internet have pressured parents and adolescents to conform to changing and unfamiliar norms, expectations and standards. Countries in the Region are promoting strong family values and parental responsibility, but the parents and caregivers of adolescents require additional support to respond to these macro-level changes, including shifts in gender and generational norms (Bruckauf 2015; Cojocaru et al. 2011; Sammon et al. 2017; Molinuevo 2012; UNICEF Albania 2016).

Given that the family is the most fundamental social unit in every society, States cannot realise the Sustainable Development Goals (SDGs) if parents and caregivers lack the capacity to adequately support their children. As former UN Secretary General Ban Ki-moon stated, '*The very achievement of development goals depends on how well families are empowered to contribute to the achievement of those goals. Thus, policies focusing on improving the well-being of families are certain to benefit development*' (Report of the UN Secretary General, 2010, A/66/62–E/2011/4). In this regard, adolescence and support for parenting adolescents is quickly being recognised as a strategic '*second window of opportunity*' to intervene to support children's development and promote positive long-term outcomes for individ-

uals, families and society. One reason for this is that new scientific evidence on the plasticity of the adolescent brain and development demonstrates that adolescence presents a second opportunity - after early childhood - to help children acquire the social, emotional, physical and cognitive capabilities essential to their development and long-term wellbeing (Sheehan et al. 2017, 1792). Further, given that adolescents are on the cusp of adulthood, interventions (or a lack thereof) have spill over effects that directly influence the health and wellbeing of the next generation – adolescents' future children. Parenting and caregiving that promotes intergenerational connection and understanding is fundamental to realising this opportunity (Siegel 2013).

A growing body of evidence indicates that parenting support programmes can improve parenting practices and enhance child wellbeing (Molinuevo 2012; WHO 2007; Daly et al. 2015; Gardner 2017). Further, this evidence suggests that parenting programmes can reduce family conflict and improve parent-adolescent communication. This can, in turn, reduce the risk of substance abuse and attention-seeking behaviour among adolescents and contribute

to improved adolescent outcomes in relation to education, health, psychosocial wellbeing, and sexual and reproductive health (Pickering and Sanders 2015).

According to a UNICEF-Innocenti global review of family support programmes, this evidence primarily comes from high-income contexts and studies of early childhood that focus on ages zero through five. Middle-income countries exhibit a dearth of parent support programmes, and few existing programmes or initiatives serve the parents of adolescents (Daly et al. 2015). There is also limited evidence for effective interventions, particularly in relation to younger adolescents and those from vulnerable and marginalised backgrounds (Reavely and Sawyer 2017), particularly in middle-income countries.

This study seeks to provide an evidence base for developing and strengthening parent support policies, programmes and initiatives in the ECA Region, with the ultimate aim of improving the parenting of adolescents and adolescent outcomes, including for the most vulnerable and marginalised boys and girls.

2.2 RESEARCH OBJECTIVES AND METHODOLOGY

The regional study *Parenting Adolescents* has three primary aims in relation to the six study countries of Belarus, Bulgaria, Georgia, Moldova, Montenegro, and Romania:

Study objectives:

- To provide an evidence base for how the parenting of adolescent boys and girls, including the most vulnerable and marginalised, is understood and experienced by adolescents and parents/caregivers of adolescents;
- To examine how factors at the macro-, interpersonal- and individual-level influence parenting dynamics, styles and practices, including in the most vulnerable families; and
- To undertake a qualitative review of parenting support initiatives for parents of adolescents.

To this end, the research findings are organised around **four key research questions:**

1. From a life-course perspective, how is parenting understood, perceived, and practiced by the parents/caregivers of adolescent boys and girls and by adolescent themselves, including the most vulnerable?
2. From an ecological systems perspective, how do macro, interpersonal, and individual-level factors influence parenting dynamics, styles, and practices, including in the most vulnerable families?
3. Where do adolescents and their parents/caregivers turn for informal and formal support?
4. How can parenting support programmes be strengthened to meet the needs of parents of adolescents?

At all stages of this study, the research was **adolescent-centred** in its approach. To this end, the study team developed participatory, gender and age-appropriate activities for the adolescent-focused group discussions that were linked to the research questions and concepts. The activities included icebreakers, games, drawing, picture cards, drama, dance, and music. This approach gave adolescents an opportunity to express their opinions freely and in a manner in which they felt comfortable. Further, through-

out the data analysis and writing, every effort has been made to present a diversity of views while foregrounding adolescent views through verbatim quotes, in accordance with good research practice and Article 12 of the UN Convention on the Rights of the Child.

Because parenthood and adolescence are inherently relational institutions, the research design and data analysis for *Parenting Adolescents* used a rights-based, gender-sensitive, intergenerational and equity-focused lens to capture the relationships that shape and inform parenting and adolescent outcomes. The analysis also takes an appreciative approach in that it highlights parenting strengths over deficits. This allows us to identify and build upon parenting practices and dynamics that contribute to positive adolescent outcomes, while also identifying factors that increase vulnerability and risk to inform targeted interventions.

The findings and recommendations from this study provide UNICEF and its partners (State and non-State) with guidance to strengthen and develop regional intervention packages for adolescents and their families, and adapt existing good practices, so that national systems can ensure that parenting programmes for parents/caregivers of adolescents are available, accessible and relevant, especially for the most vulnerable and marginalised.

2.2.1 Research methods

Research for the study comes from multiple sources:

- **Primary research and analysis** performed by six trained and experienced national research teams for six weeks, between October and December 2017;
- **Desk reviews** of international, regional and national secondary research on parenting, parenting support programmes and adolescence in the ECA Region conducted by the international research team and the six national research teams (see Appendix 1);
- **Analyses of international, regional, and national laws and policies**, which together provide a legal and policy framework for the parenting of adolescents and parenting programmes and initiatives in the ECA Region.

Team composition for the study is presented in Appendix 3.

In September 2017, **the research tools were piloted** in rural and urban areas in Romania. The testing included eight focus groups discussions with adolescents and parents,

and two key informant interviews with service providers. The pilot targeted some of the most vulnerable populations, including adolescents living in residential care, Roma parents and adolescents, adolescents with disabilities, and parents and adolescents living in contexts of poverty.

Following the pilot, the research tools were revised and included in the training materials for a **two-day capacity strengthening training** that was developed and facilitated by UNICEF and Protekñon. The training was held in Bucharest for the UNICEF Focal Points in each country and the national research teams, which were selected by the UNICEF Country Offices.

Because diverse factors converge to influence the parenting of adolescents, the **primary research was qualitative**. This approach allowed researchers to capture trends and gain some understanding into the forces that influence the parenting of adolescents, parenting support, and adolescent outcomes in different contexts and situations.

National research teams used **purposive sampling** to capture the views and experiences of males and females, younger and older adolescents, rural and urban populations, and different socio-economic and vulnerable groups. Key informants were selected from the national and sub-national levels for their expertise. They included policy makers, legislators, ministry officials, state and non-state service providers working in the education, health and social and child protection sectors, as well as practitioners, civil society actors, and community leaders.

Special effort was made to **include adolescents and parents/caregivers from vulnerable and marginalised families and communities** to determine how vulnerability and marginalisation influence the parenting of adolescents and adolescent outcomes. Findings from these participants also help to ascertain whether parenting support policies and programmes are providing adequate and appropriate support for those who face multiple deprivations and higher risks of poverty, violence, discrimination and exclusion. Depending on the focal country, these respondents included adolescents and parents/caregivers from ethnic and religious minority groups; with disabilities or chronic illness; living in poverty; and/or living in households with a labour migrant parent. Respondents also included adolescents in conflict with the law, with substance use disorders, and/or living in alternative care or residential care institutions.

To elicit the views and experiences of such a diverse sample, this study used **research methods that were age- and socially-appropriate, gender-sensitive, and equity-focused**. Primary research findings in the six study countries were captured through a combination of semi-structured

interviews with key informants (67), in-depth interviews (8), participatory focus groups with parents/caregivers (45), and adolescent-centred focus group discussions (49). A list of key informants is provided in Appendix 4. Two additional case studies of parenting programmes were conducted in Romania. Adolescent focus groups were divided by gender and age to capture how adolescent boys and girls, and

younger (age 10-13) and older (age 14-17) adolescents, understand and experience this life stage. Focus groups only included children below the age of 18 in order to align with the age group covered by the UN CRC. In total, 727 key informants, parents/caregivers, and adolescents participated in the research (see Table 1). The methodology and methods used are fully detailed in Appendix 1.

TABLE 1: SAMPLE DESCRIPTION

Method	Belarus	Bulgaria	Georgia	Montenegro	Moldova	Romania	Total
Key informants (KI) interviews							
State respondents	6	8	5	8	5	5	37
Non-state respondents	4	3	5	8	5	5	30
Total KI interviews	10	11	10	16	10	10	67
Focus groups with parents and caregivers							
Total focus groups	8	6	8	8	8	7	45
Mothers/female caregivers	25	22	28	38	49	29	191
Fathers/male caregivers	24	5	21	22	16	11	99
Total caregivers interviewed	49	27	49	60	65	40	290
Focus groups with adolescents							
Total focus groups	8	7	8	9	8	9	49
Boys (10-13 years)	15	8	17	15	18	10	83
Boys (14-17 years)	12	15	11	20	19	16	93
Girls (10-13 years)	14	16	15	16	18	20	99
Girls (14-17 years)	12	12	14	21	15	13	87
Total adolescents interviewed	53	51	57	72	70	59	362
Totals							
In-depth interviews	0	4	4	0	0	0	8
Total respondents	112	93	120	148	145	109	727

All primary research was conducted and transcribed in the local language by the **national research teams**, who are familiar with the local and cultural context.

The data collected informs this regional study as well as national reports on parenting adolescents produced by the

six UNICEF Country Offices. At the national level, **research findings were peer reviewed** by key stakeholders through research validation meetings. This supported the development of national reports by five out of six UNICEF Country Offices. *Parenting Adolescents* also had two rounds of peer review (see Acknowledgements for de-

tails) and was submitted for external review in July 2018. National and regional study findings are being disseminated to key stakeholders, including research participants (see Appendix 1).

Throughout the research and data analysis process, **action was taken to prevent and mitigate against different forms of bias** that could distort the findings. At the outset, the two-day capacity strengthening training taught national research teams how to recognise and prevent **interviewer bias**. **Sample bias** related to having more female caregivers than male caregivers was somewhat mitigated by high-quality data from focus groups with fathers (including foster parents and grandfathers) that allowed for a more in-depth understanding of male caregivers' experiences and views. **Social desirability bias** related to respondents' desires to provide information that presents them in a positive light often made it difficult for researchers to gather in-depth information in focus group discussions, particularly in relation to sensitive issues or viewpoints that contradicted social norms. Where necessary, national researchers scheduled in-depth interviews to gain insights into these topics and viewpoints. Finally, through the process of data analysis and peer review, the primary author identified some **bias in reported views**. Whenever possible, the biased data was interpreted in light of other evidence; when this was not possible, biased data was omitted.

2.2.2 Limitations of the study

The regional study draws some broad conclusions about the parenting of adolescents and the nature of parenting programmes and initiatives in the six study countries within the following **constraints**:

- As a qualitative, multi-country study with a limited sample size and short timeframe, this study is best understood as a starting point for further investigation. It cannot claim to be representative of the perceptions, attitudes and experiences of all parents/caregivers and adolescents in the six study countries, nor can it provide in-depth analysis.
- The study has a limited ability to provide detailed comparisons within or across groups and countries on some issues (e.g. parental migration), because, while researchers followed a common research protocol, national research priorities defined by UNICEF Country Offices shaped the composition of the samples and the questions asked.

- Because detailed household composition data was not collected from participants, it was not always possible to determine whether an adolescent's or parent's experience was shaped by gender and age, for example, or by unknown factors such birth order and family composition.
- There are significant gaps and limitations in the literature related to the parenting of adolescents in the six focal countries and the ECA Region that made the analysis challenging.
- Given the dearth of parenting support programmes in the focal countries, national researchers struggled to answer the research questions related to parenting support for parents of adolescents.
- Although the sample included vulnerable and marginalised adolescents, it was not always possible to provide a detailed comparison between their experiences and those who are not seen as vulnerable. This was due to the mixed composition of the focus group discussions. As detailed in Appendix 1 'Challenges', special consideration was given to power dynamics within mixed focus group discussions and all efforts were made to ensure that vulnerable and marginalised adolescents could participate openly and actively, in line with the Research Tools, Ethical Protocol and Article 12 of the UN CRC (1989).
- The focus of this regional study is on parenting support programmes; therefore, an analysis of family support programmes, which include the provision of material support, is beyond the scope of this study.

Despite these limitations, the regional study *Parenting Adolescents* provides a multi-layered analysis of the parenting of adolescent boys and girls in the six participating countries. As such, it contributes to widening and improving existing knowledge and identifies knowledge gaps that will help to inform policy, programme development, future research and partnerships.

2.2.3 Research ethics

The research for *Parenting Adolescents* was governed by a **strict ethical and child safeguarding protocol** and was conducted in accordance with the *UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis* (2015) (see Appendices 1 and 2). A detailed ethical and child safeguarding protocol was developed for the study. Child safeguarding was prioritised in the selec-

tion of the six national research teams and included in their training. Training of the six national research teams also included scenarios and role-plays that prepared researchers to resolve ethical dilemmas in a manner that recognises and protects participants' rights and ensures the dignity and welfare of all respondents and researchers. Appendix 1 identifies the special precautions national researchers took to avoid further stigmatising marginalised and vulnerable parents and adolescents.

Researchers requested and obtained the **informed consent/assent** of participating key informants, parents and adolescents (UNICEF 2015: 2, 11-12; see also Innocenti Research Brief 17-05). In the case of adolescents who

have not attained the age of legal majority, informed consent was given by the adolescent's parent(s)/guardian(s) and informed assent was given by adolescents. To maintain full **confidentiality**, all data has been anonymised and no data will be shared with any person or organisation without the full informed and express permission of the research participants concerned (UNICEF 2015: 2, 4). When respondents were identified as vulnerable, researchers gave out **referral cards** that included key contact details for community support services. Lastly, a **complaint mechanism** was facilitated by providing all research participants, together with the parents of participating adolescents, with contact details for the UNICEF focal point in the relevant Country Office.

2.3 CONCEPTUAL FRAMEWORK AND KEY DEFINITIONS

The parenting of adolescents is highly contextual and individual. Consequently, the way parenting is understood and practiced varies across and within the Region, countries, groups, extended families, and even the same household, both over time and in relation to specific issues and children. Thus, this study does not propose to generalise experience or identify neat typologies. Rather, it seeks to explain and illustrate the diverse ways the parenting of adolescents is understood, experienced and practiced by parents/caregivers and adolescents. This perspective reveals the changing nature of parenting in the ECA Region while providing insights for parents, policymakers, service providers, and institutions that seek to promote adolescent wellbeing and development.

2.3.1 Adolescence and parenting

For this study, **adolescence and parenthood are conceptualised as relational and generational positions within the life course** (Alanen 2001; Mayall 2001) that are embedded within a broader political, economic and socio-cultural context (Bronfenbrenner 1979, 1995). Viewing adolescence and parenting from a **life course perspective** highlights the relational interconnectedness of parents and adolescents. It also draws attention to the influence of early life experiences on adolescence and how adolescent experiences in turn shape long-term outcomes.

Those experiences and relationships cannot be understood apart from their specific context. The **ecological systems perspective** used in this study conceptualises how factors at the macro, interpersonal and individual levels converge to influence the parenting of adolescents

(see Figure 1). The complex interplay between these factors prevents us from making causal arguments or from categorising behaviours, but the ecological perspective does provide insights into how parenting is understood and practised in different times and contexts, including in the most vulnerable families.

Figure 1: An Ecological Framework



Adolescence is a social age that is culturally constructed in relation to observable developmental and behavioural changes (Clark-Kazak 2009). As a developmental stage between childhood and adulthood, adolescence is characterised by a period of intense cognitive, physical and de-

velopmental maturation. The dynamic interplay between the various changes associated with adolescence means that the age boundaries of this life stage are highly individual, gendered and contextually-specific; but, for most, adolescence occurs between the age of 10 and 19 (see discussion in Sawyer et al. 2018).

Similarly, **parenthood** is both a legally-defined position and a social construct. Parents have legal obligations to their child(ren), but the way parenthood is understood and practised is culturally- and contextually-specific. Likewise, **motherhood** and **fatherhood** are generational positions that are defined in relationship. The parenting roles and responsibilities of mothers and fathers tend to be highly gendered. In many cultures and contexts, close relatives or other caregivers, such as foster or adoptive parents, also provide parental care. These patterns are especially prevalent in kinship-based cultures and in households facing crises (Walker 1995; Bozalek 1999; Ramphele 2000; Bray and Dawes 2016). Thus, '**parenting**' reflects parental roles and responsibilities taken on by biological parents and other caregivers.

2.3.2 Parenting styles and adolescent outcomes

Attachment to a primary caregiver is fundamental to adolescent wellbeing (Seto and Lalumière 2010). Thus, parents are uniquely positioned to shape adolescent outcomes by the quality of their attachment and connection with their adolescent and the 'parenting style' they use (Baumrind 1991, 1996; Hancock 2014). In the parenting literature, different parenting styles are termed *authoritarian*, *permissive* and *authoritative*.

In an **authoritarian parenting style**, parents try to control adolescent outcomes by being overprotective or dominant. They tend to be relatively unresponsive to their adolescents' needs and interests, low on information sharing and discussion, and high on the use of punitive forms of discipline (Cojocaru and Cojocaru 2011d; Ionutiu 2016; Shutova 2011).

On the opposite end of the spectrum, parents who use a **permissive parenting style** display a low level of control, either because they are indulgent or neglectful of their child's needs. Discipline and communication are inconsistent or absent. While these two parenting styles are quite disparate, both can create emotional distance in the parent/adolescent relationship. They can also encourage risky behaviours such as casual, unprotected sex and negative adolescent outcomes (Hancock 2014; Chan et al. 2011; Thomas 2013; Office of Technology Assessment 1991).

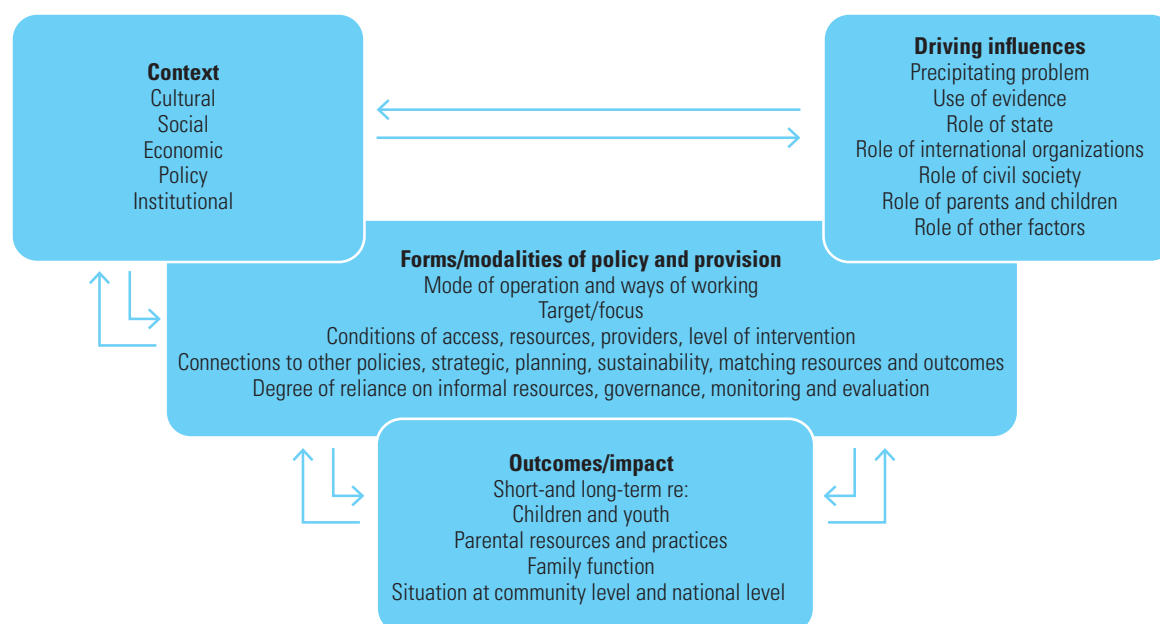
These outcomes can be mitigated by a close, warm parent/child bond.

In contrast, parents who use an **authoritative parenting style** try to be responsive to their adolescents' needs and interests while maintaining disciplinary boundaries appropriate to the adolescents' developmental competencies and behaviour. Discipline is caring but firm, and parents provide opportunities for information sharing, discussion, and inductive and moral reasoning. This parenting approach empowers adolescents to assess risks and benefits themselves, so they can make informed decisions and act accordingly. It is associated with high levels of self-esteem, life satisfaction and motivation and lower levels of depression among adolescents (Hancock 2014; WHO 2007; Kopko 2007; Knerr et al. 2013). However, the positive benefits associated with this parenting style can be diminished if the parent/child relationship is more functional than caring.

Parents generally exhibit one style over another, but parents and adolescents also negotiate the use of different parenting styles in their everyday interactions (Hancock 2014; Chang 2007; Chan et al. 2011; Kopko 2007; Durrant 2016). Therefore, parenting styles are not static, but move along a continuum ranging from *authoritarian* to *authoritative* and, finally, *permissive* as parents try to fulfil their perceived roles and responsibilities in relation to their children.

2.3.3 Parenting support programmes

This study primarily draws upon **UNICEF-Innocenti's framework for the analysis of family support and parenting support** (Daly et al. 2015). As Figure 2 illustrates, the main elements of this framework include an analysis of the context, driving influences, and forms and modalities of policy and provision. The framework is premised on theories of change in that it anticipates that parenting support programmes and initiatives grounded in evidence-based theory will have positive impacts on adolescent outcomes.

Figure 2: Framework for the Analysis of Family and Parenting Support

This analysis considers the following forms and modalities of policy and provision and their influence on the parenting support programmes and initiatives available to parents of adolescents:

- The mode of operation (e.g. formal or informal, individual or group, stand-alone or integrated);
- The target or focus group (e.g. parent, child or wider kin network);
- Conditions and modes of access (e.g. cost of services, referrals and consent);
- The type of resources provided;
- Principles of ownership and consideration of agency (i.e. adolescents' and parents');
- The degree or level of intervention (e.g. single or integrated interventions, number of entry points);
- Sources and levels of funding;
- Standards and guidelines for professional practice; and

- Connections to other policies and goals (e.g. evidence-informed and results-based management principles, theories of change, sustainability, efficiency, governance, and monitoring and evaluation).

Where relevant, these forms and modalities are evaluated in relation to intersectoral linkages and cross-cutting issues.

2.3.4 Key definitions

It is important to understand how key terms are used in this study.

In the United Nations Convention on the Rights of the Child (UN CRC), the terms '**child**' and '**children**' are used to refer to those under age 18. This definition includes adolescents. However, because UNICEF recognises that individual diversity and cultural specificity make it difficult to define a universal age for the start or end of adolescence, the study follows the World Health Organisation's (WHO) broad definition of '**adolescents**' as persons from 10 to 19 years of age.

The terms **'parent'** and **'parenting'** are used to refer to a child's main caregiver. This is not limited to biological or legal parents - or even parents - because children are often raised by people other than their parents, for example, grandparents or older siblings.

In this research, **'single parents'** are defined as 'singles' (unmarried or non-cohabiting) who live with their dependent children alone or with extended family. Single parenthood can be a temporary or long-term state that arises from having children out of wedlock, or from separation, divorce, widowhood or parental migration.

'Parenting support' is defined as 'a set of (service and other) activities oriented to improving how parents approach and execute their role as parents and to increasing parents' child-rearing resources (including information, knowledge, skills and social support) and competencies' (Daly et al. 2015, 12). UNICEF-Innocenti distinguishes **parenting support** from **family support** in terms of the target recipient, scope and activities (Daly et al. 2015). Family support enhances the functioning of relationships and flow of resources within the family unit; parenting support focuses on parents and the role they play in the wellbeing and development of their children. Parenting support should also be distinguished from **parent education**, which is only one form of parenting support. Parenting education is a formalised way of **imparting information** to parents and caregivers on specific topics, whereas parenting support seeks to empower parents through a broader range of approaches.

Equity is a cross-cutting theme in *Parenting Adolescents*. **'Equity-focused'** studies primarily use qualitative methods to gain insights into the complex range of political, economic and socio-cultural factors that impede the realisation of rights for the most vulnerable and difficult-to-reach children (UNICEF 2011). Equity-focused studies help to prevent vulnerability by identifying and targeting the root causes of disparities and by promoting early interventions that identify and assist the most vulnerable and marginalised children (UNICEF 2010, 2015).



Chapter 3:

Parenting adolescents in the ECA Region: a literature review

This chapter presents key findings from secondary sources on how the parenting of adolescent boys and girls, including vulnerable adolescents, is understood and practiced in the ECA Region, with a focus on the six study countries (see the list of sources in the References). To this end, the first section explores how parenting is understood and practiced from a life course perspective that takes generation, gender and equity into account. The second section broadens the lens to examine how macro-level forces are influencing the parenting of adolescents in the Region. The evidence presented is the result of a regional literature review by Protekñõn under the guidance of UNICEF ECARO and participating Country Offices. Additionally, research teams in the six study countries conducted national literature reviews. The review provides a context for interpreting the study findings.

This desk review reveals significant gaps and limitations in the literature related to the parenting of adolescents in the six focal countries and the ECA Region. First, there is limited data on how adolescence and parenthood are understood and experienced. Existing evidence primarily focuses on the parenting of young children, or children generally. This makes it difficult to determine how parenting styles, dynamics and practices shift – or should shift – as children transition into adolescence. Second, most studies refer to children in general terms and do not disaggregate findings according to age. Instances in which studies disaggregate data by age or life stage are noted. Finally, evidence on parenting support programmes for adolescents and the parents of adolescents in the Region is extremely scarce. For this reason, a brief situation overview of parenting support programmes in each focal country is presented in Chapter 6 alongside new findings from this regional study.

3.1 PARENTING ADOLESCENT BOYS AND GIRLS, INCLUDING THE MOST VULNERABLE

Parenting styles, dynamics and practices are influenced by the broader historical, cultural, social and economic context in each country. In the ECA Region, the parenting of adolescents is strongly influenced by a tradition-

al, patriarchal view of gender and generational relations. While change is evident, this view persists because parents tend to rely more on their own parents and kin than outside sources for parenting advice and support. The

situation is beginning to shift in response to economic pressures and changing social norms and legal frameworks.

3.1.1 Generational relationships

Within the Region, **parents assign significant value to family and kinship relations** (IPSOS 2016). In Georgia, loyalty to family is so strongly felt that most believe no one outside of the family has a right to interfere in family affairs (Dvalishvili 2013). In times of crisis, IPSOS data (2016) finds that many Montenegrins (41%) prioritise preservation of marriage and family over individual rights.

These **collective values influence how parenting is understood and practiced**. While parents expect to be children's primary caregivers, immediate and extended family members – especially adolescents and grandparents – often take on parenting roles and responsibilities (Iolu 2014; UNICEF Romania 2013). This pattern is especially prevalent in single-parent households where the primary parent caregiver, usually the mother, must build strong familial and kinship support networks to compensate for weak institutional support for single parents (Blagojević 2012).

Evidence from Bulgaria, Georgia and Romania suggests that **adolescents generally have a close relationship with parents** (Omanadze et al. 2017, 134-136; UNICEF Romania 2013; NNC 2013). In the *State of Adolescents in Romania*, most adolescents, regardless of age, say they turn first to parents when they need help (UNICEF Romania, 2013). The Annual Report of the National Network for the Children (NNC) in Bulgaria finds that most parents see their child above all as a companion (NNC 2013). However, UNICEF Bulgaria (2014) finds that the children of migrants are more likely to turn to friends than parents for support.

3.1.2 Parenting styles and disciplinary practices

Within the Region, **parenting practices change as children transition to adolescence**. For example, in Romania Salvati Copiii (2013) finds that 90% of parents spend two hours per day with younger children, but only 70% spend that amount of time with their adolescent. In Bulgaria and Georgia, parents grant older adolescents more autonomy and decision-making power than younger ones, while also recognising that older adolescents need more guidance on some types of decisions – for example, decisions about careers and higher education (Omanadze et al. 2017, 134-136; NNC 2013).

Parents in the Region commonly use an authoritarian parenting style similar to that of their own parents to pursue their parenting priorities. Parents use this approach with the intention of helping their children conform to social and cultural norms and values, so they will fit into society and realise positive long-term outcomes (GEPRA ARC 2016). Despite these positive intentions, regional studies find that authoritarian parenting styles impede the development of autonomy and self-esteem among children and adolescents (Robila 2004b). This approach can also contribute to more restrictive gender roles and norms that reflect parents' values, rather than emerging social norms in society. In urban areas, evidence suggests that parenting styles are evolving with parents paying greater attention to the emergence of adolescents' decision-making powers and autonomy (Robila 2004b). But in Montenegro, even parents who perceive themselves as liberal and lenient think that children should not question their parents' decisions (IPSOS, 2016).

The tendency towards authoritarian parenting influences parental attitudes towards discipline. In all six study countries, **many parents use violence to enforce their authority**. In Bulgaria and Moldova, approximately half of the parents interviewed regard punishment as beneficial (NNC 2013; UCIMP 2012). Abusive childrearing methods are considered the norm in Georgia, where 60% of the public believes that harsh methods are more effective than non-violent ones, and half admit they use physical punishment at home to avoid spoiling their children (Dvalishvili 2013). Similar patterns exist in Romania where 63% of children sampled (aged 6-18) report being beaten at home, and 20% of parents believe physical punishment plays an educational role (Salvati Copiii 2013). In Belarus, half of the parents surveyed in 2016 had used violent disciplinary techniques in the previous month (UNICEF Belarus 2017; 2018). Of these, 29% had used corporal punishment and 45% had used psychological forms of discipline with their children (e.g. screaming, name-calling). Evidence from Georgia and Moldova suggests that many parents use authoritarian and violent disciplinary approaches because they lack the knowledge and skills necessary to parent differently (IPSOS 2013; UNICEF Moldova 2010, 2016; GEPRA ARC 2016).

Some positive disciplinary trends have started to emerge. In Montenegro, the percentage of parents who disapprove of physical punishment rose from 41% in 2013 to 49% in 2016; moreover, 55% prefer to use rewards to influence behaviour compared to 3% who prefer to use punishment (IPSOS 2016). Parenting practices in Moldova also show a positive trend towards more constructive disciplinary methods, with a steep increase in parents who prefer discussion over punishment (93.2% in 2009

compared to 62.9% in 2003; no ages specified) (UNICEF Moldova 2016).

3.1.3 Gender and parenting

In the ECA Region, **traditionally-gendered parenting patterns remain dominant**: The *State of the World's Fathers* shows that, on average, women in the Region do 2.7 times as much unpaid domestic and care work as men (Heilman et al. 2017, 19). Single-parenting, which is highly gendered with mothers fulfilling most parental roles, contributes to the prevalence of women's unpaid labour (Blagojević 2012).

In Montenegro, **dominant patriarchal gender norms strongly influence parental roles and society's ability to realise gender equality** (Petričević 2012). Here, single mothers are expected 'to sacrifice' endlessly for their children to retain respect as well as their position in society and in relation to their children (Blagojević 2012, 224). Traditional gender patterns are also evident in Romania, where fathers tend to take a greater role in the process of the children's value formation, while mothers have more responsibility for children's care, managing the household and routine decision-making (Friedlmeier and Friedlmeier 2012; Robila 2004). Similarly, on average, Belarusian mothers spend up to twice as much time as fathers raising children and supporting their education (National Statistical Committee of the Republic of Belarus 2016). Within the families of adolescents in Bulgaria, mothers are better-informed than fathers on age-specific and sensitive issues related to schooling, emotional wellbeing and sexual and reproductive health – typical maternal roles in the Region (Market Links 2014). Similarly, Georgian mothers appear to have more influence in their adolescents' decision-making than fathers (Omanadze et al. 2017, 134-136). Cukrowska and Kóczé (2013) find that in Bulgaria, Montenegro, Moldova and Romania, **Roma minority girls and women** experience these traditionally-gendered parenting roles far more than general population.

Gender in the Western Balkans finds that **patriarchal gender norms contribute to violence against women and girls** and weak legal protections and services (Browne 2017). Domestic violence is perceived to be a common problem in the ECA Region (UNICEF and UNFPA 2017; Browne 2017). Throughout the Balkan states, including Montenegro, traditional gender roles also contribute to conservative attitudes towards women's sexuality. LGBTQ rights are poorly protected, with rural areas showing worse discrimination than urban areas (Browne 2017).

There is some evidence that **gendered parenting patterns are changing** in response to broader social and economic change (Robila 2004b). In Romania, many parents are responding to economic pressures by parenting in shifts, in which each parent shares traditionally gendered parenting roles and responsibilities (Robila 2004). Similarly, Staykova (2015) finds that childcare in Bulgaria is becoming more collaborative, with co-parenting approaches becoming the norm.

Parents in the ECA Region not only model traditional gender norms to their children, but also **socialise and discipline them in gendered ways**. For example, in Moldova, gender specialisation begins early with parents giving young children roles that reflect traditional gender norms. They also teach children that some qualities are more desirable in sons (e.g. discipline and courage) and others in daughters (e.g. diligence and responsibility) (Partnership for Development 2016). In Belarus, Moldova and Montenegro, studies identify gender disparities related to punishment, with more frequent physical punishment for boys and more bans for girls (IPSOS 2016; UNICEF and UNFPA 2017).

3.1.4 Parental engagement in their adolescents' lives

Adolescents have an evolving capacity to take responsibility in the different domains of their lives. As they do, they have a reduced need for parental direction and guidance. Minimum age and age of majority laws in the ECA Region also influence how parents can and should engage in adolescents' lives, and the types of support the parents of adolescents are eligible to receive (Bacalso and Mihajlović 2017). For example, the parents of adolescents 18 and older cannot receive support that targets the parents of children (age 0-18). However, adolescents and parents are often unaware of minimum age laws. So, in practice, parents' engagement in their adolescents' lives is more likely to be shaped by subjective decisions related to an adolescent's capacity as well as adolescent and parental preferences (Bacalso and Mihajlović 2017).

Parental engagement in children's education varies. A study on parent participation in schooling in 11 countries in Southeast Europe finds that parents attach high value to their children's education (Kovacs-Cerovic et al. 2010). In Belarus, many parents regard education as a primary pathway to social mobility within an uncertain economic context (Shutova 2011). This motivates them to increase their monetary investment in children's schooling and use discipline and punishment to enforce good grades (Shutova 2011). Evidence is mixed in Romania: one study describes

parents as unsupportive of children's education (particularly girls and Roma children) (Abraham et al. 2013). Another finds that parents living in contexts of high socio-economic stress invest a great deal in their children's education – and pressure them to perform – to ensure social status (Robila 2004). In Bulgaria, evidence suggests that parental involvement in education is gendered: the Centre for Educational Policy Studies (2010) finds that mothers support children's homework far more than fathers (62% versus 8%).

However, across the ECA Region **many parents continue to expect schools to take significant responsibility for their children's academic and moral/civic education** (UNICEF Albania 2016). This expectation is reinforced by teachers who do not see parents as capable actors in their adolescents' education and development and actively discourage their participation (Kovacs-Cerovic et al. 2010). In Montenegro, IPSOS data (2017) finds that most parents tend to shift the responsibility for their adolescents' education onto schools. Similarly, a Bulgarian study of parental engagement in children's education (children age 8-13) finds parents are more likely to believe that they share equal responsibility for their children's scholastic and moral education with the school (Centre for Educational Policy Studies 2010).

Although there is limited data on **parental engagement in adolescent health**, evidence suggests that parents in the Region understand how to care for their children's basic health care and physical development, but have a more limited understanding of children's cognitive and emotional development (IPSOS 2013; UNICEF Moldova 2016). In Romania, Abraham et al. (2013) find that nearly 9 in 10 adolescents rely on parents for information about health-related issues and problems. However, the *State of Adolescents in Romania* (UNICEF Romania 2013) finds that adolescents who face health problems are often too embarrassed to ask their parents for help. Romanian parents also have a strong influence on adolescent engage-

ment in risky behaviours (especially for adolescents aged 10-13 versus those aged 14-17), but they tend to minimise the prevalence or frequency of their child's engagement in risky behaviours (UNICEF Romania 2015). Romanian parents are engaged in these issues because they believe that one of their most important responsibilities is to teach their children values, attitudes and roles (Robila 2004).

In relation to **adolescent sexual and reproductive health**, parents tend to communicate taboos – for example, warning adolescents against premarital sex – but they rarely communicate information or discuss issues openly. In Georgia, findings from the 2010 *Reproductive Health Survey* show that parental engagement in adolescent health rarely includes educating children about sexual and reproductive health. However, 77% of female respondents aged 15-24 discussed at least one sex education topic, primarily menstruation and/or abstaining from premarital sex, with a parent. Adolescents aged 15-17 are more likely than older adolescents to discuss such issues with their parents, which suggests a shift in social norms (Butsashvili et al. 2012, 249-257).

A small percentage of parents in the Region influence their **adolescents' sexual and reproductive health by marrying them as children**. This is not a 'minority issue', as was previously thought, but the prevalence of child marriage is higher among minority Roma in Bulgaria and Montenegro and Azeri groups in Georgia (Gupta and Lauro 2017; Pares Hoare 2018). For example, the rate of child marriage before age 18 is 15% in Georgia and 7% in Montenegro, but in Montenegro, 56% of Roma girls marry before age 18 (Pares Hoare 2018). In many Roma communities, child marriage is promoted by traditional values that place importance on a girl's honour and virginity before marriage and limit women's roles to marriage and family (Pares Hoare 2018, 8). In general, families regard child marriage as a private 'family matter' in which the state and the wider society should not interfere (Pares Hoare 2018, 3).

3.2 HOW MACRO-LEVEL CHANGES ARE IMPACTING PARENTING

Parents across the Region have experienced major political, economic and socio-cultural changes within their lifetimes. These transformations impact the parenting of adolescents in multiple contradictory ways (see, for example, Cojocaru and Cojocaru 2011; UNICEF Montenegro 2012).

In many ECA countries, **the transition to a capitalist market economy has contributed to economic hardship and gaps in social assistance and basic welfare for families**. Socio-economic stressors, such as youth unemployment and housing shortages, have increased

young people's material dependency on their parents. Consequently, many young people find it difficult to afford the cost of housing and to transition out of the family home, even after marriage (Robila 2004). Poverty and economic stress also negatively impact the wellbeing of parents. This can reduce the quality of spousal and parent/child interactions as well as parents' ability to provide parental support (UNICEF Albania 2016; Robila 2004, 2004b; Staykova 2015). A UNICEF analysis of adolescent vulnerabilities in Belarus finds that low socio-economic status increases adolescents' exposure to behavioural risks and

weakens parental control. It also finds that the risk of poverty is greatest in large or single-parent families, rural areas, and in families with a child with a disability (UNICEF Belarus 2017).

Economic instability is also contributing to a high prevalence of parental labour migration in the Region (UNICEF Moldova 2010; Botezat and Pfeiffer 2014; UNICEF Bulgaria 2014). UNICEF Bulgaria (2014) finds that 26% of students surveyed from grades 5-11 (aged 11-18) had at least one parent working abroad in 2013. While this study finds that parents retain their emotional and material significance to children even when away, it also shows that parental migration increases children's vulnerability to risk. The children of migrant workers are more likely to be hit by caregivers, 10% of adolescents (grades 5-11) whose mothers are abroad live in residential care, and more than half of the children of migrant workers try to manage difficult situations on their own.

Social, political and economic change also contribute to **continuities and change in how parenting is constructed and practiced in the Region**, including in a number of areas related to child rights. The increased influence of Western norms and values related to childhood and parenthood pressures parents to live up to standards set and codified by international experts in the United Nations Convention on the Rights of the Child (UN CRC) (1989) and may challenge local, traditional and religious norms and values. In Romania, Cojocaru and Cojocaru (2011) find that the state has responded to these new international standards and the fall of communism with the '*professionalisation and deprivatisation of parenting*', contributing to parental fear of the state and its intervention in the family. These new institutional norms co-exist with a Soviet-era culture of dependency on state-provided social welfare. For example, according to Bruckauf (2015), when Belarusian parents have a child with a severe disability, many prefer to transfer parental responsibility to the state.

Rapid social change is also creating a 'generation gap' in value systems with parents holding more interdependent, group-centric values and adolescents holding more individual-centred ones (Friedlmeier and Friedlmeier 2012). Young people's extended dependence on parents and the associated lack of privacy contributes to intergenerational and marital conflict (Robila 2004) as do the inevitable clashes over social values (Staykova 2015).

Lastly, evidence suggests that **a rapid rise in internet connectivity is also influencing parenting** styles, dynamics and practices in the focal countries (UNICEF 2017c; Council of Europe 2006b, chpt.2). UNICEF's (2017c) *Children in a Digital World* finds that digital technologies

influence how parents build connection, discipline, grant autonomy, model behaviour and provision, and protect their children. While adolescents regard the impact of digital technologies on family dynamics as both positive and negative, many parents feel unprepared to navigate their parental responsibilities in this new digital world (UNICEF 2017c, 102-104).



Chapter 4:

Parenting adolescents in the ECA Region: The legislative and policy framework

This chapter reviews the key international, regional and national legal and policy provisions related to the parenting of adolescents. Where possible, it highlights frameworks specifically applicable to parenting adolescents.

Otherwise, it considers parenting and parenting of children more broadly, with the understanding that these implicitly include adolescents.

4.1 INTERNATIONAL STANDARDS

The **United Nations Convention on the Rights of the Child** (UN CRC) (1989) is the foundational treaty on children's rights. It is legally binding upon ratification. The UN CRC is complemented by the **International Covenant on Economic, Social and Cultural Rights** (ICESCR) (1966), which speaks to these rights for all persons; the **Convention on the Elimination of All Forms of Discrimination Against Women** (CEDAW) (1979), which deals specifically with the rights of girls; and the **United Nations Convention on the Rights of Persons with Disabilities** (CRPD) and its Optional Protocol (A/RES/61/106) (2006), which reaffirms and details the rights of adolescents and parents with disabilities. All six Europe and Central Asia (ECA) States addressed in this report have ratified the UN CRC, ICESCR and CEDAW. Montenegro has ratified the CRPD and its Optional Protocol; Bulgaria, Georgia, Moldova and Romania have ratified the CRPD; and Belarus has signed the CRPD.

Alongside soft law instruments, such as the **United Nations Guidelines for the Alternative Care of Children** (UN GACC) (2010) and a series of **General Comments** (GC), which help clarify and interpret the rights within the UN CRC, these treaties form the foundation of the international legal and policy framework for parenting and adolescents.

The UN CRC defines a child as anyone younger than the age of eighteen years (UN CRC 1989, Art.1) and indicates that their autonomy should increase as their capacities evolve, in line with their age and maturity (UN CRC 1989, Arts.5, 12). Adolescents clearly fall within this definition of the child, a point that the UN CRC has affirmed in two GC that address implementation of the UN CRC during adolescence and draw attention to children's unique needs and vulnerabilities during this phase of life: **GC No. 4 (2003) on the Rights of the Child on Adolescent Health and Development**, and **GC No. 20 (2016) on the Implemen-**

tation of the Rights of the Child During Adolescence.

The latter, in particular, emphasises that States' obligations to assist parents equally applies to parents of adolescents (UN CRC GC.20 2016, Para.50). Yet, it has been observed that many States have not paid sufficient attention to the specific needs of adolescents (UN CRC GC.4 2003, Para.3).

The CRPD and its Optional Protocol establishes the rights of parents to raise their child, and children's right to be raised by their parent (Art.18), even if one or both have a disability. It also details the State's obligation to empower families to realise this right. Article 23 states: *'In no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents'*. Moreover, *'States Parties shall, where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting.'* States also have the obligation *'to prevent all forms of exploitation, violence and abuse'* against people with disabilities *'by ensuring, inter alia, appropriate forms of gender- and age-sensitive assistance and support for persons with disabilities and their families and caregivers'* (Art.16).

The CEDAW seeks to eliminate *'prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes'* (CEDAW 1979, Para.5(a)). With respect to parenting, it requires States to take all appropriate measures to *'ensure that family education includes a proper understanding of maternity as a social function and the recognition of the common responsibility of men and women in the upbringing and development of their children, it being understood that the interest of the children is the primordial consideration in all cases'* (CEDAW 1979, Para.5(b)).

4.1.1 States' obligations to provide parenting support

The primary focus of legislation and policy at the international level is on realising the full range of children's rights. While there is no separate instrument relating to parenting support, States' obligations to provide parenting support are firmly established under international law. While the UN CRC recognises that parents and legal guardians have primary responsibility for the upbringing of their children, State parties are required to render appropriate and comprehensive assistance and support to parents in meeting this responsibility (UN CRC 1989, Art.18; ICESCR 1966, Art.10).

Further, the UN GACC seeks to ensure that parents have access to such support in the caregiving role as will enable chil-

dren to remain in their care, hence rendering alternative care unnecessary (UN GACC 2010, Para.3). To this end, the guidelines advise States to develop and implement policies that support and empower families and strengthen the ability of parents to adequately protect and care for their children and oversee their development (UN GACC 2010, Para.32-34).

4.1.2 Sectoral and equity-focused support for parenting of adolescents

States are obliged to provide parenting support in multiple sectors and have a special duty to provide directed support to the most vulnerable parents and adolescents. Specific sectoral supports identified in international law include areas such as:

Health and wellbeing

- States must ensure that parents have information, access to education, and support to apply basic knowledge of child health and nutrition, including hygiene, sanitation and the prevention of accidents (UN CRC 1989, Art.24).
- States should provide information and parental support to facilitate the development of positive, trusting relationships where issues such as sexuality, sexual behaviour and risky lifestyles can be openly discussed (UN CRC GC.4 2003, Para.16(b)).

Social welfare and social protection

- States must take appropriate measures to assist parents in maintaining a child's right to an adequate standard of living. If needed, the State will provide material assistance and support programmes, particularly for nutrition, clothing and housing (UN CRC 1989, Art.27; UN CRC GC.20 2016, Para.16).
- UN CRC GC No. 20 identifies several factors that increase adolescents' vulnerability to risk-taking behaviour, such as exclusion from school and/or social and political exclusion (UN CRC GC.20 2016, Paras.64, 66). There is no specific mention of parenting support to help address these risks.

Child protection

- States must provide the necessary support to children and their parents in order to protect children from all forms of violence, exploitation, abuse and neglect, including when perpetrated by their parents (UN CRC 1989, Art.19).

- States should adopt holistic strategies to promote adolescent safety against the risks associated with the digital environment, including providing training to parents (UN CRC GC.20 2016, Para.48).

Equity

- States should develop and implement legislation, policies and programmes that give guidance and support to adolescents and parents whose traditions and norms may be different from the dominant culture where they currently live (UN CRC GC.4 2003, Para.16(d)).
- States are advised to adopt appropriate and culturally-sensitive measures to support parents with limited capacity due to health or ability, experiences of discrimination, armed conflict, and/or other factors (UN GACC 2010, Para.9).

4.1.3 Forms and modalities of parenting support

International laws and policies refer purely to *formal* support services for parents and families. These focus on: material and financial assistance (UN CRC 1989, Arts.23, 27); access to resources, including opportunities for employment, income generation and social assistance (UN GACC 2010, Para.34(a)); supportive social services, such as day care and schooling opportunities (UN GACC 2010, Paras.34(b), 38); information and educational measures (UN CRC 1989, Art.24; UN CRC GC.20 2016, Para.48; UN CRC GC.4 2003, Para.16(b)); and family-strengthening services, such as parenting courses, the promotion of positive parent-child relationships, and conflict resolution skills (UN GACC 2010, Para.34(a)).

These interventions are envisioned as being interconnected, multi-sectoral and part of broader efforts, including legislative and policy initiatives, designed to combat factors that undermine parenting capacities (UN GACC 2010, Para.32).

4.1.4 Guiding principles for parenting support programmes

To meet the aim of improving outcomes for children, and in keeping with the UN CRC focus on States respecting the rights and responsibilities of parents to raise their children, parenting support programmes should employ approaches that incorporate the following elements:

- Adopt a *constructive* approach that focuses on strengthening the enabling environment rather than a punitive approach that prioritises problem-focused interventions and services (UN CRC GC.20 2016, Para.15).
- Take an *appreciative* approach by actively involving families as partners and combining their resources with those of the community and the carer (UN GACC 2010, Para.34(b)).
- Be *relevant* to the lives of the parents and adolescents they are intended to assist (UN GACC 2010, Para.35).
- Be *collaborative*. Engage the State, civil society, religious leaders and the media (UN GACC 2010, Para.34).
- Be *gender transformative*. Create an egalitarian and affirming environment within the household environment that promotes full potential and rights of children, both boys and girls, and is free of gender-based abuse and violence.

These approaches facilitate positive means of providing parental support. They also involve community and family as resources, recognising the responsibilities and rights of extended family or community, per local custom, to guide and advise children (UN CRC 1989, Art.5).

4.2 REGIONAL STANDARDS: EUROPE AND CENTRAL ASIA

The core European legal and policy documents relating to parenting support are:

- The Final Communiqué and Political Declaration (2006) of the European Ministers responsible for Family Affairs, Council of Europe [herein referred to as The Declaration];
- The Council of Europe's Recommendation (2006) 19 on a Policy to Support Positive Parenting [herein referred to as Recommendation 19]; and

- The EU European Commission's Recommendation (2013) on Investing in Children: breaking the cycle of disadvantage [herein referred to as the EC Recommendation].

Although these documents are non-binding, they nonetheless represent the commitment (albeit non-enforceable) of State signatories to achieve the objectives contained therein.

Of the six ECA countries studied in this report, Bulgaria and Romania are members of the European Union (EU), and they join Georgia, Moldova, and Montenegro as members of the Council of Europe. Belarus is the only country that is not a member of either organisation. However, Belarus, along with Georgia and Moldova, falls within the EU's **European Neighbourhood Policy**ⁱ, which governs the EU's relations with 16 of its closest eastern and southern neighbours.

4.2.1 States' obligations to provide parenting support at the regional level

In 2006, the Council of Europe issued **The Declaration**, recognising that parenting should be designated as a public policy domain and that States should adopt all the necessary measures to support parents and create the conditions necessary for positive parenting (Lisbon Declaration 2006, 9). It subsequently released **Recommendation 19**, which focuses on creating the conditions necessary for positive parenting, namely through three broad objectives: first, creating an enabling environment by ensuring that parents have access to an appropriate level and diversity of resources, and that social norms are responsive to and respectful of the needs of parents; second, removing barriers to positive parenting, which includes support for healthier work-life balance; and third, advocacy and awareness-raising related to the value and importance of positive parenting (CoE 2006, Preamble, Para.3).

While neither instrument expressly refers to adolescents, **Recommendation 19** highlights an opening for different approaches to support the parenting of adolescents versus that of younger children and underscores the need for parenting support programmes to consider needs based on the age, capacity and maturity level of the child (CoE 2006, Para.4).

4.2.2 Sectoral and equity-focused support for parenting adolescents at the regional level

European instruments are less explicit than international ones in targeting parenting support by sector or vulnerability. When referenced, they focus on compounded vulnerabilities and exclusion, including:

Difficult socio-economic circumstances

- Parenting support programmes should pay attention to families experiencing difficult social and economic circumstances or family crises (CoE 2006, Para.7).

- A priority concern for governments is to 'prevent exclusion and poverty, particularly for lone-parents, families at risk [and] migrant families' (Lisbon Declaration 2006, Para.40).

Social exclusion and equity

- Parenting in situations of actual or potential social exclusion can be difficult. Special attention and appropriate, long-term support should be provided to assist parents at risk or in situations of social exclusion to achieve an average level of wellbeing for their children and family (CoE 2006, Para.8.i).
- Targeted approaches should support children who are at increased risk due to multiple disadvantages such as race, ethnicity, migration status, having special needs or coming from vulnerable households and family situations (EC Recommendation 2013, 4-5).

4.2.3 Forms and modalities of parenting support at the regional level

The three European documents set out different approaches to parenting support programmes:

- **Recommendation 19** evidences a *socio-ecological* approach, recognising the important roles played by all levels of society in supporting children, parents and families, and identifying the need for coordinated and cross-sectoral approaches (CoE 2006, Preamble);
- **The EC Recommendation** adopts a *structural* approach, linking children's wellbeing and potential life outcomes with the prevention of poverty and social exclusion (EC Recommendation 2013, Preamble, Para.2); and
- **The Declaration** is focused on *challenging negative social norms* and replacing these with constructive parenting attitudes and practices.

Specific recommendations from these three European documents include:

- **Formal services**, such as access to resources that support parents' participation in the labour market and workplaces that promote balance between work and parenting roles (EC Recommendation 2013, 5-6); free helplines and counselling services for parents (CoE 2006, Para.7); supportive social services (EC Recommendation 2013, 6-8); and parenting education, such as learning about positive parenting (Lisbon Declaration 2006, Para.29).

- **Semi-formal services**, such as parenting networks, parent peer support, and as-needed professional support on issues relating to parenting (CoE 2006, Para.7).
- **Informal services**, such as social activities that can help parents improve their parenting skills and encourage positive family communication (EC Recommendation 2013, 9) and awareness-raising campaigns on new family cultures and shared parental responsibility (Lisbon Declaration 2006, Para.34).
- *Participatory*: Provide joint training for parents and professionals to support better mutual knowledge, understanding and cooperation in the best interests of the child (CoE 2006, Paras.8.ii, 9).
- *Appreciative*: Draw on the family's strengths and resources and encourage initiative (CoE 2006, Paras.8.ii, 9).
- *Relevant*: Base approach on the lived experiences of the parents and adolescents (CoE 2006, Paras.8.ii, 9).

4.2.4 Guiding principles to parenting support at the regional level

The European frameworks detail several guiding principles upon which parenting support interventions should be based:

- *Accessible*: Include outreach to parents in their homes or the places they frequent (CoE 2006, Paras.8.ii, 9).
- *Empathetic*: Take into consideration parents' possible fears towards social services, particularly of having their children taken away (CoE 2006, Paras.8.ii, 9).
- *Non-judgemental and non-stigmatising*: Deliver support in a way that normalises participation in parenting programmes (CoE 2006, Paras.3, 9; EC Recommendation 2013, 6).
- *Non-punitive*: Avoid tying benefits to parenting behaviour or school attendance (EC Recommendation 2013, 6).
- *Address root causes*: Ensure poverty is never the only justification for removing a child from parental care; instead, aim to address the family's material deprivation (EC Recommendation 2013, 8).
- *Integrated*: Combine access to material and financial resources with social services (EC Recommendation 2013, Preamble, Para.5).

4.3 NATIONAL LEGAL AND POLICY FRAMEWORKS

There is significant variation in the extent to which Belarus, Bulgaria, Georgia, Moldova, Montenegro and Romania have domesticated their international and European obligations to develop national parenting support policies. Where States include laws and policies that oblige them to support parents in their obligations, these are indicated below. In general, existing legislation emphasises parental obligations, but puts limited responsibility on the State to support parents in fulfilling their duties of care. Only Moldova has adopted an overarching national parenting support strategy. Romania developed a national parenting strategy, which is still pending approval, while Bulgaria and Montenegro have embedded these obligations within other legal and policy instruments, as described below. Most States provide some parenting support under sector-specific or vulnerability-targeted laws.

The overall intersection between parenting support and parenting of adolescents is weak. Belarus is the only country with a policy that specifically targets ado-

lescents (**Programme for children who need special conditions of upbringing**); that is, children aged 11 to 18 years, although the terminology does not appear universal. For example, the **Code of the Republic of Belarus on Marriage and the Family** defines persons from birth to 18 years of age as 'underage', persons below 14 years of age as 'juveniles', and persons aged 14 to 18 years as 'teenagers' – without any mention of adolescents. Meanwhile, Bulgaria has provisions that refer to 'adolescents' or 'teenagers', but these provisions do not define the age parameters of these cohorts. And while both Bulgaria and Romania have provisions for adolescents, neither define the specific needs associated with this developmental stage. In all cases, where national laws and policies refer to parenting support, the State's obligations are poorly developed. Descriptions on the forms and modalities of programmes and services are lacking, as is clarity between *parenting support* for parents versus the *involvement of parents* in interventions aimed at benefitting the child.

Box 1: Laws related to the parenting of adolescents by country and sector

BELARUS	
Ratified the UN CRC	Yes, 1990
Member of the EU	No
Member of the Council of Europe	No
National Constitution:	
Article 32 states that parents have the right and duty to care for, educate, protect and oversee the overall wellbeing and development of their children.	
The Constitution does not codify any State obligations to support parents in meeting their parental responsibilities, or to provide material or financial assistance in cases where parents are unable to uphold their parental obligations.	
Laws and policies related to parenting adolescents:	
Code of the Republic of Belarus on Marriage and Family: Parents carry out the upbringing of children and guardianship of them and their property. Upbringing is understood as care for the physical, spiritual and moral development of children, their health, education and independent living in society (Art.75).	
Cross-Sectoral Laws And Policies:	
EDUCATION, HEALTH AND WELLBEING	
The 'Programme for children who need special conditions of upbringing' (approved by the Decree of the Ministry of Education of the Republic of Belarus of May 24, 2011 № 336): Provides support to adolescents (children aged 11–18 years) who require complex medical-social and psychological-pedagogical assistance. Only used in an institutional inpatient setting and relies on a <i>'behavioural correction plan'</i> , meaning that the adolescent may be stigmatised and pathologised. It is unclear what support is provided to parents to help them better parent adolescent children who have mental health or behavioural concerns.	
SOCIAL WELFARE AND PROTECTION	
Childcare Allowance paid up to age 18 if parents also care for a child under age 3.	
Code of the Republic of Belarus on Marriage and Family (№278-№/9.07.1999, Article 65): The family (parents) is obliged to promote the realisation of the rights and legitimate interests of family members, and is responsible for the upbringing, maintenance and protection of children. The family (parents) recognises the priority right and duty to determine the forms, means and methods of raising children. There is no specific mention of State-provided parenting support, or other measures aimed at improving parents' conduct or supporting family restoration in cases where the child has been removed from the home or parental rights have been revoked.	
Decree of the President of the Republic of Belarus of November 24, 2006 № 18 on additional measures for the state protection of children in dysfunctional families; and the Ministry of Education's Decision № 42 of 27 April 2006 on the regulation of social education and psychological units in educational establishments: Both instruments have established a system of school-based support for dysfunctional families, including family counselling, emphasising the welfare of the children.ii The Presidential Decree requires State authorities to approve and implement a plan for children who have been removed from parental care that is aimed at rebuilding the family. The plan may include a range of interventions such as family strengthening, providing support to parents who are unemployed, and/or treatment/rehabilitation for drug and alcohol use.	
The 'Programme to protect the rights and legitimate interests of children in socially dangerous situations' (approved by the Decree of the Ministry of Education of the Republic of Belarus of May 24, 2011 № 336): Includes provision for education specialists to work with children and their families, using methods such as pedagogical lectures, parental conferences, parent training, psychological treatment and other social services.	

BULGARIA

Ratified the UN CRC	Yes, 1991
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Member of the EU	Yes, 2007
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Member of the Council of Europe	Yes, 1992
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National Constitution:

Affords husband and wife equal rights and obligations to raise children until age of maturity, with the support of the State. Mothers receive added special protections.

Laws and policies related to parenting adolescents:

National Strategy on the Child 2008–2018: Identifies eight priorities aimed at strengthening ‘good, responsible parenthood’, but the means of implementing these parenting support modalities are not detailed.

Sectoral laws and policies:**EDUCATION**

There is no education legal or policy instrument that specifically mentions adolescents. However, the educational policy framework refers to school children, which include adolescents as well.

Pre-school and School Education Actⁱⁱⁱ and the **Ordinance on Inclusive Education:** Affirms the role of parents as participants and partners in the education process. The Ordinance offers access to services, support, training and guidance to parents of children with special educational needs. Parents must actively participate in the child’s learning and rehabilitation process. Refers to parents as drivers of academic success. Cites increased participation and commitment from parents as a key measure to reduce drop-out rates. Actions and the indicators for implementation do not mention parenting support.

Strategy for Educational Integration of Children and Students from Ethnic Minorities (2015–2020): Identifies parental cooperation as both a challenge and requirement for the educational integration of children from minority backgrounds. Parental support activities include raising awareness, norm change and increasing parental motivation. However, implementation of the measures is monitored only in terms of the number of parents of out-of-school children who received counselling and support, as opposed to any impacts for the child (in terms of returning to school, etc.).

National Roma Integration Strategy of the Republic of Bulgaria (2012–2020): Seeks to increase parents’ involvement in educational process and in school life. It does not describe the parental support required to achieve this goal.

HEALTH AND WELLBEING

National Health Strategy 2020: Includes a policy on ‘Health for Children and Adolescents (from 1 to 19 years)’, but does not delineate adolescence as an age group with specific needs. It highlights the need to support parents to ensure the wellbeing of children. Stated priorities include increasing parental capacity and competencies; preventing child abuse and developing measures that target parents of vulnerable children; provision of information and education. They further include health counselling to adolescents regarding healthy lifestyle: prevention of substance abuse (including alcohol), risks in the immediate social and material environment, and prevention of risky sexual and reproductive behaviour.

Action Plan for Implementation of the National Health Strategy 2020: Contains measures relevant to support of parenting of adolescents. Anticipates the development of programmes to strengthen parenting skills, integrated inter-sectoral services for families with children, preventative services and family- and community-based support services. Envisages implementation of measures that strengthen the competencies of healthcare professionals to provide counselling to parents; educational programmes for school-age children that promote healthy behaviour and reproductive and sexual health development; and information and educational campaigns targeting parents (including on issues related to sexual and reproductive health and substance abuse).

SOCIAL WELFARE AND PROTECTION

Family Allowances for Children's Act: Provision is made for 'family allowances' that include funds in cash or in kind paid directly to mothers of children under 18 years of age, or up to age 20 provided the child attends school. Parents of children with disabilities receive additional allowances.

Regulation for the Implementation of the Social Assistance Act: Identifies eligibility for support through the Social Assistance Act. Parenting support includes counselling and support for families at risk, and training and support for foster and adoptive parents. Access relies on institutional referrals or self-referral by potential users. Provides for Centres for Community Support which provide a range of services to children at risk and their families, including individual and group counselling, support and information related to good parenting. It also provides for Centres for Social Rehabilitation and Integration, which target children (and their families) at risk of social exclusion, with a specific focus on children/persons with disabilities. Parental supports span from formal to informal, individual to group. Options include counselling, support for family relationships and community networks. Access is via referral from a social institution or Centre for Community Support. Adolescents are not differentiated from children.

Child Protection Act: Comprises a series of measures aimed at protecting the child in the family environment. Includes the provision of pedagogical, psychological and legal support to parents, as well as other parenting-related interventions, such as access to social services, counselling and housing support. The act does not mention adolescents as a specific cohort.

National Programme for Prevention of Violence Against Children and Prevention of Child Abuse (2017–2020): Recognises that most cases of violence occur in the family environment. Recommends supports such as social assistance, educational measures for parents around positive discipline, gender equality training, mental health programmes, and programmes for domestic violence survivors and perpetrators. No specific mention of adolescents is made.

GEORGIA

Ratified the UN CRC	Yes, 1994
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Member of the EU	No
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Member of the Council of Europe	Yes, 1999
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National Constitution: Nil

Laws and policies related to parenting adolescents:

Civil Code of Georgia (1997): Provides guiding principles for parental rights and duties, and for relations between parents, children and other relatives. Parents may be deprived of their parental rights or have their children removed from the home if one or both parents systematically evades their child-rearing duty (Art.1205, 67; Art.1202, 166). Does not provide support to help avoid family separation. Parental rights can be restored if the behaviour and living conditions of the parent have changed, provided the parent is able to rear the child and if it is in the interests of the child (Art.1202, 167). No policies in place to assist parents in restoring their parental rights.

Georgian National Youth Policy Document (2014): Regulates issues related to the development of persons of 14–29 years of age. Involves the joint efforts of state agencies, international and local civil society organisations, the private sector, and youth. Parents are not listed as stakeholders. Adolescents are only mentioned in negative reference to pregnancy and young mothers/parents. Does not discuss measures to strengthen parenting capacities.

Law of Georgia on Adoption and Foster Care: Contains comprehensive information about the procedures of adoption and foster care for adoptive parents and prospective adopters, although it does not contain any measures to increase the capacity of adoptive parents or foster parents to support their adolescents.

Sectoral laws and policies:**SOCIAL WELFARE AND PROTECTION**

Parents are eligible for targeted (means-tested) assistance for children up to age 16.

Law of Georgia on Elimination of Domestic Violence, Protection and Support of Victims of Domestic Violence: The law defines a set of actions which characterise domestic violence. It offers measures for protecting minors from domestic violence, including separating a minor from an abusive parent, if necessary. *'Parents may not retain joint custody of the minor, if there is reasonable belief that one of the parents may commit violence against the minor'* (Chapter VI). The law devotes Chapter II – Prevention of Domestic Violence to mechanisms for prevention of domestic violence and ways of implementation of such measures. The chapter focuses on the measures that the State should take in order to prevent domestic violence and does not highlight any strategies to support parents.

Law of Georgia on Protecting Minors from Bad Influences (2001): The law aims to protect minors from bad influences related to the consumption and sale of alcohol and tobacco, and to participation in games of chance. The law does not refer to any mechanisms to provide services to parents with substance abuse or gambling addictions that might enable them to be better parents and protect their children from any negative impacts.

Ordinance of the Government of Georgia on 'Approval of Georgia's Human Rights Action Plan' (2016-2017): The action plan does not include any initiatives related to adolescents or the parenting of adolescents.

Law of Georgia on Patients' Rights: Chapter VIII, articles 41 and 42, define situations when minor and their parents/legal representatives can get medical information and receive medical service (age of consent for receiving medical care without parental consent).

MOLDOVA

Ratified the UN CRC	Yes, 1993
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Member of the EU	No
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Member of the Council of Europe	Yes, 1995
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National Constitution:

Article 48 provides that both parents share the rights and obligations to ensure upbringing and education of their children.

Article 39 requires the State to 'facilitate, by economic and other actions, formation of families and fulfilment of their assigned duties'. In situations of orphan hood or children deprived of parental care, 'all concerns aimed at maintaining, upbringing and educating [these children] shall be devolved to the State and society'. It is unclear whether this refers to institutionalisation or kinship/family-based care.

Laws and policies related to parenting adolescents:

Parents' obligations to ensure education for their children has been provided in a number of regulatory acts within the education regulatory framework: **Education Code of the Republic of Moldova No. 152 of 17 July 2014, Strategy for the Development of Education 2014-2020 'Education 2020', and Family Code No. 1316-XIV of 26 October 2000.**

Cross-Sectoral Strategy for Development of Parenting Skills and Competencies for 2016–2022 (approved on 3 October 2016 by Government Decision № 434): Seeks to establish a national, integrated and coherent cross-sectoral system to develop parenting skills and competencies. Includes as objectives to revise the regulatory framework on parenting skills and competencies and align with international standards on child rights; and to develop and strengthen the parenting skills and competencies of current and future parents by improving the quality of parenting education services. Advocates establishing cross-sectoral (including public-private) partnerships to develop, approve and implement integrated parenting education programmes tailored to different categories of beneficiaries. Does not explicitly target adolescents; included under 'all children'. Focuses on parenting skills and competency development. Does not consider structural constraints.

Sectoral laws and policies:**SOCIAL WELFARE AND PROTECTION**

Childcare Allowance is paid to parents for children up to age 3 and for children with disabilities up to age 18.

MONTENEGRO

Ratified the UN CRC	Yes, 2006
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Member of the EU	No, a candidate
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Member of the Council of Europe	Yes, 2007
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National Constitution:

Articles 72, 73 and 74 provide for special rights and responsibilities for community members caring for children. Parents are obliged to raise, educate and care for their children; children are obliged to care for parents in need of assistance. **The Constitution** does not mention parenting support.

Laws and policies related to parenting adolescents:

Family Law: Obliges parents to ensure the protection and wellbeing of their children, to raise them and equip them for independent living. State must ensure conditions for responsible parenthood through measures of social, health and legal protection, and the development of all necessary activities that benefit the family (Arts.4, 7).

Sectoral laws and policies:**EDUCATION**

Strategy for Inclusive Education (2014–2018): Focuses on providing quality, accessible education to children with disabilities. Parents are seen as partners in the education process and are directly involved in both designing and implementing the child's development-education programme. Parents are trained to work with child at home and receive psychological support. These supports do not offer specific assistance for parents of adolescents.

SOCIAL WELFARE AND PROTECTION

Law on Social and Child Protection: Aims to empower and improve quality of life for children and their families. Special protection is accorded to single parents and/or pregnant women who lack family support and appropriate living conditions.

Targeted social assistance: Child allowance for children up to age 18 and social protection/material support for dependents up to age 16, dependent on family income. There is no specific mention of adolescents.

Strategy for Prevention and Protection of Children from Violence (2017–2021): Seeks to strengthen positive parenting practices and reduce the risk factors and incidence of abuse and neglect. Includes investments in parenting competencies, positive parenthood programmes and parent counselling services. There is no specific mention of adolescents.

ROMANIA

Ratified the UN CRC	Yes, 1990
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Member of the EU	Yes, 2007
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Member of the Council of Europe	Yes, 1993
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National Constitution:

Article 49 of the Constitution provides for the protection of 'children and young people', although these age groups are not defined: '*Children and young people shall enjoy a special protection and assistance scheme in the exercise of their rights.*' The State grants child allowances and aids for the care of a sick child or child with a disability. Other forms of social protection for children and young people are established by law. There is no specific reference to adolescents or to parenting support. However, the **Constitution** does emphasise the right and duty of both parents to ensure the raising, education and training of children (Art.48(1)), and the State's obligation to provide scholarships to children and young people from disadvantaged and institutionalised families (Art.32(4)). The State is also obliged to take measures for economic development and social protection, which will ensure a decent living standard for the citizens (Art.47(1)).

Laws and policies related to parenting adolescents:

Law 272/2004 on the Protection and Promotion of the Rights of the Child: Promulgates the UN CRC within national law. Places primary responsibility for ensuring healthy development of the child on the parents, and secondary responsibility with the local community. Obliges local authorities to support parents to meet the needs of the child by providing access to diverse services.

Sectoral laws and policies:**EDUCATION**

Strategy for Reducing Early School Leaving in Romania (2012-2020): Calls for greater parental involvement in motivating at-risk students and preventing school drop-out by creating partnerships between schools, parents and other relevant community-based organisations.

National Youth Strategy (2015-2020): Obliges local and county councils to create a framework for providing public services that reintegrate socially-excluded youth into formal and non-formal educational settings. Parents are to be involved in community '*learning platforms*'.

Romanian Government's Strategy for the Social Inclusion of Romanian Citizens of Roma Minority (2014–2020): Outlines a series of education and child protection measures that include parental education programmes, integration of parents in the educational process and anti-discrimination campaigns involving Roma parents. No mention of support for parents who are willing but unable to fulfil their responsibilities due to physical, emotional, financial or social constraints.

HEALTH AND WELLBEING

National Strategy for Child and Adolescent Mental Health (2015–2020): Redefines the role of state institutions to be responsible for supporting parents in bolstering their child's mental health. Stipulates cross-sectoral guidelines on social security for children, adolescents and their parents.

SOCIAL WELFARE AND PROTECTION

State child allowance paid to parents for children up to age 18, and older if child is a student or trainee.

National Strategy for the Protection and Promotion of the Rights of the Child (2014–2020): Promotes measures that support, empower and educate parents about their responsibility for their children's education and wellbeing. Refers to the need for immediate, concrete, child rights-based measures to support teenagers' development, to address their concerns and to integrate them into society. No age range specified for the term 'teenager'. No mention of how to assist parents in meeting these needs.

National Youth Strategy (2015–2020): Aims to combat poverty and promote social inclusion for children and youth by strengthening parental collaboration with social assistance services and further involvement of authorities.

4.4 KEY FINDINGS

4.4.1 Limitations of the international and European legal and policy frameworks

None of the international and European legislative and policy mechanisms explicitly address all components reviewed (i.e. support for adolescents, parents and parenting) with specific reference to the provision of parenting support for the parents/caregivers of adolescents or for adolescents themselves. The European frameworks are more advanced than their international counterparts insofar as they comprise policies and recommendations expressly dedicated to parenting support. However, unlike the international frameworks, they do not include references to adolescents or differences in parenting support needs as children transition into adolescence.

States have an obligation to support parents in fulfilling their child-rearing responsibilities, but while this is confirmed in legislation it is not yet fully developed. Further, the modalities for parenting support and forms of provision are largely undefined in legislation and policy. Additionally, key components, such as the underlying rationale, the expected outcomes, the eligibility criteria and the overall scope and duration of support, require elaboration to provide effective guidance.

A repeated limitation is the focus on children in general, rather than adolescents more specifically. The few documents that do concentrate on adolescents tend to focus on priority sectors for interventions and State obligations towards adolescents, rather than on parenting support programmes. Those that do relate to parenting support do not include a discrete section on parenting of adolescents.

4.4.2 Consistency of national laws and policies with international frameworks

Binding international legal obligation to support parents in their child-rearing responsibilities:

Although all six ECA countries have ratified the UN CRC and the ICESCR, only four – Bulgaria, Georgia, Montenegro and Romania – have, to varying degrees, adopted provisions that incorporate some of their state obligations related to parenting support into domestic law (see country boxes for details). To date, Belarus and Moldova have not domesticated the relevant articles of both treaties into national legislation. Georgia's approach towards parents who

are unable to perform their child-rearing duties tends to be punitive; the State does not provide interventions that would prevent or improve the causal conditions for separation or assist parents in regaining their parental rights and facilitating the child's return to home.

Non-binding international and European recommendations to establish comprehensive, integrated parenting support programmes:

Although the European Union and Council of Europe documents are not legally enforceable, Member States have made a political commitment to adopt the recommendations and policies of these bodies. Yet, the uptake of the recommendations to enact parenting support programmes has been weak. Further, while existing efforts address support for parents, they do not include primary caregivers who are not biological parents or legal guardians within legislation or their mandate.

Twelve years after the Council of Europe's 2006 recommendations, only Moldova has adopted an overarching national parenting support strategy, although Bulgaria has adopted some specific strategic priorities to strengthen parenthood in the **National Strategy on the Child**^{iv} and the draft **Romanian National Parenting Support Strategy** is pending approval. Moldovan and Romanian initiatives are laudable insofar as the strategies are cross-sectoral, yet the measures lack substance and clarity and are limited in focus to parenting skills and capacities (in the Romanian case, poverty reduction is addressed in the **Strategy for Social Inclusion and Poverty Reduction**). Further, the Moldovan strategy recognises neither adolescence as a life stage nor the evolving nature of children's needs as they age, both of which have implications for the support that parents require. The provisions in Bulgaria's **National Strategy on the Child** are expressed only in vague, aspirational terms, making it unclear as to the forms and modalities by which the State will contribute to helping parents. Montenegro is the only Council of Europe member without a unified national parenting support strategy. However, certain sector-specific legislative and policy instruments do contain references to various types of parenting support and while the strategy is fragmented, individual instruments are strong and broad in scope. Belarusian legislation contains few and quite indirect references to parenting support. Georgia legislation does not recognise adolescence as a life stage, and no comprehensive cross-sectoral parenting support programmes exist in the country.

4.4.3 Support for adolescence and the parenting of adolescents

None of the six ECA countries differentiate parenting support for the parents of adolescents (aged 10-18 years) from parenting support for parents of children (aged 0-18 years). Bulgaria has policies that refer to 'adolescents' or 'teenagers', but they do not define these age groups or detail their specific needs. Neither Georgia, Moldova nor Montenegro have identified adolescents as a distinct cohort for interventions. Instead, adolescents in these countries are captured within laws and policies relating to children and youth (defined in Georgia as persons aged 14-29 years, in Montenegro as persons aged 15-30 years, and in Moldova as aged 16-30).

In national laws and policies, there is poor demarcation between *parenting support* for parents of children/adolescents and *the involvement of parents in sector-specific interventions* aimed at benefitting the child. Most national laws and policies seem to view parents as persons whose role is to participate in solving their children's educational, health or wellbeing crises rather than as persons who may themselves require financial, material, legal, psychological or other support to manage and ameliorate the situation. Moreover, significant and primary caregivers who are not legal parents/guardians are not included in definitions of 'parents'; thus, they are not entitled to State support.



Chapter 5:

Research findings: Parenting adolescents in the ECA Region

This chapter presents key research findings that build baseline knowledge on the parenting of adolescents, and where adolescents and parents of adolescents turn for support, in Belarus, Bulgaria, Georgia, Moldova, Montenegro and Romania. It does so by analysing evidence from younger (aged 10 to 13) and older (aged 14 to 17) adolescents, the parents and caregivers of adolescents, and key informants.

The research findings presented in this chapter are structured around three of the study's four central research questions:

1. How is parenting understood, perceived and practiced by the parents/caregivers of adolescent boys and girls and by adolescent themselves (including the most vulnerable) in Belarus, Bulgaria, Georgia, Moldova, Montenegro, and Romania?

2. How do macro, interpersonal and individual-level factors influence parenting dynamics, styles and practices, including in the most vulnerable families?
3. Where do adolescents and their parents/caregivers turn for informal and formal support?

The fourth and final research question is addressed in Chapter 6.

5.1 HOW IS THE PARENTING OF ADOLESCENT BOYS AND GIRLS UNDERSTOOD, PERCEIVED AND PRACTICED?

To assess how the parenting of adolescent boys and girls is understood and practiced by parents/caregivers and adolescents in the six countries, the study examined the following elements:

- Attachment and connection;
- Family roles and responsibilities;
- Attitudes and practices related to discipline;
- Communication and decision-making;
- Autonomy and freedom; and
- Parental engagement in adolescents' lives.

These dimensions of parenting are not distinct, but influence each other as they intersect in everyday life. Moreover, parenting styles and practices are not fixed. Rather, caregivers draw on different parenting styles in different situations depending on the context as well as their needs and those of their children.

The life course analysis that follows highlights how parenting styles, dynamics and practices shift as children transition into adolescence. It also provides evidence related to continuity and change in parenting practices and the parenting of vulnerable adolescents.

5.1.1 Understandings of Adolescence

‘Adolescence’ is not an everyday term in the six study countries; unless prompted, participants spoke more in terms of ‘children’ and ‘teenagers’. Key informants, especially those working in the civil service or for a civil society organisation, offer clearer definitions of adolescence compared to adolescents and parents. But they also recognise that adolescence is a *‘modern concept’*, socially constructed and recently passed down from influential international organisations (key informant, Bulgaria). More often, understandings of adolescence are implicit and deductive: adolescence is a life stage between early childhood and adulthood.

Because adolescence is a social age, **the onset and end of adolescence is gradual, gendered, undefined and highly individual.** Overall, respondents in all six countries associate adolescence with physical, developmental and behavioural changes that are closely interconnected. Both adolescents and adults associate *early adolescence* with a sometimes sudden onset of hormonal changes that prompt physiological and behavioural changes. As an older girl explained, *‘At 11 to 12 you become a different person, the hormones are raging!’* (14 to 17-year-old girl, Bulgaria). In many cases, this *‘hormonal revolution’* (14 to 17-year-old girl, Georgia) was used to explain adolescents’ physical attraction to the opposite sex and mood swings. Physically, adolescents observe that their voices and faces change and that their bodies become *‘more like adults’*. Mothers often associate the beginning of adolescence with menarche and breast development.

Adolescents and adults also recognise that **adolescence is influenced by cultural expectations related to children’s development and behaviour.** For example, boys in a rural focus group in Romania distinguished childhood from adolescence as a time when you can still play *‘childish’* games. A 13-year-old boy argued, *‘We are not adoles-*

cents because we are still childish. We are children’. His 14-year-old peer added, *‘Adolescents are almost independent’*. Overall, respondents feel that **adolescence begins between age 10 and 13.** However, both adolescents and adults believe that girls generally enter adolescence earlier than boys because they mature (i.e. physically and emotionally develop) at a younger age.

Many adolescents and adults note **developmental and behavioural differences between younger and older adolescents.** Typically, they associate these differences with attendance in lower and upper secondary school. Some associate the difference with levels of risk-taking. However, some associate greater risk taking with younger adolescents, while others associate it with older ones. Both adolescents and parents suggest that **adolescence ends around the age of 18 to 19**, when puberty has largely ended. They also cite the age of majority (age 18) as an important end marker of adolescence because from this age, a son or daughter is legally an adult and parents are no longer legally liable for their actions.

Adolescence is also recognised by parents and key informants as **a phase when young people are finding their identity as individuals** apart from their parents and in relation to others: *‘It is during that period that they shape their own world. They try to emerge from the world of their parents and start living in a world of their own’* (father, Bulgaria). During adolescence, young people’s closest relationships are in a period of transition; as a psychologist in Montenegro explained, *‘The adolescent asks to separate from the family, seeking at the same time to be accepted by the family. This often confuses parents – ‘What is it now? Is he a child now? Or does he want to be independent?’*. Parents must find the difficult balance between giving their adolescent the independence they want, while also providing the support the adolescent still needs. Adolescents also find these relational shifts challenging. In Montenegro, a 16-year-old student explained, *‘This is a period in which it is your peers who affect you the most, they change you, sometimes forcing you to do something you didn’t wish to do and you would never do’*. Likewise, a 17-year-old girl explained, *‘This is when we enter the period of thinking whether we managed to meet our parents’ expectations... We think about the role model we are for our younger siblings.’* Given these tensions, interpersonal relationships take on a heightened importance during adolescence.

Because adolescence is associated with so many changes and challenges, respondents tend to describe **adolescence as a ‘crisis period’** (16-year-old girl, Romania) in which adolescents are sexually active, *‘very impulsive’* (service provider, Georgia), *‘rebellious’* and *‘cheeky’* towards par-

ents (key informant, Romania). Adolescents are problematised 'as a source of problems and behaviours that are unacceptable' (key informant, Montenegro).

At the same time, **adolescents are seen as vulnerable**. For example, a key informant in Bulgaria observes, *'All adolescents are vulnerable...because puberty is the period when your body is like a teapot turned on to the maximum temperature and the herbal tea ingredients in it are bubbling. And one has to cope with what boils inside them and at the same time handle the challenges of the environment, and this makes them more vulnerable.'*

But because **adults in the Region tend to regard adolescence as 'a natural process' or 'common' state that will pass** (key informant, Montenegro), many do not deem the challenges associated with this life stage to be worthy of attention. Consequently, several key informants observe that the needs of adolescents and their parents are often neglected when, in fact, they need great support and help – especially when they are already vulnerable. Adolescents and parents both remark that they lack the knowledge and skills needed to understand this phase of life and cope with the associated changes. These dynamics contribute to a perceived rise in intergenerational conflict during adolescence.

5.1.2 Parenting adolescents: Understandings, dynamics and practices

Attachment and connection

In general, **adolescents and parents discuss their relationship with the other generation in positive terms**. This observation holds across countries and groups and is supported by secondary findings (see for example Omanadze et al. 2017; UNICEF Romania 2013). This may appear contradictory given that adolescence is also characterised by a rise in intergenerational conflict. However, without mincing words about their adolescent's undesirable behaviours, parents emphasised their delight in and affection towards their children. Expressing a common sentiment, a Georgian father admitted, *'A child makes you proud, they are your life, you exist for them, you're in the sky from happiness'*. Likewise, most adolescents say they feel cared for and loved by their parents. In respondent narratives, positive attachment and connection between generations are associated with happiness and a strong sense of wellbeing: *'I am happy when I am with my mother and my sisters'*, observed one adolescent (14- to 17-year-old girl, Bulgaria). This relational strength presents an opportunity to learn from and build on what is already

working, while also recognising that parents and adolescents struggle to navigate relational challenges associated with adolescence.

Both generations emphasise that if they intend to cultivate and strengthen their relational connection, it is of paramount importance to **communicate love, value, and care in tangible, everyday ways**. Across the Region, adolescents and parents/caregivers do not necessarily communicate their relationship with words, but **they build connection when love and care are reciprocal and affectionate**. For example, a 10-year-old Montenegrin boy explained, *'My mom and dad are happy when it comes to me, because I'm good for them. They are happy...when we laugh together. When we lie together in bed in the morning'*. Similarly, a Moldovan grandfather/caregiver reflected, *'I love them very much; my granddaughters respond to me in the same way'*. A Moldovan grandmother/caregiver expressed gratitude that her granddaughters and grandson *'behave'*, but she was also pleased with regular demonstrations of affection: *'When they go to school, they kiss us, when they come back – they kiss us again. I am proud of them'*.

In practical terms, **adolescents want their parents to demonstrate their love by giving them time and attention**. But parents give their children time and attention in different ways at different ages: as children transition to adolescence, parents tend to play with them less. As play became less frequent, younger adolescents often expressed that they have lost a sense of closeness with their parents. An 11-year-old Romanian girl reflected, *'Only when we were younger, they loved us more; I mean they would play with you, they would speak nicely'*. But in adolescence, parents spend time with their children in new and more gendered ways. Overall, they play less and work more with their adolescents. For example, in rural Bulgaria a key informant explained that many sons *'spend time with their fathers, often accompanying them even when they are working...in the field, wood, gathering herbs, mushrooms, etc. This makes students super happy, especially boys'*. In contrast, girls are more likely to spend time with their mothers at home or shopping. Older adolescents also appreciate spending time with parents in mundane, everyday ways, such as talking around the dinner table. The most important factor to adolescents and parents is that time and attention are an expression of love, rather than functional caregiving. For example, when adolescents feel their parents only care about being in control or getting work done, and when parents feel their children approach them *'as ATMs'* (mother, Moldova), the relational connection weakens. Parents also worry that a lack of time with their adolescents makes them feel unloved: as a single working mother noted regretfully, *'We*

need to be there when our kids need us there, not when we can be there'.

But while adolescents want parents to show an interest in their lives, they also want more privacy. Parents who understand this tension know they can maintain a positive connection and allow the relationship to grow if they step back while continuing to be attentive and communicate acceptance. If there is relational trust, parents can continue to make time and space for their adolescent and ask inviting, non-judgemental questions and their adolescent will feel safe to ask for advice and support. *'I always tell them I want to be their best friend and to understand them'*, a Moldovan aunt/caregiver explained. Across contexts, adolescent and caregiver narratives suggest that it is not essential that both parents be emotionally close to the adolescent; however, to maintain a positive parenting connection, it is critical that one primary caregiver remains attentive and in close communication with their adolescent. In many cases, caregivers explain that the closer parent shares their insights with the other parent, which helps the more distant parent understand and respond to his/her adolescent in a more positive way.

In addition to building a close connection with parents/caregivers, **it is important for adolescents to forge and develop positive connections with others** (Puka 1989, 24). In this study, many parents/caregivers actively encouraged their adolescent to develop positive attachments with siblings and grandparents, often through caregiving. A young adolescent girl who helps care for her little sister explains, *'I help her with homework and teach her poems. Sometimes I make her read and teach her drawing by asking her to draw different things, and over time her drawings become better'* (10- to 13-year-old girl, Georgia). This sentiment was strongest in Moldova and Georgia, and in larger families.

However, both generations maintain that **it is more important for adolescents to be closer to their parents than their peers or other adults**. Although friends are important to adolescents, on most issues they express more trust and confidence in their parents than peers (an exception is taboo issues, such as premarital sex). A common view among adolescents is, *'Parents will always be with us, while friends come and go'* (15-year-old girl, Moldova). **The only adolescents who consistently express more confidence in peers than parents are those in alternative or residential care or in conflict with the law.**

Several factors contribute to **weak attachment and connection** between parents and their adolescent. A Bulgarian key informant complained that many parents take care of their adolescents' material needs, *'but they forget about*

their soul'. Functional caregiving was a common complaint across contexts. Many parents and adolescents also remark that they lack time together, often because parents work long hours. This contributes to remorse from parents and feelings of neglect on the part of adolescents. Adolescents in Moldova and Romania also note that children feel unloved and uncared for when their parents ignore them, fail to listen to them, and/or do not trust them. An older adolescent girl in Georgia associates parental neglect with increased adolescent vulnerability saying, *'When people hurt themselves it happens because they don't get enough love from their families, or from anyone... Sometimes these parents are surprised if their child commits suicide, when they didn't pay attention to what their child was up to in the first place. So we can blame parents as well'*.

Family roles and responsibilities

Overall, family roles and responsibilities in the study countries are shaped by patriarchal gender norms and practices (see also Browne 2017; Robila 2004; 2004b). **In most two-parent households, traditional views on the role of mothers and fathers persist.** Expressing the dominant view, a 12-year-old Belarusian girl explains, *'Both dad and mom should go to work and earn money. However, father should help more financially, mother should do household chores'*. In all six countries, fathers are expected to be the primary breadwinner and are more likely to be the primary authority figure in the home. In many contexts, fathers also hold moral responsibility to be role models for their children, as Friedlmeier and Friedlmeier (2012) find in Romania. Often, fathers are feared for their authority; however, fathers and grandfathers in Moldova tend to be children's favourite parent, perhaps because they are not the primary enforcer of daily chores and discipline.

The study also finds that **mothers play the leading role in bringing up their children**. They are also expected to manage the household and children's education, both formal and informal. These roles and responsibilities are so strongly held that mothers in the study countries are judged – and judge themselves – based on their children's behaviour and outcomes.

Despite these patterns, the study shows that **the gendered nature of parenting is changing** (see also Robila 2004, 2004b; Staykova 2015). Mothers are increasingly taking on the role of breadwinner (or sharing it) and working outside the home for pay. Further, it was not uncommon for parents in the study to share what are traditionally gendered parenting roles and responsibilities. Parenting roles and responsibilities are more flexible and less gen-

dered in households faced with social and economic hardship and crisis. This is particularly evident in single-parent families, where mothers most often hold responsibility for all parenting roles. Roles and responsibilities are also more flexible in households with a family member with a disability or chronic illness: for example, parents with a disability or chronic illness often distribute their responsibilities to their children; likewise, parents of a child with a disability often take on whatever role is needed. Asked whether these fathers and mothers need different types of support, the mother of an adolescent with a disability responded, *'I don't think so. I don't know...Let's say the father will earn money, the mother will be with the child. This is normal. Men who have the opportunity also take care of the children. But one of them has to earn money... In time, people organise themselves. Everyone assumes part of the responsibilities'* (mother, Bulgaria).

Several factors influence how parents assign roles and responsibilities to children within the family. First, **parents give children different roles and responsibilities as they develop new competencies**. For example, a rural Romanian mother explained, *'The youngest also helps me; he brings the firewood and...he tidies; I've gradually started to give him chores to do'*.

However, **the way parents conceptualise childhood and adolescence also influences what roles and responsibilities they give their children at different developmental stages**. In this study, it is evident that some parents do not want their adolescents to work as hard as they did as children. These parents regard childhood as a time for play. As children transition to adolescence, parents give them some household and caregiving responsibilities – for example, cleaning their room or watching a younger sibling. But these parents regard schooling as the primary route to social mobility, so their adolescent's primary role is to study and get good grades. These parents do not tend to view children's chores as part of a reciprocal obligation related to care.

There is also a group of parents who regard **childhood and adolescence as a time in the life course when children must learn the social and livelihood skills they need to be resourceful adults**. Most parents grew up with this view. Caregivers who maintain this view give their children more household and caregiving tasks, and from a younger age. As a 13-year-old Moldovan boy explained, *'Parents give more and more tasks to their children to make them think by themselves what they want to become in life'*. As significant contributors to the household, these adolescents are often quite responsible and competent by age 16 to 17. Consequently, their parents often relate to them as equals rather than dependents.

This finding concurs with UNICEF ECARO's *Age Matters!* study, which finds that **adolescents who work feel more competent to take on new roles and responsibilities, and from a younger age** (Bacalso and Mihajlovic 2017).

Second, many **parents give adolescents different roles and responsibilities based on gender**. Across the Region, there is a pervasive belief that *'girls are better at taking responsibilities'* (mother, Belarus; see also Robila 2015b) and that boys mature later in life (i.e. just in time to take authority over his family). This belief influences some parents – especially those from minority groups and/or rural areas – to give their daughters more roles and responsibilities than their sons. A Moldovan mother explained, *'In my family the boy is more spoilt and does not work as much as the girl does'*. In many cases, parents also assign tasks in ways that reflect traditional gender norms. For example, a rural Romanian father explained that the division of labour is equal saying, *'girls work more inside the house...right? That's how it is in our tradition. And the boys work more outside the house'*. In some cases, adolescent boys react to their mother's directions with a patriarchal attitude: *'When I ask him to sweep, he says 'This is not my job'. He vacuums from time to time, but when I ask him to sweep in the kitchen, he says: 'The girls shall do it'* (mother, Moldova). A Georgian mother discussed this type of behaviour as well: *'This probably comes from fathers because if there is no such thing as men's and women's work in the family, and boys see their fathers, for example, doing laundry when mothers are not home, then they are not embarrassed to do the same, dishes as well'*. Another mother added that if fathers are never home, they cannot provide an example of gender equality.

But this study also provides evidence that **patriarchal gender norms are weakening in ECA**. For example, in an urban focus group in Georgia, older adolescent girls (age 14 to 17) argued that these views and practices are *'more in the past, when girls and boys were differentiated. Nowadays both are treated equally'*. Across countries, many parents say they do not assign roles and responsibilities based on gender: as a mother in rural Georgia said, *'I ask the same of both a girl and a boy. I don't only ask a girl to clean the house, wash dishes, I ask all the same of a boy'*. Asked what responsibilities they have, both boys and girls explain that they wash clothes and dishes, cook, clean rooms, care for siblings, and do their schoolwork. It also appears that boys and girls within the same household generally make similar overall contributions. These dynamics suggest that parents are changing their attitudes in response to broader influences, but they also suggest that factors apart from gender norms (e.g. birth order, family composition) influence the parenting of adolescent girls and boys.

Finally, in all six countries **caregivers in single-parent and vulnerable households often give adolescents 'parental' roles and responsibilities.** For example, a rural Moldovan mother who parents alone with a child with a disability explained: *'My 11-year-old daughter is involved a great deal in family affairs because the father is away and we have a small child that she is responsible for...If I need to go to work at 4 a.m., she wakes up in the morning and dresses up her little brother and takes him to kindergarten. My second daughter [9-years-old] takes him home from kindergarten while I am still at work'*. Although this is not the norm, it is not uncommon for parents to give their adolescent(s) significant household and caregiving roles and responsibilities and to rely on them for parenting support.

Attitudes and practices related to discipline

Parents' individual family history has a strong influence on their attitudes and practices related to discipline. Specifically, the parenting they experienced as children strongly influences their own parenting style and the knowledge and values they seek to transmit. In all six study countries, most parents experienced an authoritarian parenting style that included physical punishment.

However, **parents' responses to their upbringing are very personal and individual:** some parents take the attitude that mimesis is inevitable and/or desirable. These parents say that their children should be controlled and disciplined in the same ways they were, even if this requires negative parenting practices, such as physical punishment and emotional distancing. Other parents explain that they approach discipline differently from their parents, because they feel they missed out on a close relationship with their parents or were harmed by the use of violence. These parents say that they work hard to parent differently. Some look to positive role models, like a sports coach, to learn a more constructive approach to discipline. But regardless of the approach parents take, most view discipline as a means to pass on the knowledge and values they feel are beneficial, while sparing their children the experiences they found hurtful. For example, for a Moldovan father this meant teaching his children *'what is right...the same things that my parents taught me – work honestly, earn your bread honestly, have a profession'*.

Parents' attitudes towards discipline are also strongly informed by the belief that, for better or worse, 'the way a child starts out in life, that's the way the child grows up' (mother, Bulgaria). This belief leads parents across the Region to emphasise the importance of consistency in parenting attitudes and practice related

to discipline. As a Montenegrin mother explains, *'The rules should be established from the very beginning... and then they should be only adjusted as they grow up. Adolescence does not happen overnight, and how a child will behave during adolescence depends a lot on how we raised the children until then'*. Parents who felt they had established family rules and values when their child was young express more confidence in their ability to parent their adolescent. Across the study countries, mothers tend to manage mundane disciplinary issues while fathers discipline more serious matters. But it is also common for one parent – either the mother or the father – to take the primary responsibility for their child(ren)'s discipline.

Throughout the Region, **parents predominantly demonstrate authoritarian parenting attitudes and practices. But all three parenting styles – permissive, authoritarian and authoritative – are evident and each approach appears to contribute to very different adolescent outcomes.** For example, mothers in rural Bulgaria believe that a *permissive* attitude to parental discipline in early childhood is connected to undisciplined adolescent behaviour and adolescents who feel neglected by their parents. Similarly, a school principal in Bulgaria warns that an *authoritarian* approach to discipline may work when a child is little, but, in the long run, it is likely to hinder an adolescent's ability to individuate and learn self-reliance (key informant, Bulgaria). A 16-year-old Roma boy expressed the same sentiment, saying, *'If the family is stricter with you, you cannot consider yourself a teenager, you are a child for a longer period of time'*. Excessive parental control infantilises adolescents and stunts their emotional and social development.

In contrast, parents with a more *authoritative* attitude to discipline establish boundaries, but they also try to give their child autonomy and decision-making power commensurate with their age and developmental competencies. In these households, it is ok to make mistakes and learn from them: adolescents know they won't be punished. These parenting dynamics reduce the potential for conflict and create a safe space for adolescents to develop relational competencies and establish their own identity within their family and broader community.

But while parents emphasise the need for continuity in their *approach* to disciplining their children across different life stages, it is also evident that their **disciplinary priorities shift as children transition to adolescence.** This shift is most evident in parents' attitudes towards schooling: *'Earlier my parents didn't control my studying very strictly'*, a 16-year-old Belarusian girl noted. But in adolescence, bad marks or behaviour at school is the most common reason for punishment. Thus, a group of young

Roma boys explained, after parent-teacher meetings, they would get a *'thrashing'* (10- to 13-year-old boys, Bulgaria). Parents prioritise school results because they believe they will impact their adolescents' livelihood opportunities. Similarly, parents are more likely to punish risky behaviours that could harm their adolescents' future wellbeing. For example, they may punish a daughter for breaking curfew, because they worry about her safety, or fear she may be sexually active, thus harming her reputation and/or becoming pregnant. Relatedly, parents are more likely to punish a son who they worry is involved with drugs and/or gangs.

Disciplinary practices also change. With the transition to adolescence, **discipline becomes more gendered:** parents tend to be more concerned about controlling and disciplining their daughters' behaviour than their sons'. In addition to the aforementioned concerns related to risk behaviours, there is a pervasive belief in the Region that girls need to be trained to *'behave perfectly'*, while *'young men shouldn't be perfect'* (16-year-old boy, Belarus). Expressing a common view, a girl remarked, *'Boys may not get scolded because they have a girlfriend, but they scold us'* (14- to 15-year-old Turkish girl, Bulgaria). However, adolescents note that parents punish sons more often and more harshly - than daughters. This confirms findings in the UNICEF and UNFPA (2017) *Study of Violence against Children in Eastern Europe and Central Asia* (see also IPSOS 2016).

Many parents and adolescents in the study countries also say that **caregivers shift away from using physical punishment as children transition to adolescence.** They explain that adolescents are too big to control and that their adolescent is *'a fully formed person'* capable of reasoning (mother, Belarus). As children mature, *authoritative* parents increasingly use discussion and negotiation in place of physical discipline, while parents with a more *authoritarian* approach to discipline say they are more likely to use yelling, scolding and lectures, prohibitions (e.g. grounding) and punishment (e.g. taking away cell phones) than smacking or beating. In some cases, mothers used threats or manipulation. For example, a young Georgian girl (age 10 to 13) said her mother threatens *'to kick her to the village'* if she angers her. Adolescents note that these are often hollow threats; however, in some cases threats lead to violence.

There is also evidence that newly introduced **children's rights laws and norms are making parents more careful (and fearful) about how they punish their children.** Several caregivers remarked that parents no longer hit their children for fear of being reported: *'Since this law was passed - but not only because of the law - we don't*

feel comfortable slapping children. In the past, people considered that beating their child was very beneficial for their discipline. Nowadays, we don't even dare ask them to move an inch' (mother, Romania). It is also evident that adolescents are not only increasingly aware of their rights, but also willing to claim their rights as a defence against parental threats of physical punishment. For example, in a focus group, older Roma boys (age 14 to 17) in Bulgaria were adamant that parents cannot touch them once they reach the age of majority. *'At age 18, parents cannot legally hit me'*, one stated. *'When I turn 18, no one will dare to touch me'*, another warned. But, as these quotes suggest, parental violence remains a prevalent form of punishment across childhood in ECA (see also Cojocaru and Cojocaru 2011d; Dvalishvili 2013; UNICEF Moldova 2014; Salvati Copiii 2013; Shutova 2011; IPSOS Montenegro 2016; UNICEF and UNFPA 2017).

Communication and decision-making

In a mutually-reinforcing cycle, **parents and adolescents identify trust and respect as fundamental to open and honest communication** and decision-making patterns, which are considered essential to building trust and respect. When adolescents know their parents trust and respect them, they are more willing to communicate openly, discuss difficult topics, ask for advice and work together with their parents to make good decisions. Given that trust is fundamental to communication and decision-making, a 16-year-old Romanian girl said, *'I'd recommend all parents tell their children 'I trust you and if you think it's ok, give it a try', while nevertheless giving them some advice. And if the parents see their child doesn't want to accept that advice . . . they may say "Ok, have a go to see how it works'.* Parental trust and respect (or a lack thereof) also influences adolescents' awareness of themselves and the possibilities available to them. *'If parents do not trust us, we feel like they do not love us, do not care about us'*, a 14-year-old Moldovan girl explained. This influence is vital because adolescents' subjective awareness shapes how they use their agency to make and act on decisions (Williams 2016).

When parents insist on controlling communication and decision-making, adolescents do not feel trusted and respected. Adolescents accuse these parents of ignoring them or not caring to listen. In some cases, adolescents respond by withdrawing emotionally and becoming complacent, believing they cannot win a fight. In other cases, they argue, fight back and/or offer compromises. Some navigate the situation by circumventing their authoritarian parent in favour of the more authoritative or

permissive one. In all six countries, many use their agency subversively or covertly to do what they want regardless of their parents' wishes. For example, asked why she hid her activities from her single mother, a 13-year-old Belarusian girl replied, *'Because of a fear of punishment, a fear that she won't approve, [that] she will start scolding me for it'*. These responses make it more difficult for parents to support their adolescent and prevent risky behaviours.

Beyond trust and respect, parental communication and decision-making practices are more likely to contribute to positive adolescent outcomes when parents recognise that **there are developmental changes associated with the transition to adolescence that necessitate a shift in their approach to communication and decision-making** (see also Iolu 2014; National Network for the Children Bulgaria 2013). A Montenegrin mother captures many parents' observations when she explained, *'Their communication is more serious, they want to ask more questions, they want more freedom. They want to participate in decision-making at home, to be more independent, to do everything themselves, to fulfil their obligations'*. Parents also observe that hormonal shifts and an increasing need for autonomy can make communication and decision-making with their adolescent more unpredictable. This can be exacerbated by a child's disability. For example, a father in Bulgaria recounted how it has become increasingly difficult to build positive communication with his ADHD daughter starting around the age of 10: *'I thought I was prepared [for adolescence]...she's not even twelve yet, but she's starting to become very difficult...I worry that soon we won't be able to speak with her. I even told her that recently: 'Sweetheart, soon we won't be able to speak with you. Let's find a way to communicate. Because we will lose the connection between us.' 'Dad, I'm sorry! Something is happening to me on the inside. I don't know what's wrong with me', she says...Within 30 minutes she talks back, 'Shut up! You are not the one to tell me!'*

In the process of individuation, many adolescents also become less transparent with parents, choosing instead to selectively share private life details with peers or other family members. However, this does not necessarily mean the adolescent will become emotionally distant: as a 13-year-old Belarusian girl explained, *'Some secrets should only be between me and my friend. Mom can be a friend, but not my best friend, because she does not stop being a mom'*. Emotional closeness/distance largely depends on whether or not the parent/child relationship has been characterised by trust and openness. However, many adolescents and parents admit these changes make communication and decision-making difficult to navigate – even if they have established trust and respect (see also IPSOS Montenegro 2016).

Autonomy and freedom

Across the Region, **parents give children more autonomy and freedom as they transition from childhood to adolescence**. For example, parents adjust boundaries in relation to internet and social media use, pocket money, clothing and hair choice, mobility, curfews and dating. While parents do not allow young children to go out alone in the evening, they tend to allow younger adolescents to go out with friends with an early curfew and older adolescents to go out with friends (or alone) and return later: as a 17-year-old Belarusian girl explains, *'All my life I was not allowed to go to the disco...Now, on the contrary, much more is allowed'*.

However, there is also broad consensus and evidence that **parents give - and believe they should give - more autonomy and freedom to sons than daughters**. As discussed, girls are expected to 'behave perfectly' – to be 'decent' – whereas boys are expected to be less responsible, mature more slowly, and get into some mischief.

Most parents understand that adolescents deserve trust and increasing freedom to make their own choices. But **letting go of control is an individual, iterative process with no easy rules or formulas**. *'There is a popular opinion that it is important to let go the child 'on time'. Children are different, their development is different'*, a mother explained (mother, Belarus). Parenting attitudes and approaches strongly influence how parents interpret 'on time'.

Parents who are fearful of risks in their environment and/or of losing their authority tend to be more authoritarian parents who are unwilling to trust and respect their adolescent's growing capabilities and grant them more freedom and independence. They *'want to keep their 'child' for longer'* (key informant, Bulgaria). Overall, their parental expectations are *'Big child — big problems'* (key informant, Bulgaria). However, adolescents are quite determined to gain autonomy and freedom and establish their own identity. As a young girl explained, *'If parents always decide for you, they clip your wings'* (10- to 13-year-old girl, Romania). Thus, many actively resist the control of authoritarian parents by turning off their cell phones or breaking curfew to avoid reprimands, nagging and demands to return home.

On the other end of the spectrum, **permissive parents let go before their adolescent has the knowledge and skills they need to take on more autonomy and freedom**. Some are permissive because they have *'given up'* on parenting their adolescent, even to the point of neglect. They are too busy with work, or the challenges associated with parenting adolescents are too much for them to cope

with. Respondents say that adolescents with permissive or neglectful parents are more likely to engage in angry, risky and attention-seeking behaviours that challenged social norms – or withdraw emotionally.

Both authoritarian and permissive parenting approaches fail to provide the boundaries and learning opportunities adolescents need to develop positive autonomy, individuate from their families and establish their identity in the world.

In the middle ground, there are parents in the six countries with a more **authoritative parenting style**. These caregivers try to strike a balance between gradually giving their adolescent autonomy and independence and providing him/her with support on the other. They establish boundaries and make it clear that their adolescent's freedom operates within certain parameters. However, they do not use boundaries to control their adolescent per se, but to instil a sense of responsibility in him/her and others. As a 13-year-old rural Romanian girl said laughingly, *'What liberty without chores, without responsibilities?'*

When authoritative parents give adolescents more autonomy, they also support them with advice, information and acceptance. This support includes the space to make - and learn from – mistakes. Parents and adolescents value mistakes because they teach adolescents that freedom and autonomy come with responsibility. A Bulgarian mother explained, *'Whether good or bad, they should live with the consequences and stand by their actions'*. Mistakes also give adolescents the opportunity to learn: as a particularly humble girl remarked, *'I love when someone points out my mistakes to me. I talk to my mother more, but we make decisions together. For example, my mother always explains why and how I made a mistake and how not to repeat the mistake. I'm used to talking openly and I do not hide anything'* (14- to 17-year-old girl, Montenegro). At the same time, parents are not willing to stand by and watch their adolescent do something dangerous.

Parents of a child with a disability or chronic illness find it particularly difficult to know how and when to give adolescents more autonomy and independence because they fear their child's vulnerability. For example, a Montenegrin mother of two 15-year-old autistic sons remarked, *'The disability makes us worry more that something will happen. We do not feel comfortable letting them go out alone. What will happen when we are not there?'*. But several adolescents with a disability expressed frustration that their parents are overly protective and controlling. A 17-year-old Montenegrin boy with an intellectual disability complained, *'They scare us more, let us do fewer things, prohibit more things for us compared to our friends'*. Some adolescents respond to this lack of autonomy by going out on their own

without adequate support. But adolescents with a serious disability often have a very limited capacity to act on their intentions, as this example from a key informant in Montenegro illustrates: *'In one case [at our center], two young people of different religions got together...However, the boy's parent was absolutely explicit about not allowing this relationship. We controlled the conditions and respected the decision of the father...the parents simply did not want their child to be in a relationship with anyone who is not of the same faith, or to set up a family with such a person. Here, we had an issue with a triple ban – faith, sexuality and disability'*. In this case, those charged with empowering adolescents with disabilities contributed to disempowering by respecting cultural norms over adolescents' rights. Parents may have valid concerns about giving their adolescent with a disability more freedom, but many are failing to help their child become more autonomous and self-reliant.

5.1.3 Parental engagement in adolescents' lives

Parental engagement in different aspects of adolescents' lives is mostly driven by affection and personal obligations of care. However, many parents are also motivated by fear of perceived risks in their environment. This study finds that there is a pervasive perception that adolescents today live in a more risk-filled environment than the previous generation. As the concerns of this Montenegrin mother illustrate, parents are particularly concerned about risks related to sex, drugs and alcohol, the internet, and economic instability: *'It is very important to control the actions of an adolescent, especially nowadays when there are many risky groups of peers and socio-pathological phenomena'*. Across the Region, parents and caregivers are most engaged in caring for their adolescents' material and physical wellbeing. For many, education is a second, and growing, area of focus as parents try to prepare their adolescents for future employment in an uncertain economy. Parents are also becoming more engaged in supporting their adolescents' psychosocial health. However, few actively engage in parenting related to their adolescents' sexual and reproductive health.

Health and wellbeing

Both mothers and fathers are unanimous that their adolescents' health is their greatest parenting priority. However, parents appear to spend more time caring for their children's health in early childhood than adolescence. An exception are parents who care for an adolescent child with a disability or chronic illness.

1. General health and wellbeing

Within the study countries, **parents tend to teach their children how to take care of their own health from a young age.** As a young Montenegrin boy (age 10 to 13) explains, *'They tell me to eat healthy food and to exercise, because then I will not be sick'*. Female caregivers tend to focus more on teaching and modelling good nutrition, while male caregivers are more likely to teach and model the importance of exercise. Some parents allow their older adolescent to go to the clinic by him or herself, if the matter is not serious. A 16-year-old Montenegrin boy explained, *'We take care of ourselves, but they are always there for us when we get sick, when we have a cold, flu or something else'* (see also Abraham et al. 2013). Although older adolescents have the right to seek medical attention alone (see Bacalso and Mihajlović 2017), some prefer to have their parent present for moral support. For example, an older Belarusian girl told her foster mother, *'It's good that you took me to the gynaecologist last year.'*

Parents who are positive role models play an important role in preventing unhealthy and risky adolescent behaviours, such as smoking and drinking. Adolescents do not regard lectures, scolding, fearmongering or threats of punishment to be effective deterrents: as a 15-year-old Belarusian boy explained, *'I think parents influence their children not when they give a lecture, but when they show by example'*. If parents are not modelling healthy behaviour, adolescents pay little attention to their warnings. And as a 16-year-old Belarusian boy said, *'The more [risky behaviours] parents prohibit, the more you want to try it'*. This does not mean that adolescents do not want information and advice; adolescents say they need parents to inform and guide them by providing accurate information about different risks and how to avoid them, while also spelling out the consequences of different behaviours.

Parents also prevent their adolescent from engaging in risky behaviours by being attentive to them and by staying informed about what they are doing and with whom they are spending time. Some try to prevent negative outcomes by keeping their adolescents engaged in positive activities, so they do not *'spend time on the street'* (mother, Moldova). In focus groups, adolescents also say they appreciate open, non-judgemental discussions with a parent that provides information on health-related risks and how to avoid them, and the natural consequences of risky behaviours, such as unprotected and casual sex, smoking, drugs and alcohol consumption.

2. Sexual and reproductive health

Despite expressing concerns about their adolescents' sexual and reproductive health, most **parents in the six**

study countries are not very engaged with these issues. Female caregivers may tell their young children *'where babies come from'* in simple or made-up terms and promise more information later (mother, Moldova). A few mothers and grandmothers said they explain menstruation to their daughters. Some parents explain body changes to their adolescent son or daughter.

Parents primarily engage in their adolescent's sexual and reproductive health by communicating taboos and warnings related to premarital sex. For example, many mothers and fathers report that they warn their son/daughter about pregnancy-related risks. A few fathers say they discuss – or provide – contraception to their sons; mothers do not mention doing the same with daughters. An older adolescent girl captures common experience in the Region when she remarks, *'They try to scare us. Sleeping with a boyfriend or girlfriend is still not up for discussion. They tell us we should do it when we grow up, when we marry, not before that. They do not talk to us about it, they just scare us with the fact that someone could take advantage of us and that something bad could happen'* (17-year-old girl, Montenegro). Across the focal countries, high adolescent (age 15 to 19) birth and abortion rates show that parents have grounds for concern (Butsashvili et al. 2012, 63, 66), but that fear tactics are ineffective at deterring adolescents from unsafe sexual activity.

Adolescents and parents appear to be quite divided on who should teach adolescents sexual and reproductive health. Some adolescent boys and girls are adamantly against group discussions (e.g. in school), regardless of whether they are mixed or same-sex discussions. These young people prefer to discuss issues related to sex with a peer or a parent or close relative. In this case, the relative's gender does not appear to be as important as his/her relationship with the adolescent and comfort with the topic. Other adolescents expressed the opposite preference – they feel embarrassed discussing this issue with parents. They prefer to educate themselves online, in a class on sexual health, or through reading or discussions with peers; a young adolescent girl remarked, *'I won't ask anyone [about sexual issues]. I'll Google it and if I can't find anything, I'll stop looking'* (10- to 13 year-old girl, Georgia).

Similarly, **many parents are uncomfortable speaking to their adolescent about sexual and reproductive health.** For example, in Georgia fathers tend to worry that if they discuss sexuality with their adolescent daughter, it will incite in her a desire and interest in having sex. These parents think that their adolescent will learn what they need to know on their own or in school. At the same

time, there are some parents – especially those who are well-educated or have a healthcare background – who feel it is their responsibility to teach their adolescent what he or she needs to know. But these parents further expressed a need for knowledge and skills to do this.

Parents may avoid engaging in discussions about sexual and reproductive health with adolescents, but **adolescents are asking more questions and learning more about their bodies and sexuality – and from a younger age – than their older siblings and previous generations did.** This change appears to be recent, with some parents observing that their younger adolescent is less shy about seeing sexual content and discussing sexual topics than their older child. Mothers in a focus group in Bulgaria are especially concerned that an increasing number of boys are consuming online pornography, and from a young age: *‘They watch it in secret... You may not let them do it, but they swim in a sea of porn... There is nothing else they’d rather talk about [with peers]!’*. Respondents attribute these changes to children’s increased internet access and, to a lesser extent, magazines, books and school electives on sexual and reproductive health. Summing up a common sentiment, an older adolescent boy remarked, *‘We are sufficiently informed and we do not need a counselling service. There is a lot of it on the internet’* (16-year-old boy, Montenegro). But parents worry, and adolescents acknowledge, that much of the information adolescents are accessing is not accurate.

Asked when children should be taught about sexual and reproductive health, most adolescents and parents feel that age 10 to 13 is too young; they are more comfortable with age 13 and older. However, by this age most young people have already learned a significant amount from the internet and friends.

Although there is limited data on LGBTQ adolescents in this study, it is evident that **an adolescent’s sexual orientation influences parenting dynamics, attitudes and practices.** In a Region where society generally rejects any sexual orientation or gender identity that does not conform to traditional male/female norms, parents find it difficult to accept adolescents who identify as LGBTQ. In Montenegro, a key informant explained, *‘LGBT is interpreted by most as a developmental phase that will go away. Parents believe that the phase is also common, and that it will pass... they [adolescents] explore’*. However, when parents realise it is not just a phase, most label their LGBTQ adolescent as deviant or sick and ask him or her not to let anyone know they are different. Parents find it difficult to accept an LGBTQ adolescent. In Montenegro, a key informant said some parents reject their LGBTQ adolescent and evict him/her from home.

3. Psychosocial wellbeing

With an increase internet exposure and addiction, **many parents and caregivers are concerned that the internet is adversely affecting their adolescent’s mental health.**

In part, this is because adolescents are spending more time socialising in a digital world and less time relating to people in their immediate social environment. In Georgia, girls (age 14 to 17) in a focus group are also concerned that *‘this new generation is growing up with unstable mental health’*. In particular, they worry that adolescents become anxious and put themselves at-risk when they try to imitate (and then post) what they see online, from fashion to diet or *‘a trend to commit self-harm’*. To protect adolescents, many parents limit their internet activity and time online.

Within this study, **adolescents who struggle the most with a sense of wellbeing appear to lack a loving, consistent connection with a significant caregiver.** Significant caregivers do not have to be a parent or primary caregiver; grandparents are very important, as are other family members, friends and, in a few instances, teachers. Adolescents from single-parent homes in which they are emotionally or physically estranged from one or both parents due to divorce, labour migration or death appear most at risk for neglect.

Parents who actively support their adolescent’s psychosocial wellbeing place emphasis on the importance of being attentive to their child’s emotional state and noticing and responding to warning signs early on. They also coax their adolescents to open up and communicate when they are withdrawn by creating a safe space to listen. Most note, like this Moldovan grandmother/caregiver, that it is critical *‘to notice such things in the early stages, to avoid such situations [suicide]. If your daughter is sad today, you have to notice this right away. You need to take care of it immediately in order to avoid it [suicide]’*. Some parents seek help for their adolescent from a mental health professional, but not all find this helpful.

Education

Across the Region, parents are very responsive to and involved in their children’s early schooling. But **as children transition to adolescence, the nature and level of parents’ engagement changes.** In all six countries, parents expect adolescents to increasingly take responsibility for their schooling and grades. To this end, parents give adolescents more say in decisions related to school while also making it clear that school work is their primary obligation – their household ‘work’. A 12-year-old Montenegrin boy

explained, *'They expect me to be smart, to be full of understanding, to be independent, that my education comes first place... They do not want to help me too much, they prefer to encourage me to solve problems myself. They want me to be independent'*. Parents are proud of adolescents who demonstrate self-motivation. Likewise, adolescents seem to appreciate parents who don't *'intervene in school matters'* (16-year-old girl, Romania). In general, parents of adolescents take an interest in the choice of school, the school day and extracurricular activities, but they expect their adolescent to be self-directed and *'take care of their school duties on their own'* (mother, Montenegro).

But while parents may not be as directly involved in their adolescent's schooling as their younger children's, **most are emotionally involved and put significant pressure on their son or daughter to get good grades**. This is because they tend to judge results and the quality of learning by how high the marks are. They focus on grades because they believe school success determines their adolescent's long-term economic outcomes (see also Robila 2004, Shutova 2011). A 14-year-old Romanian boy explained, *'My parents tell me to learn as much as I can since I am not learning for them, but for me...to be able to have a job I like in the future. If I do not learn, they tell me things I do not like – that I will end up in construction, as my father, or at Motoc or McDonald's'*. Parents also focus on grades because there is a pervasive belief that their adolescent's school outcomes are an indication of parenting success or failure. This is especially true for mothers, who are held responsible for their children's education. With so much at stake, some parents spend considerable energy attempting to motivate their adolescent to study with threats of punishment, such as taking their phone or grounding, and promises of reward, such as pocket money or more internet time.

Parents who work abroad are not physically present, but many check in daily with their adolescent to monitor his or her progress in school. School progress is often an important point of connection for adolescents and their migrant parent: adolescents want to please their absent parent with their school performance and absent parents need to know that their son/daughter is doing well in their absence, in part so they do not lose respect as a parent. High grades achieve both objectives, as this girl's account shows: *'Everyone is satisfied with me, but I'd mostly like my father to be so and to see what I do, because he's not in the country, and every time, every day I call him... when I work somewhere or when I get a good mark, my father congratulates me, and that's why I call him, so that he knows I learn even if he's far away'* (10- to 13-year-old girl, Romania).

By necessity, the **parents of adolescents with a disability** tend to invest more energy than most in supporting their child's learning and development because the learning support offered in the education sector is inadequate: as the mother of an adolescent (age 10 to 17) with a disability stated, *'I am my child's teacher so that the child can learn something'*. At the same time, it is evident that parental engagement may change over time as parents adjust their expectations to their child's developmental trajectory.

This regional study also finds that **regardless of how motivated parents are to support their adolescent's education, some struggle to do so**. For example, parents with a low education level and internally displaced Roma and Egyptian parents in Montenegro say they struggle to provide their adolescents with the opportunities and learning support they need.

Relatedly, **some parents in rural communities say that longer distances to school prevent them from participating in school events or accessing pedagogical support**. Rural adolescents explain that distance and a lack of options also prevent parents from enrolling them in extracurricular activities or training courses. School quality also tends to be lower in rural areas. Compounding these challenges, a key informant in Bulgaria finds that many parents do not know how to gauge their adolescent's learning apart from grades, so if grades are low, they question why their child – especially a daughter – should attend upper secondary. Together, these factors contribute to the widespread perception that adolescents in villages are *'more simple'* (16-year-old girl, Moldova).

Overall, parents have limited engagement with the school. Some are engaged in 'the Parent's Council' (mother, Montenegro) and attend parent-teacher meetings. But many believe that what happens at school is the responsibility of the institution. And in some cases, parents and teachers have an adversarial or dismissive relationship that inhibits cooperation. This evidence supports previous findings from the Region (see, for example, Kovacs-Cerovic et al. 2010; IPSOS 2017; Centre for Educational Policy Studies 2010).

Protection from violence

'Pay attention, be careful, protect them like the light of their eyes' (father, Romania).

While parents are the primary adults responsible for protecting children from violence, **most accounts of violence against adolescents in this study were in fact perpetrated by parents and caregivers** (see also Dvalishvili 2013; UNICEF and UNFPA 2017). Adolescents experience violence as corporal punishment, whipping, *'thrashings'*, *'slaps across the face'* and harsh verbal abuse, including threats. *'They told me that I was someone else's child and if I acted a certain way, they would tell me that I belong to someone else, not them'*, a young Georgian boy (age 10 to 13) recounted. Harmful cultural norms, such as early marriage, are also largely parent-directed. Parents who use violence do so to threaten or punish bad or disappointing behaviour, or because they are drunk and/or angry. In a few cases, a parent tried to protect his or her adolescent from the other parent. But most violence is not interrupted.

Outside of the home, **violence against adolescents most frequently occurs at school and/or between peers**. In all six countries, adolescents and parents/caregivers recount many experiences of adolescent boys and girls being *'mobbed'* (father, Belarus), threatened with violence, hit or beaten, verbally abused, and bullied. Usually physical violence is inflicted by boys, but in some cases, it is perpetrated by girls.

Parents and caregivers commonly use one of three approaches to protect or defend their adolescent from violence. In one approach, a mother or father goes to the school and asks a teacher or headmaster to mediate and intervene; however, the school rarely remedies the situation. This appears to be the least effective approach. In a second more common approach, a parent meets and speaks with the bully or advises their adolescent how to do so. In every case, this approach ended the bullying peacefully. In the third and most prevalent approach, fathers advise and teach their adolescent (including daughters) to defend themselves and stop the bullying by *'hitting back'*. These approaches may resolve individual conflicts, but they perpetuate a common perception that adolescents are becoming more aggressive and that violence is best responded to by force.

In this study, **there is little evidence to suggest that parents are aware of the need to prevent self-harming behaviour** in their adolescent (e.g. *'cutting'* or attempting suicide). In the few instances of self-harm mentioned, the parent reached out to mental health and medical professionals to protect their adolescent from further harm.

5.2 HOW DO MACRO, INTERPERSONAL AND INDIVIDUAL-LEVEL FACTORS INFLUENCE PARENTING?

This section presents key findings that demonstrate how factors at the macro (i.e. political, economic and socio-cultural), interpersonal and individual levels converge to influence parenting dynamics, styles and practices, including in the most vulnerable families. Within this ecological systems framework, special attention is paid to how social norms and cultural practices – especially those associated with gender and generation – influence the parenting of adolescents. Reference is also made to how vulnerabilities associated with poverty, disability and chronic illness, ethnicity, and labour migration influence the parenting of adolescents and adolescent outcomes.

5.2.1 Macro-level factors that influence parenting

In this section, we explore macro-level factors to examine how events that may seem distant and beyond our control, such as political and economic transitions, influence the way the parenting of adolescents is understood and experienced in everyday life. In the ECA Region, these influences are primarily related to economic and political

transitions, technological change and geography (urban/rural). To understand these relationships, this section analyses how these factors are influencing parenting styles, dynamics and practices in the six study countries, including in the most vulnerable families.

Economic transformations: Economic instability and rising costs

'Everything has changed, which is neither good nor bad, it's just different. In Europe and the USA, the changes happened gradually . . . while for us it was just BANG! And one day we woke up holding cell phones . . . changed our Soviet 06 cars for the BMW. We weren't prepared' (Government service provider, Georgia).

For parents, **the transition from a state-planned to a globalised market economy has introduced new opportunities as well as new sources of economic vulnerability.** Parents now have more freedom to decide where and how they work, but many struggle to find adequate and stable employment. Fathers report that pay is often low – or very late – and salaries and prices are unstable due to currency fluctuations and inflation. This economic uncertainty and hardship is compounded by a significant rise in child-related expenses. For example, in Romania, a father in Bucharest remarked over hidden

costs in the fee-free education system: *‘I have never been asked for so much money from the school as is requested nowadays: for notebooks and many things in the classroom – the curtain, the printer... Is it not the duty of the education system to provide these items?’*. At the same time, post-Communist era parents are eager to provide their children with modern goods they never had, and adolescents are redefining status based on the conspicuous consumption they see on TV, in the movies, and online. Parents express concern that these added demands put significant pressure on the household budget.

Box 2: Adolescence and parental labour migration

Parental labour migration has a unique correlation with adolescence. As children approach adolescence, parents face new, associated financial demands. For example, school-related expenses rise and adolescents need a bigger budget for clothing and technology, such as a home computer and mobile phone. At the same time, parents tend to feel more comfortable leaving to migrate for work when their children become adolescents, because they perceive adolescents as being more capable of caring for themselves.

These dynamics impact parenting and adolescent outcomes in significant ways. Just as children enter adolescence – a life stage in which they require consistent attention and the acceptance of trusted adults – they lose connection with a primary caregiver when their father and/or mother migrates for work. Depending on their caregiver arrangement, adolescents may also encounter a loss of care and parental oversight and be forced to take on more household and caregiving roles and responsibilities. Further, at the very time they are forming their own identity, many adolescents experience teasing and mockery from peers regarding the type of work their parent(s) engage in abroad. Compounding these challenges, adolescents, parents, and the caregivers who take on parental roles must negotiate and renegotiate their roles and responsibilities whenever a parent leaves or returns home. These transitions create new sources of tension for families, including for the grandparents, older adolescents and relatives who support parents with caregiving.

Together, these factors put the adolescents of migrant labourers at risk for negative outcomes (for Romania, see also Botezat & Pfeifer, 2014; for Bulgaria, see UNICEF Bulgaria 2014).

To provide for their families, many parents (particularly fathers) are taking multiple jobs. Some parents, especially in Bulgaria and Moldova, migrate to work in other countries. Both strategies negatively impact the time parents have to build attachment and connection with their adolescent. A key informant in Georgia observed: *‘Parents had much more time for their children in our time. It was the era of Communism, the workday finished strictly at 6pm, while today parents work overtime because their children need more things and they want to be able to provide those things for them’*. Some parents live with so much economic and social precarity that they struggle to either reproduce traditional parenting norms and practices or change with the times. Parents who must work long hours or migrate to provide for their families complain they do not

have enough time to parent their children: *‘Indeed, there is no time to talk. They come, we go’*, a Moldovan mother remarked. Single parents are particularly vulnerable in this regard, especially if they lack family support.

Pervasive **economic uncertainty also influences how parents advise their adolescents** on schooling and employment. Parents who believe schooling is a reliable pathway to social mobility are more likely than their parents’ generation to pressure adolescents to study hard and get good grades (see also Robila 2004; Shutova 2011). But many of these same parents are concerned that high unemployment and economic uncertainty equals limited economic opportunities for graduates. Thus, in Montenegro, some parents are advising their sons to migrate for

work rather than try to make a living at home. A 16-year-old Montenegrin boy explained, *'Parents advise us to seek better opportunities elsewhere'*. His 17-year-old peer added, *'When we consider the overall situation in the country, it seems that you can make good money if you are into crime, which we do not want, or if you end up working on a ship. We have opted for the latter and we love it'*. In Bulgaria, a key informant reports that some Roma parents are so poor and ground down by poverty that they say to

their adolescents, *'Do what you want. I need money, I don't care [about the means]'*. Adolescent boys in Ferentari ghetto, Romania, also experience economic pressure to work, often in unsafe conditions. When parents face this level of economic insecurity, they are more prone to 'do whatever it takes' to survive. In so doing, they create parenting patterns that introduce new risks into their adolescents' lives.

Box 3: Social transformations in a digital age

Internet access, social media and smart phones have created a silent social revolution that is transforming intergenerational relations. *'Children found freedom on the internet'*, a Georgian mother observed. *'There is no more communication with parents, they no longer ask questions when they are interested in getting some information, they just surf the internet and that's it'*. Just as the social transition from oral to print culture shifts authority and power to experts in written knowledge (e.g. scholars, states), so, too, the transition from written to digital media is shifting power to those with more digital knowledge: children and adolescents.

At the same time, both adolescents and parents understand that *'Google'* can be very unreliable. This means that **digital media is empowering adolescents in both real and imagined ways**: armed with more knowledge, many adolescents try to negotiate with their parents for more decision-making power. But with adolescents accessing information from a range of sources, reputable and misleading, parents doubt their adolescents are as prepared to make informed decisions as the adolescents think they are. And even if they are, many parents are unwilling to give up authority. This situation creates **new sources of intergenerational conflict and adolescent risk**. It also leaves parents and adolescents battling for respect and authority on a faulty playing field.

The digital world is also affecting parenting dynamics and practices in other important ways (see also Livingstone et al. 2017; UNICEF 2017). Parents fear that adolescents are being exposed to new risks online, including pornography and high-risk games, such as *'Blue Whale'* (parents, Moldova). Adolescents and parents also express concern that an increase in time online negatively influences the time they spend communicating, the quality of their interactions and, by extension, their sense of connection. Parents and adolescents may be home, but alone with their technology. As both generations increasingly make their relational connections online, many individuals are becoming more comfortable relating with their virtual community than with their immediate one. Parents notice that these trends are more pronounced with their younger adolescents.

Given that adolescence is a life stage in which children work to establish their own identity, **adults worry that adolescents' online connections are undermining their ability to develop an authentic sense of belonging and identity**. Young people whose immediate relational surroundings are not meeting their social-emotional needs are particularly at risk, as this comment by a 15-year-old Moldovan girl illustrates: *'The internet is connection with the world. Without the internet, you feel alone in a corner where nobody sees or hears you'*. Thus, social media is creating new sources of attachment and connection, but also new experiences of neglect. Both adolescents and adults worry that these patterns are harming this younger generation's mental health.

Many parents try to manage these risks. Some delay the age at which they allow their child access to the internet, social media and a mobile phone. Most limit their adolescents' time online. Many teach their adolescent how to block texts and friend requests from unknown people. Some monitor their adolescents' online activity. Rapid technological change and a lack of IT skills make it difficult for parents to mitigate internet-related risks.

Political transformations: Children's rights

Across the focal countries, **parents were quite unprepared for the rapid shift towards the implementation of international child rights laws and policies** that accompanied the transition to democracy. Specifically, parents report that the state set out new laws and policies related to parenting and children's rights without providing adequate support to parents and children to understand and realise their rights and obligations. This situation has created several new challenges for parents.

First, **parents who were raised with an authoritarian parenting style knew they had to adapt to a rights-based parenting approach** (as reflected in the UN CRC). Among other changes, this means they must find new ways to enforce their authority without resorting to physical punishment. A mother in Romania explained, *'In the past, people considered that beating their child was very beneficial for their discipline. Nowadays, we don't even dare to ask them to move an inch'*. This is challenging for many parents, who feel unclear about their authority as parents.

Additionally, many **parents complain that now that adolescents have rights, they ignore their responsibilities**. As a Bulgarian mother remarked, *'They have it rammed into their heads that they have rights, but no one bothers to explain to them that those rights come with responsibilities. Rights and responsibilities go hand in hand'*. Parents understand that having rights without responsibilities contributes to negative outcomes, but faced with a sudden change in rules, many parents struggle to enforce boundaries and ensure their adolescents fulfil their obligations.

Unsure how to parent in this new environment, **many caregivers continue to parent in ways that violate or ignore adolescents' rights**. Despite these violations, parents feel that, compared to their own childhoods, children's status has increased. This suggests that the introduction of children's rights laws and policies has led many parents to approach their parenting in new ways.

Geographic influences: Parenting in rural and urban settings

Being a rural or urban household has a significant influence on parenting styles and practices. One reason for this is that parents in rural households are likely to have fewer economic opportunities and less access to services for their children than parents in urban areas (see also UNICEF Belarus 2017). This may explain why rural parents

in all six countries are more likely to raise their children to contribute to the household and childcare, and from a younger age. Rural adolescents are also less likely to have 'gadgets' (e.g. smartphones and tablets) or spend time on the internet and are more likely to be outdoors doing physical activities, in part because they are often poorer (Rural mother, Belarus). Consequently, young people widely regard rural adolescents to be *'healthier and stronger'* and less *'spoiled'* than their urban peers (boys age 10 to 13, Moldova). But urban adolescent boys (age 10 to 13) in Moldova say that they learn more in the city because they have more access to resources.

These limitations tend to increase the amount of time rural parents spend with their adolescents. Additionally, these parents have more control over their adolescents' behaviour because, in contrast to urban parents who rarely know their neighbours, adults in rural communities often feel comfortable holding local children accountable for their actions – especially in the Georgia study (see also Iolu 2014). Overall, urban and rural adolescents believe that these relationships tend to keep rural adolescents safer.

5.2.2 Interpersonal factors that influence parenting

This section uses a strengths-based approach to examine interpersonal factors, relationships and cultural practices that influence parenting dynamics. This approach highlights relationships that promote positive parenting as well as interpersonal factors that negatively influence the parenting of adolescents.

Positive/protective interpersonal dynamics

Evidence from adolescents and parents in all six countries suggests that parents who develop **a warm, accepting and trusting relationship with their adolescent** experience benefits to their parenting efforts in the form of positive adolescent outcomes. For instance, their adolescent is more likely to turn to them for advice and support in emotionally difficult circumstances, rather than trying to deal with their problem alone or with others (see also Omanadze et al. 2017; UNICEF Romania 2013). For example, a 12-year-old Belarusian girl explained, *'Mom talks to me in the morning before going to work. We can discuss the problems in my life during tea. Mom helps me to formulate thoughts, shows what I did wrong'*. These adolescents feel safer making and learning from mistakes (many of which are relational) and admitting when they are

wrong. The absence of a positive relationship with parents puts adolescents more at risk: asked who he turns to for emotional support, a 17-year-old Belarusian boy living in alternative care responded, *'You have some alcohol and it feels better'*.

When adolescents know their parents have their best interests at heart, they are **more likely to consider their parents' advice** regarding friendships and dating, and to **make good relationship choices**. For example, in a focus group of 14- to 17-year-old Georgian boys, one boy said to his peers, *'You might meet a girl and be unable to tell your parents because you feel embarrassed. I haven't had such an occasion; I always go directly to them and tell. I try not to hide anything because eventually it will become evident anyway. If I tell them directly, they will give me advice'*. A positive parent/adolescent relationship also provides **a model for how a son/daughter should treat – and be treated by – others**, including future partners. A Belarusian father explained, *'With her father, a girl learns how to build a relationship with her future husband [i.e. to expect love, admiration, etc.]'*. Parent/child dynamics change over time, but if one parent has a positive interpersonal relationship with their adolescent, long-term outcomes are more likely to be positive.

A **good spousal relationship** is also critical to parenting and positive adolescent outcomes. Several parents say this is the single most important parenting factor. One reason they give for this is that good marriages model solidarity, collaboration, cooperation and complementarity. This teaches adolescents how to relate with others, but it also provides material, physical and social support for parenting. In a statement strongly supported by broader evidence, a father explains, *'The most important thing is what we have set as a priority for our family: our relationship comes first...between husband and wife. I think it all starts from there. If things between us are OK, we will sort it out with the kids somehow...but if we ruin things between us, this will directly impact the children. So, this is what comes first'* (father, Bulgaria). By showing adolescents that their relationship is *'impenetrable from the outside'* (father, Belarus), parents teach their children that it is appropriate and important to have relational boundaries. *'Getting along'* is conducive to a more peaceful home (father, Bulgaria), which enhances an adolescent's sense of well-being, but it also enables couples to consult with each other and share information about their children. Parents who present a united front also experience less conflict with their adolescent related to disciplinary decisions. These marital dynamics support positive parenting practices and adolescent outcomes in the short and longer terms.

In all six study countries, **positive interpersonal relationships with immediate and extended family** are an important source of parenting support. This pattern, which has strong cultural precedent, is most evident in households led by grandparents or single parents, and in households that have a member with a disability or chronic illness. **Adolescents and grandparents** are the most common sources of parenting support, but some adult siblings, aunts and uncles, and godparents also provide care. Some relatives provide support through visits, but many live with the children who need care, – with or without the parent(s) – and sometimes for years at a time. For example, a single mother of 11-year-old autistic twin boys remarked, *'The 'man' in my children's life is their grandmother. She is my mother... [After the marriage separation] I came back with all my things, and with two children with disabilities, to my mother's one-bedroom apartment...and this woman gave me her time, her money... her soul, everything'* (mother, Romania). This pattern of support appears to be very strong in Bulgaria and Moldova, where there is a high prevalence of labour migration, but weaker in Montenegro.

A few **adolescents who shoulder significant caregiving responsibilities** feel these demands impinge on their autonomy, but most say that caregiving deepens their interpersonal relationships: they know their parent respects their competence and appreciates them for their contribution, and they attribute their close sibling relationships to caregiving. Thus, while caregiving provides parental support, it can also deepen adolescents' interpersonal relationships within and across generations: as a 19-year-old Moldovan brother/caregiver shared, *'We, for instance, grew up without a father, but if somebody hurts my sister, she will certainly come to me to tell me about it. She will not complain to mom, but to me, because she knows that I am like a wall behind which she can find protection'*.

Grandparents also provide important *relational support* for adolescents. As a group of Bulgarian mothers explain, grandparents give what parents do not have: time. Across contexts, many adolescents remarked that they feel closer to their grandparents and find it easier to confide in them than their parent(s).

Interpersonal factors that negatively impact parenting

Across the study countries, four interpersonal dynamics stand out for their prevalence and their negative impact on parenting support and dynamics and adolescent outcomes.

First, a **fear of social judgement** hinders mothers in particular from discussing parenting challenges and asking for advice and parental support. Culturally, mothers in all six countries are held accountable for children's behaviour and blamed for any negative behaviours. This culture of judgement is so pervasive that many mothers and their adolescents feel they live under constant surveillance. For example, a 14-year-old Moldovan girl complained, *'The neighbours are like cameras in the village... You cannot hide anything. They tell them [parents] immediately, 'Your daughter did that, went out with that boy'.* These attitudes and practices contribute to a general distrust of neighbours and a tendency to hide behaviours and problems from others rather than seek help.

Additionally, a **strong tradition of social control** influences parenting practices and styles. Used to navigating tight state control by conforming to strict behavioural norms or reporting on 'deviant' neighbours, many parents continue to feel that they – and their adolescents – must conform to social norms and values or face social judgement. This sentiment makes the process of adolescent individuation quite threatening to parents and encourages the use of authoritarian parenting practices (see also Popoviciu et al. 2013). Often, parents do so in ways that harm the parenting relationship and adolescent outcomes. Many adolescents complain that their parent(s) seek to control them rather than understand and accept their mistakes, and say they preach, lecture, criticise and publicly rebuke them, rather than listen. This causes many to withdraw and avoid their parent(s); as one boy said, *'I am more scared of my mother than my father, but I cannot talk to either of them'* (10- to 13-year-old boy, Georgia).

Third, although **corporal punishment** has been banned across the Region, there is still high normative acceptance for the use of violence to solve interpersonal problems. This appears to be changing, but some worry that this approach encourages a cycle of interpersonal and intergenerational violence.

Finally, the **prevalence of separation and divorce** in the study countries negatively impacts parenting support and adolescent outcomes in several tangible ways. In many instances, divorce and separation (due to conflict or migration) created emotional and physical distance between parents and between parents and children. Following separation or divorce, fathers are often excluded or absent from parenting, children may withdraw emotionally, and some children and parents pit one parent against the other in a bid for control. When one parent is functionally absent, adolescents also lose a parental role model, connection and attention. For example, a 16-year-old Romanian girl explained, *'When I tell secrets to a boy, I feel as if I am pro-*

tected. I've got this feeling because I lack this father-figure in my life'. In the case of migrant parents, interpersonal dynamics are further complicated when a parent leaves and returns. In Bulgaria, parental conflict is responsible for over 17,000 children being in the child protection system (key informant, Bulgaria).

Evidence from some respondents in this study suggests that **parenting needs and risks associated with separation and divorce can be mitigated by positive interpersonal relationships**: cooperative shared parenting; daily communication between separated parents and adolescents; and by consistent, loving caregiving by significant others, such as grandparents.

5.2.3 Individual traits and factors that influence parenting

An ecological model of parenting recognises that individual/subjective factors associated with parents and adolescents can influence how the parenting of adolescents is constructed and experienced. While individual factors intersect with interpersonal and macro-level factors, this section highlights individual traits and factors that were found to influence the parenting of adolescents in the six study countries, including in vulnerable families.

Birth order and personality

Birth order has a strong influence on the roles and responsibilities parents assign to adolescents. Parents in this study are likely to make their eldest children responsible for some level of caregiving for younger siblings. Birth order also plays a significant role in how parents with a child with a disability manage their parental responsibilities: if the child with a disability or a chronic health condition is a younger child, older siblings can help with his/her caregiving. If the eldest is the child with a disability or a chronic health condition, parents must either find support for that child so they can care for their younger children or find parenting support for their child(ren) without disability so they can care for their child with a disability or chronic health condition. Both scenarios are very difficult. A mother whose eldest has a disability described her situation as *'a total horror'* because her younger children feel she has neglected them.

Birth order can also influence the parenting style parents use with individual children. For example, a Montenegrin mother explained, *'The first child is the one who*

breaks the ice and it is very challenging to raise him/her. Then with the second one you are less scared, and the third one raises himself/herself. There are differences'. Birth order can also have the opposite influence: another mother said that she parented her second child better because she learned from her mistakes with her eldest. Still other parents use birth order to explain favouritism. For example, many parents in Moldova favour and are more permissive with their youngest child. These sentiments influence parenting dynamics and attitudes towards discipline, but they also shape adolescent outcomes: in Moldova, several parents and adolescents observed that last-born children often grow up to be irresponsible and lazy.

Adolescent and caregiver narratives also reveal that **parenting styles and approaches often differ in response to each child's personality**. For example, a Montenegrin mother explained, *'I have two boys with two different personalities so I take different approaches to them'*. Further, it was common for adolescents and parents to comment that personality similarities/differences made it easier or more difficult to get along with one parent/child over another. Thus, while several parents said they treat their children equally, the study findings suggest that personality strongly influences parenting dynamics by making it harder or easier to parent and build connection with one adolescent over another.

Gender

Gender has a strong influence on how parents approach the parenting of adolescent boys and girls. As previously noted, parents in ECA tend to punish sons more harshly than daughters; as a Belarusian foster father explained, *'The girl was born for tenderness'*. However, most parents in the study countries appear to be stricter with their daughter's behaviour: that is, they hold them to higher behavioural standards and give them less autonomy and freedom. The main reason given for this is that parents are more likely to be judged based on their daughter's behaviour, and her sexual behaviour can bring shame on the family. Adults across the six countries also believe that girls are more responsible than boys, and from a younger age. Thus, as an older adolescent boy explained, *'it is considered that girls should be perfect. If there is another person with her, she will behave perfectly. Young men shouldn't be perfect'* (16-year-old boy, Belarus).

This pattern is especially evident in relation to **adolescents' romantic and sexual relationships**. Adolescent boys are often encouraged to prove their masculinity through sexual encounters and they face few consequences if

they impregnate a girl. As a 17-year-old Romanian boy explained, *'For a boy there is not much panic. He did it [have a baby at age 14], that's it. He pays an alimony and he leaves'*. In contrast, parents in the study generally do not allow daughters to date until their late teens and frown upon serial boyfriends. They may also punish their daughter if they learn that she has had sexual relations or disown her if she becomes pregnant.

This **gender bias** is particularly strong in **ethnic and religious minority households** (e.g. Roma, Turk, 'religious minority') that hold more firmly to patriarchal gender norms. For example, a Muslim mother in Georgia explained that she teaches her children that it is forbidden to interact with the opposite sex. Similarly, a Muslim mother in Moldova explained, *'The girl should be more under control, from primary school. The phone needs also to be checked...Girls are not equal to men; the man's word has power'*. In minority group families, parents are more likely to try to control their daughter's decision-making and keep her under strict control so that she is a virgin when she marries. The extended family – including aunts, uncles and grandparents – is also more likely to take responsibility for arranging a daughter's marriage and overseeing it over the long term. These unequal sexual norms contribute to a significant amount of covert sexual behaviour on the part of adolescent girls in this study.

Minority group identity

Parents from minority groups are also more likely to use a more **authoritarian parenting style** overall. For example, the Moldovan Muslim mother keeps all her children, not just daughters, under her control. She not only expects full obedience from the younger generation, but also asks them, *'Where have you been, where do you come from?'*. But while other minority group parents say they share these parental expectations, many also say that they find it difficult to enforce their authority.

Within the focal countries, there is a **history of discrimination** against religious and ethnic minority groups that has ebbed and flowed in response to the political and economic context. In Bulgaria and Montenegro, the more that minority parents can integrate into the dominant culture, the more they and their children are accepted by society; however, this leaves Roma parents and adolescents from traditional and destitute families very marginalised. In a variety of contexts, a perception of social bias makes Roma parents feel they must cope with problems and fears on their own. Key informants report that the situation of Montenegro's vulnerable Roma and Egyptian population has

improved somewhat: housing provision and access to education, health and social protection are better. However, social inclusion strategies are not always implemented, and these parents may still be vulnerable for reasons related to their initial displacement (e.g. war, poverty).

Disability and chronic illness

Having a family member in the home with a disability or chronic illness influences the parenting of adolescents in diverse and significant ways.

Parents with a disability or chronic illness explain that they find it difficult to fulfil many of their parental roles. Consequently, they often give their adolescent(s) added caregiving and household responsibilities. In Montenegro, many parents with disabilities have difficulty accessing material assistance from the state. These conditions make it difficult for them to participate in parenting.

When there is a child with a disability in the family, many parents said that they struggle to meet the

needs of their child with a disability and their child/ren without. They also find that they must use very different parenting styles and practices with their children. These challenges complicate relational dynamics: in some cases, parents observe that their children without a disability feels uncared for. Other parents share that they have experienced marital tension or divorce due, in part, to the *'extraordinary pressures'* associated with caring for a child with disabilities (mother, Romania).

Many **parents try to manage these demands by increasing their parental support.** Most draw first on their **adolescents and extended family.** Some put their adolescent with a disability into a **day care centre** or into **alternative or residential care.** These parental decisions are very personal for a Bulgarian boy with a disability (age 10 to 13) who observed that while some parents put their child with a disability into an orphanage because they do not have the resources to care for him/her, others just don't want to care for a child with disabilities: *'They simply abandon them. They abandon their baby'*. This comment underscores the vulnerability of adolescents with a disability and the immense caregiving challenges their parents and caregivers face.

5.3 WHERE DO ADOLESCENTS AND THEIR PARENTS TURN FOR INFORMAL AND FORMAL SUPPORT?

This section presents key findings that answer the third research question, *'Where do adolescents and their parents turn for informal and formal support?'* The purpose of this analysis is to understand the different resources adolescents and the parents of adolescents have, and develop for themselves, apart from parenting support programmes and services.

5.3.1 Where do adolescents and their parents turn for informal support?

Parenting Adolescents finds that adolescents and their parents/caregivers have several key ways of building support for themselves and each other.

Adolescents who enjoy and know how to build supportive relationships with parents and others have the greatest capacity to **turn to family and peers** for support. This is because they know how to establish and maintain emotional and behavioural boundaries, cooperate with others, and diffuse conflict – or, if needed, stand up for themselves. Parents appreciate that these adolescents are *'predictable, good...responsible'* (mother, Montene-

gro), *'willing to help'* (mother, Moldova), *'good, kind'* (aunt/caregiver, Moldova) and *'resourceful'* (cousin/caregiver, Moldova), and are more likely to turn to adolescents who demonstrate these traits for support. Adolescents who lack these skills and resources are more limited in who they can turn to for support, and often the options available to them increase their risk.

Adolescents turn to a trusted parent, relative, friend or teacher when they need an advocate, either for protection or to help resolve a conflict. For example, an older adolescent boy in conflict with the law explained, *'If I were threatened, I would tell my uncle'* (14- to 17-year-old-boy, Georgia). With the rise in cyberbullying, a 13-year-old Belarusian girl recounted that she needed the support of parents and teachers to stop the spread of *'bad gossip'* online. Adolescents with disabilities or vulnerability (e.g. in alternative care) are more likely to turn to, and depend on, the support of parents: in Belarus, a 17-year-old boy from a vulnerable situation explained, *'I turn to my parents in the case of problems that I cannot solve by myself'*. Caring adults are not always able to solve the adolescent's problem, but they are able to provide him/her with valuable social and emotional support.

In all six study countries, **adolescents routinely reach out to peers** for emotional support, information and advice on problems. An 11-year-old Romanian girl explained, *'I have the best friend in my class. His name is A. and I can talk to him about anything. He doesn't say anything to anyone and I can trust him. And many times, he pours out his heart to me'*. However, many adolescents express a sense of caution about friends and, conversely, more confidence in parents. A Georgian girl (age 10 to 13) warned, *'If I compare them to friends, your mother and father won't give you bad advice, but a friend can do something bad to you, give you bad advice'*. This perspective – which mirrors the view of many parents – limits some adolescents' choice to build networks of support beyond family. In this study, the only adolescents who express full confidence in peers and distrust of parents are those in alternative care, in conflict with the law and/or 'vulnerable'. This suggests that while peer support is valued by most adolescents, it plays a more vital role for those lacking close parental support.

Increasingly, **adolescents look to the internet** for the knowledge and advice they need to make decisions. For example, a 16-year-old rural Belarusian girl explained, *'If we have problems in any situation, we surf the internet, watch information on how to overcome difficulties'*. Some learn about their human rights online and use this knowledge to convince parents they need to respect their rights more.

Parents primarily turn to immediate and extended family for informal parenting support related to caregiving, domestic work and advice on family issues and problems, including decisions related to their adolescent and adolescent behaviour (see also Omanadze et al. 2017). A Montenegrin mother explained, *'Mostly, problems are solved within the family. We teach them [adolescents] that we are always there for them because only the family can provide them with all the protection they need'*. This pattern is more prevalent in rural communities and households missing one or both parents.

But while family support is appreciated, **many parents feel they lack the advice they need** to meet the parenting challenges they encounter. A Moldovan mother explains, *'We are not always aware of what we are doing and nobody is there to help. Only our parents can advise us, but their advice was relevant during their times but not today. So, we are practically left alone to raise our children, but how are we to do that?'*. These types of comments suggest that parents need and want knowledge and recommendations that specifically address the issues they and their adolescents face today.

There is limited evidence that parents seek informal support from people beyond family. Only a few mothers

and fathers in the study mention they rely on the advice and social/emotional support of trusted friends. In Bulgaria, for example, mothers in a focus group say they have a group of friends who meet for parenting advice and moral support. These mothers also share caregiving. In Montenegro, the parents of children with disabilities find informal mutual social support when they bring their children to an NGO for the parents of children with disabilities. A few parents in the study countries mention that they seek advice on school-related problems from teachers, but the parent-teacher relationship is generally strained. In Georgia, some parents express interest in hearing parenting advice from clergy; they trust the Church, so the advice they receive is considered reliable. However, this study does not find that parents routinely go to their church or mosque for advice or support.

There are several possible reasons for why so few parents reach beyond family for support. Many respondents say they have very little time and one father connects this to a lack of support beyond family: *'We live in a fast-paced society. I do not know who of us could even think of relying on something other than the family'* (father, Montenegro). Other reasons evident in the study include distrust between neighbours, family conflict and a lack of resources.

Parents also report that they find parenting support in print and digital media, such as parent magazines, books, television shows on parenting, 'Google' and social media forums for parenting-related information and advice. When they go to these sources for parenting support, they are primarily looking for parenting advice, information on child and adolescent development, and emotional support. A Moldovan mother explained, *'Every day I read information from the Clubul Parintilor Constienti [Club of Conscious Parents]. There are a lot of parents who tell their stories and give advice. There are also professionals who offer their opinions.'* Another mother offered, *'There are groups on Facebook where we can talk with other mothers, as well as books, articles'*. However, many parents regard online forums as unreliable. Parents with higher education appear more likely to read books on parenting. Literacy and the language medium (i.e. English or Russian) is a barrier to access for some parents.

5.3.2 Where do adolescents and the parents of adolescents turn for formal support?

Across the Region, the quality and accessibility of formal, publicly available support (e.g. in the health, education, social welfare and protection sectors) for adolescents and

the parents of adolescents varies widely. So, too, does parents' propensity to seek support from professionals and service providers. Adolescents rarely turn to formal sources of support on their own, even when they are legally allowed to access and consent to formal support. Generally, both mothers and fathers initiate contact, but who does depends on parental availability, parents' relationship with their adolescent, and which parent is more comfortable seeking help and advocating for their adolescent on a given issue.

Some parents – especially more educated parents and/or parents of vulnerable children – turn to teachers, counsellors and/or psychologists at their adolescents' school for parenting advice, knowledge and tools. Sometimes parents ask for advice on a specific issue or situation. Other times they ask for educational support or social support for a specific issue or situation, such as bullying. Many parents in the study countries express an expectation that professionals (i.e. school employees), rather than parents, should educate their adolescent on sexual and reproductive health. Generally, mothers are more likely to seek support from the school than fathers.

However, **parents find that school-based resources are limited:** as a Belarusian mother recalled, *'A couple of times I went to see school psychologists and a class teacher myself. But they have a huge workload. They are always in a hurry. They wouldn't listen to you or tell you something'*. Further, professional help is generally prioritised for parents and adolescents in extreme need of support. The parents of adolescents with a disability expect support for their child's specific educational needs, but many say they do not receive anything near the support they need. Moreover, in Montenegro, a key informant notes that support is provided in an unsystematic way, making it relatively ineffective. Despite these limitations, many parents in Belarus, Bulgaria and Moldova value the work of school counsellors and psychologists who help their children cope with anxiety, depression and self-harm, as they do not feel competent to support their adolescents' psychosocial wellbeing themselves.

Parents are generally quick to seek help from professionals in the health sector for concerns related to their adolescents' physical development and health. This is particularly true for the parents of children with disabilities or chronic health conditions. Overwhelmed, a father with two ADHD children explained, *'I felt frightened and helpless, I was afraid that I could make a mistake and hit her. I went there and I said that it was difficult for us and we don't know what to do as parents. And they [Child Protection Department] gave us a referral'* (father, Bulgaria). However, parents of children with a disability

or a chronic health condition – especially those with older adolescents – report an acute lack of specialised support. Consequently, most are forced to rely on family and friends for support.

In general, **parents are more reticent to turn to professionals for adolescent psychosocial and protection issues.** One reason for their reluctance is that in their culture, there is judgement and social stigma associated with utilising psychologists and mental health professionals. Many parents, more commonly fathers, also avoid seeking formal support because they resist having 'outsiders' tell them how to parent their own children.

Very few adolescents, or parents of adolescents, approach law enforcement officers in their communities for support. Adolescents generally say they are irrelevant and unhelpful. When asked if they turn to law enforcement officers for support, mothers in 'socially dangerous situations' in rural Belarus laughed and said the police are people to be avoided.





Chapter 6:

Research Findings: Parenting support programmes in the ECA Region

This chapter presents evidence related to parenting support programmes and services that adolescents and parents of adolescents in this study are familiar with in Belarus, Bulgaria, Georgia, Moldova, Montenegro and Romania. It analyses evidence from key informant interviews and focus group discussions with the parents and caregivers of adolescents as well as younger (aged 10 to 13) and older (aged 14 to 17) adolescents. Examining where adolescents and parents of adolescents turn for formal support provides an evidence base for the types of support parents both need and want.

The discussion and analysis in this chapter address the fourth research question, *'How can parenting support programmes and policies be strengthened to meet the needs of parents of adolescents?'* *Parenting Adolescents* examines this question from a rights-based, gender-sensitive, intergenerational, equity-based and appreciative perspective.

To answer this question, the chapter first reviews existing parenting support programmes, services and ini-

tiatives for parents of adolescents, including the most vulnerable and marginalised. This analysis does not seek to map all sources of parenting support in the six study countries, nor does it evaluate the quality and outcomes of the programmes identified. Rather, **the findings offer examples of the types of programmes and services adolescents and their parents access and general patterns related to modes and modalities, availability, access and uptake**. The chapter then examines what parenting support is still needed, identifies barriers and bottlenecks that limit access and demand, and considers how parenting support for parents of adolescents can be strengthened.

The research for this study revealed that there is a dearth of parenting support programmes, services and initiatives for parents of adolescents. While this made it difficult for the national research teams to answer the research questions related to parenting support, it points to the importance of the current study and the high level of need for parenting support.

6.1 PARENTING SUPPORT PROGRAMMES, SERVICES AND INITIATIVES

Parenting support programmes should be distinguished from family support programmes in terms of scope, modalities and targets (Daly et al. 2015; Molinuevo 2012). Parenting support programmes centre on the provision of support to parents as well as information sharing and capacity strengthening, with the objective of enhancing parents' self-efficacy, skills and education (Daly et al. 2015). They include one-off events and short-term initiatives as well as long-term programmes. Financial and material support for parenting falls under 'family support' and, thus, is beyond the scope of this study.

The Europe and Central Asia Regional Office (ECARO) has taken steps to map parent support programmes in the ECA Region. Appendix 5 references examples of UNICEF-supported parenting support in Albania, Bosnia-Herzegovina, Bulgaria, Croatia, North Macedonia, Serbia, Tajikistan and Turkey. Some of the programmes identified, such as the one in Turkey, centre on universal awareness-raising campaigns, while others (e.g. in Albania, Serbia, North Macedonia and Tajikistan) adopt a more targeted approach to parent education. Several parent support programmes respond to a specific group of parents that have been identified as needing special support. For example, in Tajikistan UNICEF and partners supported *'I Want to Talk'*, an intervention that provided psychological assistance to the parents of adolescents living with HIV/AIDS, so they could better support their adolescent in disclosing his/her status and together overcome stigma-related challenges at the community level (UNICEF Tajikistan 2017). Other programmes in the Region (Albania, Bosnia and Herzegovina) target support for children in contact or conflict with the law (UNICEF Albania 2016). UNICEF in North Macedonia has worked in close collaboration with NGO *Vigotski* to develop print and online materials to support positive parenting and reduce the incidence of physical punishment (UNICEF North Macedonia). Some programmes, such as those in Croatia and Tajikistan, build the capacity of professionals and service providers to better engage with parents of vulnerable adolescents (also see detailed discussions of the selected programmes in Cojocar et al. 2011; Bruckauf 2015; Abraham et al. 2013; Ionutiu 2016; WHO 2007).

However, **participants in the six study countries struggle to identify programmes, services and initiatives in their communities that specifically support parents of adolescents.** This lack of evidence makes it difficult to discern whether parenting support is rights-based, equity-focused, intergenerational and/or gender-sensitive. The programmes identified primarily target the parents of young children, or children in general, rather than the parents of

adolescents. But the children's **rights-focus** means that the parents of adolescents over age 18 are excluded because support targets 'children', who are defined as under age 18 (see also Bacalso and Mihajlović 2017). The parenting support programmes and services identified are **equity-focused** in that they primarily target marginal or vulnerable adolescents and parents of adolescents; universal access programmes and services are rare. Further, most programmes and services that support adolescents are **not intergenerational**; that is, they fail to include their parents and other supporting family members. For instance, girls aged 10 to 13 in a Montenegrin focus group described the lessons they received on domestic violence at school but noted that parents were not included. And in focus group discussions, adolescents indicated that their parents live with inadequate parenting support. There is very limited evidence of **gender-sensitive** parenting support. These patterns are apparent across all six countries.

6.1.1 Key forms and modalities of parenting support

Although there are limited parenting support programmes to review, the study provides insights into forms and modalities of parenting support that parents of adolescents in the ECA Region access. This section reviews evidence from respondents on **awareness-raising campaigns, parenting education, parent support groups and support hotlines/helplines they are familiar with.** Following this, country boxes present a brief situational analysis, and examples, of parenting support programmes, services and initiatives that respondents identified during the research phase. This analysis is not a comprehensive mapping of parenting support programmes; rather, it presents evidence of existing parenting support programmes and how they seek to address the needs of adolescents and their parents.

Awareness-raising and parenting education

Short-term awareness-raising campaigns and events that include high levels of parent and adolescent engagement at the community level can be 'extremely valuable, especially for adolescents' (policymaker, Bulgaria). This view is prevalent in the study because these projects often strengthen multi-sectoral cooperation by bringing together multiple stakeholders from the community; provide timely, relevant information to adolescents



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and their parents; and prompt intergenerational communication about adolescent issues and risks, such as drugs, alcohol and human trafficking. Adolescents and parents often cited one-off **school-based awareness-raising interventions**, such as informational seminars and workshops, as a welcome and effective form of parenting support. For example, Moldovan parents who attended lectures on the biomedical effects of smoking, alcohol and drug abuse at schools and lyceums learned to identify early signs of risk in their adolescent. Similarly, after attending an informational seminar at the school on how to talk to adolescents about sexual and reproductive health, parents had more confidence in communicating with their adolescent on the topic: *'There was a meeting at school and some guidance was provided. Some parents said it was too soon, but I think it was not. We read it at home and explained it to them [our adolescent], together with my wife'* (father, Moldova). This intervention empowered parents to support their adolescents to make more informed decisions related to their sexual and reproductive health.

Parent education courses, which are usually taught over the medium to long term, **provide different types of support for parenting adolescents**. Some courses provide caregivers with information and advice on a specific parenting issue. For example, the parenting course *'Child*

Education Without Violence' (Moldova) taught parents how to discipline without violence. To accommodate parents' schedules, it ran for a year and a half during vacation seasons. Other parent education courses, like the **Holtls Association Parent Education Programme** in Romania (see case study in Box 4), equip parents with the knowledge and skills they need for positive parenting.

Finally, **parent education initiatives may target specific groups of parents who need specialised information**. For example, in Moldova, parent education courses and support services provided by *Neovita*⁹ teach foster parents how to communicate and build trust with their new foster children. A service provider explained that these skills help foster parents integrate their children into their new family better and more quickly: *'She [a foster mother] told us that their family lives in harmony already, that the relatives are amazed by her daughter's behaviour, that no one believed her that such changes could happen. It's just that someone helped them open up and communicate'* (service provider, Moldova). Overall, adult participants remark that parenting education courses have a positive effect on parenting styles, dynamics and practices. Parents and adolescents place considerable value on educational events that provide relevant and timely information and advice shared by specialists and topical 'experts'.

Box 4: Case Study: HoltIS Association Parent Education Programme, Romania

Background: *The Parenting Education Programme of HoltIS* was launched in Romania in 2000, and in northeast Romania in 2010 within the School Attendance Initiative. The *HoltIS Parenting Education Programme* was scaled-up in 2015 in three counties: Lasi, Vaslui and Bacau. The programme provides integrated interventions to vulnerable adolescents and their families from 205 communities in Bacau, Vaslui and Lasi County with universal access. Parents of Roma ethnicity and parents of children with disabilities are encouraged to participate. The project is funded by UNICEF and Norwegian grants (see also UNICEF 2017b, 68).

Goals: Provide parents with the education, skills and social support they need for positive parenting; train teachers to become parent educators; organise support groups with parents after they attend the parenting courses.

Principles: The project is based on a model of Appreciative Inquiry (AI), which is a strategy for individual development that focuses on strengths, positive experiences and successes that can help the individual find solutions.

Scope: In the three counties, the *HoltIS* programme has 819 parent educators who have been trained to recruit parents, coordinate groups, and facilitate discussions. The programme consists of 10 weekly parent training sessions with 15 participants per group. Group composition reflects the age of parents' children. Sessions teach positive parenting knowledge and skills. Some focus on parenting adolescents, with curricula developed with adolescents' participation. Participants who need additional support are referred to community resources. After parents complete the programme, they continue in parent support groups with the same facilitator.

Reach: In the first year, 8,175 children from kindergarten to age 18 were indirect beneficiaries. Between 2015 and 2017, 9,997 parents participated in parenting education programmes; 24% were fathers. In 2017, over 3,000 parenting sessions were conducted.

Effectiveness and impact: According to an independent mid-term review of the intervention in Bacau county, 60% of the parents who took part in parenting education classes became more interested in the educational trajectory of their children, and 64% of the parents improved their parenting skills. Parents also became more involved in school life and extracurricular activities. 95% of teachers believe that the most important element for promoting quality inclusive education is parental involvement in education. The independent impact evaluation of the School Attendance Initiatives also finds that 60% of parents improved their relationship with their own child after taking part in parenting education classes.

Scale up and replicability: Currently, there are waiting lists for teachers and parents who want to enter the programme. The programme manual was accredited at the State Office for Inventions and Trademarks and was released by UNICEF and the Ministry of Education and can be used to replicate the project.

Lessons learned: (1) The success of the programme heavily relies on the quality of training received by parent educators; (2) Parenting education is most effective when it is integrated within a package of services that includes counselling for parents and adolescents; and (3) Sustainability is contingent on keeping training costs low, creating a network of community-based educators, building on existing community resources, using online platforms, organising support groups for parents, and gaining local and national buy-in.

While awareness-raising campaigns and events can be useful, they have some limitations. First, in-person presentations are only as effective as the quality of the speaker: to illustrate, some students and parents complained that the professionals contracted to speak did not take the time to adapt their message and presentation style to their audience. Second, initiatives can have neg-

ative spin-off effects if the curriculum is not sensitive to local parenting culture and parental needs. For instance, parents in Moldova and Belarus complain that positive parenting interventions focus exclusively on children's rights and parents' responsibilities without also mentioning children's responsibilities and parental rights — an oversight that directly contributes to intergenerational conflict.

Equally important is the method used to present information. Lastly, scare tactics used in awareness-raising and informational events can promote a sense of fear in parents, who may respond by restricting adolescents' autonomy and freedom. Alternately, campaigns may employ simplistic, top-down messages, such as 'Say *'no'* to [X]', that do not equip adolescents or their parents with the skills or capacity to reject or prevent risky behaviours.

Similarly, **universal awareness-raising activities can be quite ineffective at reaching the adolescents and parents who need the information most.** The most vulnerable and marginalised parents and adolescents may not have time to attend a workshop, may not feel they have something to contribute, or may not feel comfortable doing so; as a mother in Montenegro explained, *'In school, they had workshops on violence, but the children and parents who have an issue with it do not come'*.

Parent support groups

Caregivers and key informants regard **parent support groups (both self-help and facilitator-led) as a very effective form of support** for parents of adolescents. Through discussion with peers, support groups can provide parents with opportunities to problem solve and overcome barriers that hinder their access to services. Some parents say they simply value the brief reprieve from their daily routine and the opportunity to make new friends. A father who participated in a self-help group for fathers run by a professor in Minsk, Belarus explained that it improved his sense of self-confidence, self-efficacy and social standing.

Parents of vulnerable and marginalised adolescents in Montenegro and Bulgaria describe **parental self-help groups** as an effective intervention that enables them to overcome feelings of isolation, social exclusion and helplessness. Despite initial reservations about sharing with strangers, one mother of an adolescent with disabilities explained, *'It's a big relief to see that another parent has the same problems as well. I was saying to myself, 'I'm really a bad mother'. However, when you see that in the same situation the same problem occurs [for others], you say to yourself, 'The problem is not in me'. It is just the situation, so you have to look for a solution'* (mother, Bulgaria).

Facilitator-led education and support groups allow parents to discuss issues and ask for advice from trusted peers and someone they consider more knowledgeable. This dynamic can contribute to positive outcomes,

as Romania's **Holtis Association Parent Education Programme case study** illustrates (see Box 4). While parent support groups are generally initiated by organisations, evidence from 'Father schools' in Belarus and NGO *Narativ* in Montenegro, among others, suggests that parents often continue the groups' activities on their own initiative. Training parents to lead their own self-help groups is likely an effective way to expand this resource.

Hotlines/Helplines

Hotlines, or 'SOS helplines', are identified as an important contact point for adolescents and parents in crisis in five of the six countries. However, mothers in Belarus explained that caregivers and children are not as familiar with parent or adolescent support hotlines as they are with widely-publicised hotlines for the prevention of human trafficking. Additionally, parents and adolescents say they only use hotlines when they perceive a situation to be an emergency; they do not use them to obtain support related to daily parenting issues or concerns about adolescent outcomes. One exception is adolescents in Moldova, who are not only very aware of the *Child Hotline* for reporting child abuse, but also use it to threaten and/or report their parents. For example, a father explained that when his son threatened to report him, *'I told him, 'Then let those from this hotline feed you'.* Likewise, a Moldovan mother said, *'I punish them, but I don't beat them... I don't give him pocket money or I don't allow him to play. My son feels very strongly about being beaten: 'Mom, I will immediately call the hotline for child abuse. You know you're not allowed to beat me'.* This highlights the importance of educating both adolescents and parents on the existence – and purpose – of hotlines.

6.1.2 Country examples of parenting support programmes, services and initiatives

The following country boxes provide a situation overview of parenting support programmes in each country that is based on secondary sources. The boxes then present forms of parenting support that respondents identified as available to adolescents or the parents of adolescents in their communities. In each sub-section, different forms and modalities are identified in relation to parent education and the education, health, social welfare and child protection sectors. If a sector is not listed, it is because no sectoral parenting support programmes were identified in the research.

Box 5: Parenting support programmes and initiatives by country and sector**BELARUS****SITUATION OVERVIEW**

Family and parenting support includes universal prevention, awareness-raising and information-sharing campaigns as well as targeted socio-pedagogical and psychosocial support interventions for children being raised in special institutions and children living in socially dangerous situations (Bruckauf 2015). An example of the former is the Better Parenting Package, developed by national experts and targeting parents; it has been distributed to an estimated 500,000 parents and specialists nationwide in polyclinics, educational facilities, early childhood centres, NGOs and social protection centres, with support from UNICEF (Bruckauf 2015). Additionally, mainstream social service centres and socio-pedagogical centres offer courses on communication, positive parenting and conflict resolution. Centres also provide on-demand, topic-specific group sessions (Bruckauf 2015).

EDUCATION SECTOR

Parents can receive assistance in social-pedagogical centres, which are specialised institutions of education and guardianship for minors in need of social assistance and rehabilitation. Candidates include children who are in difficult life situations and need social rehabilitation, children in socially dangerous situations, and children recognised as requiring state protection. Social-pedagogical centres work with both children and caregivers and provide individually-tailored socio-pedagogical, psychological-pedagogical, socio-psychological, social and legal assistance. Centres also identify and prepare families to accept placement of orphans and foster children.

HEALTH AND WELLBEING SECTOR

Awareness-raising, parenting education: The municipality of Minsk holds an annual 'Family Day' and 'Fathers' Day' to promote messages on positive parenting. On 'The Sixth School Day', parents also participate in sports, cultural and recreational activities that relay key messages related to children and adolescent wellbeing and development.

Health support: The *Leader of Public Movement (Mother 328)* offers substance abuse prevention workshops for parents of adolescents from the age of 13.

SOCIAL WELFARE AND PROTECTION SECTOR

Welfare support: The state gives financial support in the form of social grants to adopted children and large families.

Welfare and psychosocial support: In Mogilev, parents can receive assistance and support in the *Young Family Support Centre*, and the Advisory Centre for Women at the *SOS Children's Village*. In Minsk, the *Minsk City Centre Social Services for Families and Children* employs qualified psychologists who counsel parents and adolescents, individually or in small groups. Intake relies on self-referrals.

Parenting support: *SOS Children's Villages* in Minsk-Borovliany, Mogilev and Marjina Gorka implement various programmes to support adolescents and their parents. After identifying adolescents at risk, practitioners offer counselling and parent education workshops through family strengthening programmes. Due to their effectiveness, there is a high demand for SOS programmes among parents of vulnerable adolescents in the local community. Many take the initiative to approach the organisation for assistance.

Parenting support and education - foster parents: The *Minsk Support Group* offers individual and group counselling as well as parent education workshops for foster parents. The 'Fatherhood School' provides parenting training to parents and guardians of adolescents at the *SOS Children's Village Borovlyany*.

Hotlines: *City Centre of Social Services Families and Children* provides hotlines for children, adolescents and parents in Minsk.

BULGARIA

SITUATION OVERVIEW

The study has not identified specific programmes that support parents of adolescents. In Bulgaria, support for parenting in general includes counselling, parenting information, and psychological support and is integrated in the activities of educational institutions, social services and health professionals. It is provided as part of the care for the specific needs of the child and is often targeted to vulnerable groups. NGOs deliver support for parenting, but their activities are often sporadic, focus on marginal populations, and depend on available funding. For example, in two regions of the country, UNICEF supports a home visiting service for young children. This service provides support to marginalised mothers, including adolescent mothers, on issues related to the care and development of young children. Structured programmes with defined curriculum for empowerment, support and skill building of parents of adolescents are not available.

EDUCATION SECTOR

Awareness-raising activities: In partnership with schools, *Centres for Children and Youth* run awareness-raising activities that target children, parents, grandparents and other family members with messages related to positive parenting. It started with the project of a local NGO: *'Open your eyes! There is someone to help you!'*

Some schools implement campaigns, workshops and events for parents on issues related to importance of education, violence prevention, sexual and reproductive health, healthy behaviour and the prevention of substance abuse.

Parenting support: Counselling and information are provided to parents of school children, including adolescents, based on need. Group sessions are carried out on specific issues. The government implements a comprehensive programme for reducing early school leaving which envisages provision of support for parenting on a more systematic basis.

HEALTH AND WELLBEING SECTOR

Parent education: In Veliko Tarnovo, the Regional Health Inspectorate, and the NGO *Coalition for Health* target students in school clubs to prevent use of drugs, smoking and alcohol abuse. The programme also targets parents in what is described by a senior policymaker as *'exceptionally good practice'*. Similar programmes are implemented in many schools in cooperation with the Regional Health Inspectorates and NGOs.

Health support: In Veliko Tarnovo, the Regional Health Inspectorate, NGO *Coalition for Health* and the *Centres for Children and Adolescents* collaborate on the 'Healthy Children in Healthy Families' project, which addresses adolescent substance abuse.

SOCIAL WELFARE AND PROTECTION SECTOR

Psychosocial support: Community-based social services provide counselling and support to parents, including parents of adolescents. However, services are often provided as part of the care for addressing the needs of a child at risk and are not universally available.

Parenting education: Parenting education is provided to all foster parents and adoptive parents.

National child helpline (116111): The national helpline offers counselling and support to children and adolescents, as well as caregivers. It also serves a channel for reporting violence against children.

GEORGIA

SITUATION OVERVIEW

The national research team did not identify any programmes that focus on supporting the parenting of adolescents. Most state-led programmes and services are developed with the objective of improving the health, safety and wellbeing of children and families in general. Few emphasise adolescents and their parent as target beneficiaries. Non-governmental organisations primarily focus on people with special needs within a limited geographical area, and their programmes are small scale. A NGO key informant complains that the government is ending child support services, such as day care centres, rather than expanding them.

Existing parenting support programmes primarily target vulnerable segments of the population. Consequently, non-vulnerable parents remain beyond their scope. What's more, most focus on providing financial support to the parents of vulnerable children so they have the resources they need to respond to their child's needs. Participation in parenting programmes is further limited by social stigma and a culture of resistance to outside assistance and interventions (Dvalishvili 2013, 26).

EDUCATION SECTOR

Parenting education: At the request of parents, a public school in Tbilisi, Georgia invited a Dutch professional to address adolescents and their parents on the topic of sexual and reproductive health.

HEALTH AND WELLBEING SECTOR

Parenting education: *EVEX Medical Corporation* runs a 'Parent School' for parents of children (0 to 18 years) focused on health-related issues, including substance abuse prevention.

Health support and parent education: NGO *Ars Vivendi*, with funding from the *Presidential Fund* and in collaboration with the government-run *Resource Officer's Centre* in Tbilisi, holds three-day training workshops on the stages of child development, recognising behavioural and emotional problems, and intergenerational communication; however, parents are generally unwilling to participate.

Health support and parent education - disability: *Child Development Institute's* 'Learning Centre for Education, Counselling and Rehabilitation of Special Pupils' assists parents and their children with diagnosis, rehabilitation and skills development. *The Children of Georgia's* 'Psychological Service for Child and Adolescent Diagnosis and Rehabilitation' provides a similar package of services as well as parent education services that focus on strengthening parents' communication and relationship skills.

SOCIAL WELFARE AND PROTECTION SECTOR

Welfare support: The Ministry of Labour, Health and Social Affairs provides healthcare support and insurance for families not having private health insurance, including families with adolescents (0 to 17 years) from vulnerable groups (e.g. those under the poverty line and/or living with disabilities).

Hotlines: *Patriarchate of Georgia* and the *Public Health Foundation of Georgia* hotlines for children, adolescents and parents needing psychological consultation.

MOLDOVA

SITUATION OVERVIEW

Over the last ten years, the Republic of Moldova has developed different programmes, information and training materials to promote child development and protection and positive parenting skills and competencies. Most of these initiatives exist within the health, education and child protection systems (Republic of Moldova 2014). For example, psycho-pedagogical mobile teams operate at the district level to support children, assist teachers and parents, and make recommendations on how to improve inclusion in public schools (UNICEF 2017b, 78). In another example, the network of *Youth-Friendly Health Centres* and *Neovita Centre* provide universal access to integrated health and psychological services for youth and adolescents. Some schools conduct parenting education to help prevent abuse and violence (Child Rights Information and Documentation Centre 2016). Promising outcomes can be identified from these measures, but few activities explicitly target the parents of adolescents. One exception is *Terre des Hommes* Moldova's 'Conscious Gender-Sensitive Parenting' course. Overall, evidence from the Moldova desk review suggests that parents lack access to parenting education. They particularly need education on gender equality and children's rights so that parenting practices recognise the latest gender research and children's rights (Government of Moldova and UNICEF 2010).

EDUCATION SECTOR

Awareness-raising: Adolescents and some parents participate in awareness-raising events and campaigns held at schools, such as a '10-day healthy living' campaign.

Adolescent and parenting education: Schools bring in professionals to conduct special trainings for parents on specific topics, such as 'Child Education Without Violence' (parent education during vacations for a year and a half) and awareness education on the online game 'Blue Whale', which encourages self-harm.

HEALTH AND WELLBEING SECTOR

Health and parenting support: NGO *Orchid* holds discussions and roundtable meetings with parents and adolescents from impoverished families on topics such as positive parenting, conflict resolution, and sexual and reproductive health.

Parenting support: *The Clubul Parintilor Constienti* (Club of Conscious Parents) holds parenting workshops that focus on equipping parents to manage the challenges they face related to their adolescents.

SOCIAL WELFARE AND PROTECTION SECTOR

Psychosocial and reintegration support; parent education: In Chisinau municipality, the *Resource Centre* offers support to families who have been referred by service-providers. Multidisciplinary teams offer parents and adolescents support to overcome interpersonal conflict and communication failure. *CCF Moldova* offers family support and parent education to parents who are at risk of being separated from their children or in the process of reintegrating their children following residential or foster care.

Awareness campaign and education: The *12Plus programme*, developed under the 'Safe Adolescence' campaign, raises awareness on how to prevent sexual abuse and exploitation. Using mixed media, the campaign provides adolescents, parents/caregivers and professionals with resources to help them prevent sexual abuse and commercial sexual exploitation of adolescents.

Parenting education; parent support-foster parents: *Neovita* offers parent education courses and parent support services to foster parents.

Educational, health and psychosocial support — after-school program: The city hall in Neamț County aims to prevent family abandonment and school drop-out with a programme that provides children and adolescents with a warm meal, access to a computer, and a place to do their homework after school. Teachers help adolescents with their homework and a community assistant, doctor, social worker and psychologist are on hand for the children and their parents.

Welfare support: Small salaries are paid to foster parents and social aid packages are available for families living in poverty.

Hotline: The Child Hotline to report child abuse and other children's rights violations.

MONTENEGRO

SITUATION OVERVIEW

While there are services and programmes that focus on supporting children and families, there are few parenting support programmes. However, as the social and child care protection systems are reformed, the number and diversity of services targeting parents/caregivers of adolescents is improving. Further, the number of innovative services being implemented in partnership with non-governmental organisations is increasing. The Family Outreach Worker programme is one such example (UNICEF Montenegro 2018).

No studies related to parenting support programmes in Montenegro have been identified, but in their report on 'Child Care System Reform', Gheorghe and Hadžibegović (2014) suggest that parenting education may be an effective strategy for *'equipping the weakest parents with the knowledge and abilities to claim and fully exercise their rights'* (10).

HEALTH AND WELLBEING SECTOR

Health support and parent education: Parenting education workshops designed to prevent substance abuse and smoking are held in primary health care centres in Bijelo Polje for the parents of adolescents.

Psychosocial support; legal literacy - LGBTQ: The NGO *Juventas* provides psychological support to parents and young people in Podgorica. Psychologists and counsellors sometimes work with organisations such as *Queer Montenegro*, which provides counselling to the parents and families of trans or gender variant adolescents.

Psychosocial support; legal literacy - disability: The *Association of Youth with Disabilities 'Staze' of Montenegro* provides rights-based education and supports and advocates for children and youth with disabilities and their parents.

SOCIAL WELFARE AND PROTECTION SECTOR

Parent support groups: NGO *Juventas* (for parents of young LGBT persons), Association 'Parents Roditelji.me' (for parents and vulnerable families), Association of Parents of Children and Youth with Disabilities NGO 'Staze' and *Montenegro Red Cross* (for Roma and Egyptian mothers in the Konik Camp).

Psychosocial support; parenting education: NGO *Centre for Children's Rights* – Montenegro offers individual and group counselling as well as parent education workshops.

Institutional support: *Public Institution Centre for Children and Youth 'Ljubović'* ('Ljubović centre') offers institutional support for children with behavioural disorders and/or in conflict with the law. Emphasis is put on building parental skills.

Social protection: *The Safe House for Women in Podgorica* (NGO operated) provides crisis care and shelter for women and their children.

Hotlines: SOS telephone for women and child victims of violence, *Niksic*; NGO *Parents Roditelji.me* parent hotlines; NGO *Juventas* hotlines for parents and adolescents coping with LGBTQ issues.

ROMANIA

SITUATION OVERVIEW

Parent education programmes in Romania are primarily provided by NGOs with international funding; four now have national reach^{vi}. Most programmes empower parents through counselling and information and foster participation through skill-building activities, such as trainings and workshops. Education focuses on enhancing parents' skills to meet their children's needs at different developmental stages. Programmes include sessions on children's development, positive parenting and self-awareness. They also encourage parents to reflect on the power relationship between adults and children (Cojocaru et al. 2011).

Most parenting support programmes lack universal access (Cojocaru and Cojocaru 2011b). Consequently, few equip parents to support the specific needs of adolescents, including vulnerable adolescents. In the *State of Adolescents in Romania*, parents say they do not know how to communicate with teenagers, prevent substance abuse and school drop-out, or support adolescents with disabilities (Abraham et al. 2013). Since 2017, UNICEF has been working with *HoltIS* and the Ministry of Education to close this gap through universal access parenting programmes that focus on building caregivers' competencies related to the positive parenting of adolescents.

Parents and decision-makers in Romania generally believe that parenting education programmes and support sessions effectively provide parenting knowledge and skills and offer parents opportunities for positive social engagement and reduce stress (Cojocaru 2011; Cojocaru and Cojocaru, 2011c; Fundatia Copiilor Nostri, 2016).

EDUCATION SECTOR

School safety: In Neamţ County, there is a local and regional joint action plan to prevent school violence. Every school has police monitoring pupils and running prevention programmes and counselling classes. Police also attend meetings with parents.

Educational and psychosocial support — Roma: *Foundation Agency for Community Development Impreuna* targets Roma adolescents with support to prevent school drop-out, assert their identity, and remain anchored in the Roma movement. This is part of the package promoted in UNICEF's School Attendance Initiative and Quality Inclusive Education Package.

Awareness-raising: The week-long 'A different kind of school' event (*Scoala altfel*) has activities organised collaboratively by teachers, parents and the local community, in partnership with service-providers such as health, safety and law enforcement officials. Campaigns are designed to share information with parents and raise awareness on positive parenting.

Parent education: *Our Children Foundation (Fundatia Copiilor Nostri)*, *Hai la școală* and *HoltIs Association* run parent education programmes as part of the package promoted in the School Attendance Initiative and Quality Inclusive Education Package supported by UNICEF.

HEALTH AND WELLBEING SECTOR

Health support: In Neamţ County, doctors, psychologists and social workers present parenting courses that centre on improving children's health outcomes.

SOCIAL WELFARE AND PROTECTION SECTOR

Educational, health and psychosocial support - after-school care: Neamţ County has a *Day Centre* to prevent school drop-out and family abandonment. Besides after-school activities, there is a physician who performs medical education and social workers and psychologists who work with children and parents.

Parenting education: Care and monitoring staff in residential care facilities or family homes in Neamţ County are offered a range of courses, including one on adolescence.

Welfare support: The 'Minimum Package of Services' for children and their families is a UNICEF-supported pilot programme (implemented in 45 communities in Bacău County in 2017) that aims to accelerate the realisation of child rights and reduce the equity gap. It does so by increasing access to cross-sectoral, community-based, preventive, family-centred services in health, education and child protection. Every family can access it, but it focuses on the most vulnerable children and their families.

6.2 GAPS, BARRIERS AND BOTTLENECKS IN PARENTING SUPPORT

This section details gaps in parenting support for parents of adolescents, barriers that hinder access and demand for parenting support programmes, and institutional bottlenecks that prevent parenting support from being effective and sustainable. These are issues that prevent parents of adolescents from accessing support for themselves and their parenting efforts that would equip them with the knowledge, skills and resources needed to fulfil their duties of care to their adolescent children and contribute to positive adolescent outcomes.

6.2.1 Gaps in support for parents of adolescents

National, regional, European and international legislation clearly detail parents' duties of care to their children and States' obligations to support parents to fulfil these responsibilities. However, *Parenting Adolescents* finds that there are still significant gaps in support for parents and caregivers of adolescents in the six study countries.

As the lack of primary and secondary data on parenting support programmes in the ECA Region suggests, **there are extremely limited parenting support programmes, services, and initiatives, and very few target – or are relevant to – the parents and caregivers of adolescents.** Provision levels range from Bulgaria and Georgia, where key informants struggle to identify any parenting support programmes for parents of adolescents, to Romania, where there is growing parenting support that is targeted to parents of children at different developmental stages. Overall, support is oriented to the adolescent and the parent is overlooked or bypassed. As a service provider in Georgia observed, *'When our aim is for the child to develop well, we end up bypassing the person who needs to be strong [for him/her], because s/he is the parent of a vulnerable teenager'*. One reason for this is that at the policy and programme level, 'parenting support' is often narrowly-interpreted as child or family services or parent education, rather than as support for parenting adolescents as well as caregivers and adolescents themselves. This view helps explain the significant gap in support for parents and caregivers.

Furthermore, while participants recognise that vulnerable parents and adolescents have a greater need for parenting support, they also say that **there is a need for more universal access parenting support programmes at the community level.** For example, a mother in Belarus explained, *'We need more grass-roots initiatives. It appears that everyone except 'average' teenagers are*

surrounded by attention from the State, or public organisations, private initiatives and funds, and the parents of ordinary teenagers are missing out. And such parents face problems as well. My child started smoking...what do I do?'

Families also note that there is no support for primary and significant caregivers who are not adolescents' legal parents and guardians. As the findings in Chapter 5 illustrate, household vulnerability related to single parenting, migration and disability often means that family members other than parents are playing a significant caregiving role. Yet, most of these caregivers have no access to support for parenting because they are not legally 'parents'.

In most contexts, **caregivers of vulnerable adolescents also lack targeted, specialised interventions** that are responsive to the specific needs of the adolescent and family as well as issues related to adolescence. For instance, testimony from parents of adolescents with a disability shows that they need support that considers differences related to household composition, birth order and socio-economic status, while also equipping them to support their adolescent's sexual and reproductive health and gradually transition them to more autonomy and adulthood. These caregivers, who are often vulnerable themselves, also need forms of parenting support – be it social or the provision of time or material support – that help them meet their need for self-care and a decent minimum standard of living.

Evidence from all six countries also shows that **there is a gap in support for fathers and male caregivers.** Existing parenting support programmes, services and initiatives predominantly engage mothers, and fathers are disproportionately absent from their children's lives, either because they are working outside of or away from home, or because parents are separated. This means that fathers/male caregivers are less likely than mothers to be engaged in positive parenting of adolescents. Given that the findings show that parents who parent collaboratively have more positive adolescent and family outcomes – regardless of income – there is a need for parenting support that both targets fathers with forms of support that empower them to be more engaged in parenting their adolescents, and equips mothers to work with male caregivers to foster positive parenting. The study further finds that many fathers need psychosocial support to manage the societal and economic stressors they face: as a father in Belarus explained, *'Many fathers have similar fears and problems... It's an obligation to provide for a family, imposed by society. But how can*

you feed a family if you have two or three kids, you're having a crisis, and you were downsized from your job? How can we support a father so that he doesn't fall to drinking, doesn't hang himself?'

Several **forms of parenting support are lacking for parents of adolescents**. At present, most forms of support are deficit- and risk-focused, meaning that they focus on problems associated with adolescence and preventing and mitigating behavioural risks. But while parents say they still need more **support to know how to parent challenging adolescent behaviour** (especially in relation to substance abuse and digital media), they also need **training in positive parenting, especially in regard to communicating with their adolescent**. This training would give parents the knowledge and skills needed to prevent, mitigate and respond to challenging adolescent behaviours, while also equipping them to nurture and build competencies and resilience in their adolescent. This support for parenting would empower both parents and adolescents to reduce their vulnerability to risk and realise positive adolescent outcomes.

Parents and key informants also report **a lack of opportunities for forms of parenting support that are rooted in a peer support model**. At present, most parenting support programmes and services rely on very formalised modes of support delivery. These often fail to attract parents, including those who are target beneficiaries, because many parents are tired and under stress. Caregivers say they need an entry point that meets their need to unwind with peers who have similar experiences. Few want meetings with a service provider who is primarily asking predetermined questions and filling out forms.

Finally, **specific countries and contexts need parenting support programmes and services that address local needs and issues related to vulnerability**. For example, in Moldova, **foster parents** desire parenting education that provides knowledge and skills specific to the parenting of adolescents (versus younger children) before being willing to accept adolescents into their home. In Bulgaria and Moldova, **parents who work abroad – and the caregivers who support their parenting** – need specialised support to mitigate adolescent vulnerability related to parental absence and poverty. Among other issues, these parents need to know how to communicate with their adolescent about transitions in roles and responsibilities when parents leave and return; manage conflict; parent virtually using digital mediums; and process grief and loss. They also need support for decision-making related to the benefits and consequences of remaining home with their children or working abroad (see also UNICEF Bulgaria 2014; UNICEF Moldova 2010).

6.2.2 Barriers that hinder demand and access

Across all six study countries, several **key barriers** prevent demand for, and access to, parenting support programmes for the parents and caregivers of adolescents.

Competency barriers: Many parents are not aware of the benefits of positive parenting nor of their need to improve their parenting approach. Similarly, many lack the knowledge and skills necessary to recognise (or acknowledge) risk factors and early warning signs related to harmful adolescent behaviour. They may forbid or warn against certain behaviours, such as drug use, but not realise that they are already happening.

Adolescents and caregivers suggest that parents generally lack these competencies because they are too stressed, tired and/or short on time to learn, notice or care. Some simply do not see the need to change their approach because it was learned from parents and/or is accepted within the dominant culture. Without an awareness of behavioural risks and the need to change, parents are unlikely to seek support. A service provider in Georgia explained, *'The biggest obstacle for the parent is their internal condition. Some felt that neither they nor their child had any problems, so they wouldn't engage in the program. Some used work as an excuse. It's very difficult to motivate parents'*.

Social norms barriers: Social and cultural norms related to parenthood and the stigma attached to 'asking for help' influence low uptake and poor attendance for parenting support initiatives. This holds particularly true for issues related to adolescent reproductive and mental health, or topics that would identify parents and/or their adolescent as people in crisis or 'vulnerable'. Referring to parents of adolescents with disabilities, a service provider in Montenegro explained: *'Parents of vulnerable children feel the need to hide things about their environment, to present things in such a way that their community does not know what is going on [in the family]. This is because of the social context and the pressures on the family, and the expectations imposed on parents. If everything fits into the [cultural] framework, you succeed as parents, but if anything stands out, then it means you have failed as parents'*. This barrier is especially strong if parenting support is being provided through the social protection sector, as opposed to entry points like the school or health centre.

Informational barriers: Many parents are poorly informed about the types of parent support programmes and services that exist, how to learn about them, and how to access them. In some cases, this is because

parenting support initiatives are poorly advertised. A key informant in Montenegro explained, *'They are available to all, but the problem is that services are not advertised enough, people don't know we have them and that they exist'*. Sometimes the issue is where information is provided: a health provider noted, *'This is the twenty-first century. If information is not published in the media or posted online and in social media, then you don't exist'* (key informant, Montenegro). When lack of awareness inhibits participation, key informants say that decision-makers may cancel support programmes even when they are very good.

Socio-economic and geographical barriers: Although most programmes are described as free, indirect costs – such as childcare or transportation – are identified as barriers to attendance and participation in parenting support programmes. This is more often the case in rural areas. Additionally, many parents cannot afford the time to participate due to their long working hours.

Attitudinal barriers: Across the Region, adolescents and parents of adolescents often report that service providers (especially in the social protection sector) exhibit discriminatory, judgemental and accusatory attitudes towards their clients, who need support. Participants also observe that state service providers often spend more time with bureaucratic paperwork and questioning than making an effort to understand and connect with the clients they are meant to support. For example, a girl who lives in residential care complained, *'One of the social workers told me that she respects and loves me, but that I am to blame...They promised me that I could meet with my mother, that they would let me go home for my name day. I know that they are busy filling in documents, but there has to be time...Because of her, I haven't seen my mother for a month'* (14- to 17-year-old girl, Bulgaria). These types of experiences create emotional barriers to accessing support, in part because parents (and adolescents) fear that service providers may punish or reprimand them for their problems or for requesting assistance. And, as Moran et al. (2004) also find in their study of parenting support, *'If parents do not feel respected, they are unlikely to engage well with a programme'* (119).

6.2.3 Institutional bottlenecks that inhibit effectiveness and sustainability

Evidence from *Parenting Adolescents* reveals **key institutional bottlenecks** that hinder the effectiveness and sustainability of parenting support programmes, services and initiatives:

Funding constraints: States have laws and policies related to child and parental support, but they generally rely on non-state organisations to provide and fund programmes that fulfil these commitments. Key informants suggest that a heavy reliance on donor funding hinders the reach, scope and quality of programme provision for parenting support. It also undermines long-term sustainability. Further, broader funding limitations, such as short donor cycles, funding cuts, and revised criteria or conditions of service, encourage programme providers to focus on short-term initiatives and crisis management rather than sustained, high-quality prevention and support initiatives.

In some contexts, key informants question the State's commitment to meet its obligations to parents: *'The state has no active attitude, our state has lost interest. Statesmen think of their own enrichment rather than of the country's future. They feel no responsibility'* (key informant, Bulgaria). At the local level, distance constraints impede the distribution of funding and adversely affect the services available for adolescents and their parents in rural and outlying areas.

Lack of intersectoral coordination and collaboration: Intersectoral collaboration is a priority area for key informants in all six countries. Existing parenting support programmes suffer from a lack of communication between service providers related to roles and responsibilities, lines of accountability, duplication or gaps in service provision, and case management. These problems negatively affect the design and delivery of parenting support programmes and initiatives, particularly for vulnerable groups. In the words of a mother of an adolescent with disabilities in Montenegro, *'Everyone stays in their own silo, there is no collaboration and parents are left without any support'*.

Lack of cooperation between state and non-state actors: Across the Region, there is generally a negative view of government and a difficult relationship between state and non-state actors. For example, an NGO service provider in Georgia explained, *'The relationship between the governmental and nongovernmental sector is very difficult. If the government is cooperating with you, there is this unspoken agreement that if they send you beneficiaries, it means you need to keep quiet about certain things. If you don't keep quiet, you might not have that service any longer'*. This type of coercion and distrust makes it difficult to cooperate on issues, such as parenting support, that require a multi-level strategic plan.

There is also a common complaint that government support services are over-regulated and formalised. As a mother in Belarus said, *'Government structures make such programmes [for parent support] too formalised —*

they would make up a manual and check the boxes...If there is food and a desk, then nothing else matters'. This level of bureaucracy makes it difficult for non-state actors to cooperate with the State to deliver supportive programming that is relevant and responsive to parents' needs.

Capacity constraints: Despite ongoing efforts to train service providers and practitioners to support adolescents and their parents, capacity is generally limited by inadequate training, poor remuneration, high staff turnover, manpower shortages and low motivation.

Monitoring and evaluation: Key informants in Montenegro, Bulgaria and Romania call for systematic and ongoing monitoring of programmes and services for adolescents and their parents. At present, there is a strong sense that programmes do a lot of paperwork while providing very little documented evidence about adolescent-, family- and community-level outcomes or impacts. This makes it difficult to identify whether initiatives are reaching their target beneficiaries and providing a benefit, as well as to assess whether programmes should be improved and scaled up, or terminated.

6.3 HOW CAN PARENTING SUPPORT PROGRAMMES BE IMPROVED?

Evidence from *Parenting Adolescents* provides a few key insights into how parenting support programmes, services and initiatives should be improved to better support parents of adolescents in the ECA Region.

6.3.1 Programme approach and design

First, **parenting support programmes are more likely to engage and be relevant to target beneficiaries if they are participatory.** At the foundational level, this means that target beneficiaries — whether adolescents or parents — are consulted about what they need and want in the way of support and whether an existing programme/initiative is meeting their needs. For many parents, this means that support initiatives should be more organic and 'grassroots': that is, they should be initiated and led by 'average' parents and people who are passionate and knowledgeable about parenting and family - not only by government experts and their teams of paid workers. Government can help coordinate and facilitate grassroots efforts by bringing different players together to work towards fulfilling strategic national plans. Initiatives should also focus on peer-to-peer support for everyday issues related to parenting adolescents. This approach contrasts to government services that provide a very formalised, expert-driven, biomedical model of care focusing on risk and vulnerability.

In Belarus, fathers hold up the 'father-schools' as a model of what they would like: the government approved the schools as a state institution so they could be included in the national plan, but private funders sponsored the group. Passionate, 'successful fathers' who were described as 'volunteer moderators with bright eyes' led and facilitated the schools. 'Female counselling centres' sent their dads to the group, and a team of volunteers organised and managed promotion and events (focus group with fa-

thers, Belarus). As these fathers argue, this model is not only financially sustainable, but also responsive to their diverse parenting support needs, including their need for peer support and friendship. A participatory approach is also more likely to attract, engage and retain parents who are otherwise reticent to participate in parenting support programmes. Lastly, parents and caregivers of adolescents can reinforce programming goals if they are aware of them and/or were involved in their creation.

Second, parenting support programmes, services and initiatives can be improved if they adopt **a life course perspective** that recognises first, that adolescence is shaped and informed by early developmental processes and inter-generational relationships and second, that adolescence shapes and informs subsequent developmental and relational processes.

In regard to parenting, this approach recognises parents and significant caregivers as adolescents' primary role models. As a 12-year-old girl from Belarus said, '*Mom should show a good example — do not smoke, do not drink alcohol, do not take drugs. This is very important because this behaviour can affect the child's psyche, and they will do the same*'. This quote illustrates how risk behaviours can be transferred to the next generation, and underscores the importance of not only targeting adolescent risk behaviours with interventions, but also supporting parents to make healthy lifestyle choices. Additionally, a life course approach recognises that the type of parenting support caregivers need changes as their children develop and transition to adolescence.

Third, parenting policies, programmes and services will be more effective if they take **an ecological systems approach to programme design and delivery.** In practice, this means that service providers and practitioners recognise that **macro-economic** instability creates hardships that prevent some parents from participating in

parenting support programmes. This perspective helps service providers more accurately anticipate and appreciate parental support needs. Likewise, recognising and addressing the pervasive **social and cultural norms** that stigmatise the parents of adolescents who seek support can mitigate against the judgmental attitudes that contribute to low uptake and poor attendance.

An ecological perspective also takes **interpersonal factors into account**. Specifically, it recognises that interpersonal relationships influence parenting support and the parenting of adolescents. Programmes that take this perspective **support parents' relationship with each other**, while also recognising that parents in conflict and single parents need more support for parenting. This view also prioritises **support for all significant caregivers** (e.g. grandparents, older siblings and other relatives who parent adolescents), not just legal parents and guardians. This provision of support is especially critical for vulnerable households where caregiving is stretched. But it also creates an opportunity, through inclusion in parenting education, for caregivers to take a similar, positive approach to parenting adolescents: as a key informant in Georgia explained, *'If you have a positive parenting focus in educational campaigns, it needs to include the grandmother, too. The authoritarian parenting style is very damaging to the child, but it is even worse when there are mixed [parenting] styles in a family — the child receives ambiguous information and he is often confused, which causes anxiety and behavioural disorders'*.

Lastly, it is critical to take **individual-level factors** — such as family composition, gender, minority identity, and disability — into account when developing and implementing parenting support programmes. Specifically, service providers must identify forms of support that are relevant and accessible to the most vulnerable parents. To build trust, respect and rapport with parents, support must also be delivered in a culturally sensitive way that demonstrates understanding of the norms, values and beliefs of target recipients.

6.3.2 Promising forms, modalities and entry points for parenting support

Evidence from *Parenting Adolescents* suggests that **parenting support is more likely to be effective if it balances global evidence related to programme design with local learning**. Specifically, service providers should use evidence from global studies to design and run programmes, but also involve local actors, including parents and adolescents, in the process to ensure that the initia-

tive is tailored to the specificities of a given region, a given cultural and social context and to the specific issue and/or target group to be addressed. International knowledge, evidence base and good practices should be used to inform local programming. National organisations and local entities, including government and civil society organisations, should share information about promising parenting support practices in different contexts or parts of the country or similar contexts elsewhere. They should also engage in constructive discussions about how parenting models and lessons learned elsewhere (globally) could be adapted and applied to the local context.

This study identifies **promising forms and modalities for the provision of parenting support**. Though short-term, respondents say that awareness-raising initiatives and parenting education events can provide an opportunity for awareness raising, discussion and timely information and knowledge that adolescents and their parents both need and want. For example, in Georgia, television ads and programmes are cited as an effective modality for adolescent and parenting education. However, these one-off shorter term campaigns are insufficient. Many parents echoed what Molinuevo (2012) finds, namely, that parenting support needs to go beyond one-time events: attitudinal and behavioural change requires sustained interventions.

Peer mentoring models are likely to be a very effective modality for parenting support in the ECA Region for several reasons. First, parents and key informants emphasise that parents and caregivers of adolescents are tired. They need and want the opportunity to relax and unwind in a safe, welcoming space where they can build supportive relationships with peers and mentors. A service provider in Georgia explained, *'They are busy and have no time...The problem is that parental support groups, parental therapy, does not exist, but they need to talk about themselves. What they need is to talk in social groups about their needs, about the problems they have in common'*. But because many parents in the ECA Region distrust the State and neighbours, **peer support models are more likely to be effective if they build on existing social networks and relationships**.

Regardless of the form or modality parenting support takes, parents and key informants emphasise that **the profile of parent educators, facilitators, and support workers is extremely important**. Educators and support workers must demonstrate real knowledge and expertise related to their subject matter. Additionally, they must effectively tailor their message and presentation to their target group, connect and build rapport with their audience, and communicate effectively: as a Bulgarian

key informant noted, an educator who is experienced training parents in relation to one developmental stage, such as early childhood, cannot simply transfer their knowledge to train parents of adolescents. Parenting support initiatives will also have more positive outcomes and spin-off effects if they have a committed educator/facilitator who earns the trust and respect of participants over time. This educator/facilitator can be an expert who knows how to build rapport with parents, or it can be a person who is locally respected, such as a trusted, experienced mother/father.

Parenting programmes will be more sustainable and effective if there is **adequate and reliable funding for training, facilitation and employee compensation**. In several contexts, existing programmes struggle to retain facilitators/staff because funding for training and compensation is low and/or unreliable. This means that organisations must spend significant resources trying to cope with high turnover, rather than building on their successes.

Evidence from *Parenting Adolescents* suggests several **promising entry points** for parenting support initiatives and programme delivery. In all six countries, **schools** are an important and relatively effective entry point for the delivery of parenting support programmes and initiatives. This is because schools — as opposed to social protection offices — are fairly neutral social arenas. They are also places where there are regular meetings with parents and where most parents/caregivers have some friendships or positive acquaintances that can provide opportunities for developing parent support initiatives.

Another effective entry point is the use of existing existing programmes offered by various service-providers. For example, in Montenegro, the NGO *Juventas* provides an important avenue for connecting with specific hard-to-reach groups, such as the parents of LGBTQ adolescents. Similarly, health care providers who care for adolescents with chronic conditions or disabilities can help facilitate connections among their parents/caregivers and support them in the development of parental self-help groups.

Relatedly, **existing parenting and family support initiatives that take a multi-sectoral approach** (i.e. addressing health issues, risk-prevention, access to services) can be an effective entry point for delivering targeted support to parents of adolescents – for example, related to adolescent sexual and reproductive health and school dropout. Evidence from the parenting support initiatives led by the Montenegro Red Cross at Camp Konik (where Roma and Egyptian IDPs live) suggest that a multi-sectoral approach works because culturally and socially sensitive topics – such as child marriage – can be embedded within broader

discussions that provide information related to adolescent health and education.

Service providers can also use **existing platforms**, such as churches and mosques, as entry points because they already reach a large constituency and are generally trusted.

Relatedly, **social media sites** that are already popular with parents can be an effective entry point, either for awareness-raising or to direct parents to other sites and sources of information.



Chapter 7:

Conclusions and recommendations

7.1 CONCLUSIONS

Parenting Adolescents serves as the first comprehensive study of parenting adolescents and parenting support programmes in the ECA Region. Drawing on evidence provided by adolescents, parents and caregivers of adolescents and key informants in the six study countries, the findings underscore the central role parents have in influencing adolescent wellbeing and development. The evidence also highlights the support parents and caregivers need to fulfil this role in a way that makes the most of the 'second window of opportunity' that adolescence presents to improve outcomes across the life course.

Parenting Adolescents shows that, while **international and European legislative and policy instruments** recognise the State's duty to support parents in the fulfilment of their parenting responsibilities, most national laws and policies in the six study countries **emphasise parents' duties of care without concurrently recognising, or making provision for, the support parents themselves need**. Moreover, legislative and policy instruments only recognise parents and legal guardians as 'parents' in a context where many primary (or significant) caregivers are other family members. Additionally, most laws and policies only make reference to 'children' generally; con-

sequently, they do not make adequate provisions for the unique opportunities and challenges associated with parenting adolescents. This represents a missed opportunity to strategically support and equip parents/caregivers to raise socially and emotionally intelligent children, nurture adolescents' strengths, and mitigate risks so that adolescents can realise their full potential and develop positive connections within their communities.

This strategic potential is evident in findings that show that **parents who establish a close relationship with their children, and exercise positive parenting skills, contribute to positive adolescent outcomes**. Although there is considerable variation in how parenting is understood and practiced across the six countries, the study finds that a trusting, caring relationship with at least one parent is fundamental to adolescents' sense of wellbeing. Parents who develop strong attachment and connection, mutual respect, open communication, age-appropriate boundaries and positive discipline patterns with their adolescents provide them with the knowledge, skills and confidence they need to make good decisions and build healthy relationships. In this way, an authoritative parenting approach acts as a deterrent to high-risk adolescent behaviour.

These findings, and evidence from vulnerable caregivers in the study, suggest that **the capacity to raise strong, healthy adolescents who have positive life outcomes is not contingent on social or economic status, but on the quality of the parent/child interactions.** However, vulnerability and marginality expose adolescents to developmental and behavioural risks that pose challenges to parental control. Chronic stress related to economic and time poverty also puts negative pressure on the parent/adolescent relationship and reduces a parent's capacity to provide their adolescent with the material and emotional support they need. This can compound vulnerabilities, introduce new risks, and contribute to negative adolescent outcomes.

Across the ECA Region, **the way parenting is understood and practiced shifts as children mature.** Evidence from the study suggests that parents tend to spend more time with younger children. As children transition to adolescence, they tend to demand – and parents generally give – more autonomy and decision-making power. Disciplinary patterns also change: parents who use physical punishment with younger children tend to use less corporal punishment with adolescents and rely more on discussion. The shift from younger to older adolescence is also marked by parenting changes: as adolescents take on more responsibility, parents increasingly treat them as equals and focus on ensuring they have the social and livelihood skills they need for adulthood. However, even when adolescents and parents enjoy a close connection, these life stage transitions often increase intergenerational conflict. And exceptions to these trends exist; in particular, parental violence remains a significant challenge in all six countries.

Parenting Adolescents provides evidence that **parenting adolescents in the ECA Region is changing in response to broader political, economic and social transformations.** Parenting styles, dynamics and practices continue to be influenced by the previous generation. However, they are also shifting in response to constantly evolving contextual factors, such as the introduction of new international laws and policies related to children's rights; economic uncertainty; and increased exposure and access to global culture and the internet. Thus, while traditional gender norms and values continue to shape how parental roles are constructed and performed, parenting is becoming more egalitarian. Likewise, while many parents – especially those in rural or minority group households – give their children gendered roles and responsibilities from a young age, parents are increasingly giving sons and daughters similar tasks, or tasks that reflect their birth order, household composition or personality as well as gender. However, gendered behavioural norms persist: in

two-parent households, fathers are generally the authority figure and mothers are held accountable for adolescent behaviour. Relatedly, girls are held to higher behavioural standards than boys.

In this study, **single parenting (due to separation, divorce, migration, incarceration, death, etc.) appears to be a significant source of vulnerability for many adolescents and parents, especially in households where there is a family member with a disability and/or a parent who migrates for labour.** Evidence from adolescents and parents suggests that many of the needs and risks associated with single parenting can be mitigated through shared parenting that is cooperative; daily communication between separated parents and adolescents; and consistent, loving care by significant caregivers, such as grandparents and older siblings.

In all six study countries, **adolescents and parents/caregivers primarily turn to immediate and extended family for support.** Adolescents also turn to friends for support and “Google” for information, while parents may turn to a close friend, teacher, medical practitioner and magazines, books, TV shows or digital media for parenting advice and support. Parents are more reticent to seek help from psychologists and social workers due to stigma associated with mental health problems, social protection services, and negative adolescent behaviour.

Parents and caregivers do not have many choices for formal parenting support. Adolescent-focused programmes and services tend to exclude parents, while parenting support programmes and services tend to focus on the parents of young children, children in general and/or vulnerable children. Very few programmes, services or initiatives target parents of adolescents. Those that do generally focus on preventing harmful behaviours in adolescence, rather than empowering parents with positive parenting knowledge and skills. They rarely offer the types of information and skills that the parents and caregivers of adolescents with disabilities or other vulnerabilities (e.g. LGBTQ identity) desperately need.

At the policy and programme level, **‘parenting support’ is often narrowly-interpreted as child or family services or parent education, rather than as support for parenting adolescents and caregivers and adolescents themselves.** Most initiatives lack coordination across sectors, and considerable barriers and bottlenecks inhibit their effectiveness and sustainability. This leaves a clear gap for effective parenting support programmes that focus on parents of adolescents, especially those from vulnerable and marginalised segments of the population.

7.2 RECOMMENDATIONS

Evidence from the regional study *Parenting Adolescence* shows that **parents and caregivers in the ECA Region need new knowledge, skills and resources to not only protect and strengthen intergenerational relationships, but also prepare their adolescents for adulthood in a rapidly changing environment.**

As a first step towards meeting this goal, **parents must be recognised** not only as duty bearers, but also as **primary caregivers who are in a strong relational position to positively influence adolescents' wellbeing, development and outcomes.** They cannot do this well if they themselves are unsupported and vulnerable.

The following recommendations aim to develop and strengthen legal and policy frameworks, research, programming, and capacity-building initiatives to support adolescents and their parents/caregivers in the ECA Region. They are intended for UNICEF and partners (both governmental and non-governmental) in priority order. The recommendations take an appreciative approach to parenting that focuses on adolescent and parent strengths and competencies — rather than deficits — that contribute to positive adolescent outcomes. This approach is rooted in a life course and ecological perspective that recognises adolescence and parenthood as life stages as well as relational/generational positions that shape and inform each other. They also seek to balance children's rights with the need to support parents/caregivers and enhance long-term relationships of care within families and communities. This holistic, intergenerational approach is the only one capable of advancing progress on the Sustainable Development Goals (SDGs) related to children and adolescents (Richardson 2018).

1. Strengthen national legislative and policy frameworks

Well-designed, family-focused legislation and policies not only improve adolescent outcomes and support for parents, but also have spill over effects that contribute to the realisation of multiple SDGs (Richardson 2018). The following recommendations aim to highlight the importance of laws and policies that reflect a life course approach and provide effective and appropriate parenting support to parents and caregivers of adolescents:

- Establish and implement (or strengthen existing) national policies that create an enabling environment for the positive parenting of adolescents, and address the stressors that make the parenting of adolescents particularly difficult today (i.e. economic instability, rising

costs of living, weakened social support, digital world, etc.). Examples include:

- o Policies that recognise first, how adolescent transitions to adulthood are changing and the implications of these changes for parenting adolescents, and second, prioritise actions that equip primary caregivers to better support their adolescents through this process;
- o Policies that provide specialised, targeted support to parents/caregivers of adolescents living in situations of severe and/or multiple intersecting risk factors such as poverty, family separation and migration, single parent households, family violence, mental health issues, and disability and chronic illness.
- Align legislative and policy frameworks with international and regional standards (either by adopting new laws and policies or revising existing ones), and ensure that they define States' obligations to support parents/caregivers in fulfilling their parenting responsibilities;
- Ensure that policies clearly define the parameters of parenting support to avoid overlap or gaps in support between sectors and government departments;
- Ensure that national laws and policies prescribe responses to situations of unfulfilled parental duties with actions that build on the strengths of parents and caregivers to enhance their skills and competences, rather than adopting a punitive and risk-based approach;
- Expand universal access to parenting support while also ensuring that national laws and policies recognise that parents of vulnerable adolescents have unique needs for support. This means instruments must have the flexibility and mandate to target and respond to specific needs as appropriate;
- Amend definitions in legal and policy instruments and parenting support programmes, services and initiatives to recognise and include primary and significant caregivers as persons who, along with legal parents and guardians, are entitled to State support for parenting.

To be effective, these legal and policy instruments must:

- Have designated lead ministries to ensure leadership and accountability;

- Have well-defined mechanisms for inter-ministerial/ inter-departmental coordination with clear roles and responsibilities; and
- Be fully and adequately resourced in terms of budget, personnel and infrastructure.

2. Invest in Research and Evaluation

Major historical change, such as the political and economic transformations experienced in the ECA Region within the past generation, introduces new opportunities and challenges for families. Evidence from this study shows that as adolescents and parents respond to these diverse forces, gender and generational relationships shift and change. Parenting practices that may have worked one generation ago are no longer effective — or legal. Parents and caregivers need new knowledge and skills that will equip them to build on the strengths of their adolescents and ensure their care, protection and wellbeing.

The following recommendations aim to strengthen the evidence base and address gaps related to emerging areas that have an impact on the parenting of adolescents so that programmes in ECA provide relevant and effective support for parents and caregivers of adolescents:

- Invest in research and knowledge transfer across regions and countries in ECA on priority issues that influence parents' ability to fulfil their duties of care. Research should aim to identify the specific needs of parents and best delivery modalities for reaching and supporting the most vulnerable parents/caregivers of adolescents in the six countries. Priority for evidence strengthening should be given to the following issues:
 - Parental migration: how to support migrant parents and primary caregivers who remain (i.e. grandparents) in their parenting roles;
 - Parenting adolescents with a disability and/or chronic illness;
 - Single parenting; and
 - Parenting adolescents from minority and/or marginalised groups.
- Identify successful evidence-based models of parental support for parents of adolescents in similar middle and upper-middle income contexts and countries, and evaluate which ones can be adapted and piloted in specific contexts and/or scaled up in the ECA Region.

3. Strengthen parenting support programmes and initiatives

Evidence from *Parenting Adolescents* and global studies show that parenting support programmes contribute to improved adolescent and family outcomes. Yet this study finds there is a dearth of parenting support programmes, services and initiatives in the ECA Region. This leaves a clear gap in support for parenting adolescents in the six study countries.

The following recommendations aim to help close this gap with forms of parenting support that draw on global and local evidence to strengthen existing programmes and develop and implement new initiatives in the ECA Region that are flexible enough to be adapted to the local context and disability-inclusive^{viii}:

- Integrate evidence-based parenting support programmes for parents of adolescents into delivery platforms that are already reaching caregivers. This will help ensure maximum outreach and sustainability. For examples, there are a number of informal mechanisms that exist in many communities that can offer possible platforms for strengthening parental support and developing initiatives for parental exchange and support. These informal mechanisms may take various forms and include formal networks (e.g. parents' clubs, sports clubs) as well as more formal parental networks (e.g. associations of parents of children with chronic conditions such as parents of children living with HIV, or cancer or autism);
- Ensure that programmes, services and initiatives reflect the unique opportunities and challenges associated with parenting adolescents. This can be done by engaging adolescents and parents/caregivers of adolescents (including the most vulnerable and marginalised) in developing, leading, monitoring and evaluating parenting support programmes and initiatives;
- Ensure that the design of new parenting support programmes services and initiatives for parents of adolescents:
 - Embeds a theory of change;
 - Clearly establishes performance and quality indicators that can be measured and evaluated; and
 - Includes a cost analysis for scale up to ensure long-term sustainability.
- Model and disseminate cross-sectoral best practices at the community level to inform state and non-state actors in ECA on what interventions work (and why)

when developing parenting programmes for parents of adolescents;

- Using findings from this regional study, implement awareness-raising and behavioural change communication campaigns/initiatives on parenting adolescents that are aimed at:
 - Challenging the negative narrative and perceptions in society of adolescents and adolescence;
 - Raising public awareness on parents' and adolescents' rights and responsibilities. Use this awareness-raising to inform the ongoing debate related to minimum ages legislation and the realisation of adolescents' rights; and
 - Developing an intra- and inter-generational dialogue on gender roles and responsibilities in families and how they are changing.
- Prioritise the development, implementation and assessment of peer-to-peer forms of support (in-person and/or online) that focus on providing social support and information resources. Possible formats include adolescent/caregiver self-help groups, facilitated support groups and adolescent/parenting education groups. Identify and take advantage of existing entry points for peer support initiatives, especially schools, churches, sports clubs, social media sites and a variety of non-governmental organisations or associations of parents that already serve – and are trusted by – the target population.

4. Strengthen the capacity of state and non-state actors

Adolescents and their parents/caregivers require significant support to successfully navigate the formative and often challenging life stage of adolescence. In particular, caregivers need new knowledge and skills to adapt their parenting to broader changes in their environment. Relatedly, they need guidance on how to shift from authoritarian and permissive parenting approaches to a more authoritative style that is responsive to adolescent strengths and developmental processes, and strengthens the inter-generational relationship.

To support parents and caregivers, stakeholders at all levels need to be equipped to identify and respond to the specific opportunities and needs associated with adolescence and parenting adolescents. With capacity strengthening, state and non-state actors will contribute to realising adolescence as a '*second window of opportunity*' to improve outcomes at the individual, family and societal level.

The following recommendations aim to strengthen the capacity of state and non-state actors and parents to support the parenting of adolescents in ways that are both relevant and effective:

- Build the capacity of governments and non-governmental organisations to conduct evaluations of existing parenting programmes. This will help ensure stakeholders are effectively supporting parents of adolescents, and in a fiscally responsible and sustainable manner, and assess whether initiatives should be scaled up and/or replicated in other contexts within the Region;
- Translate the growing evidence base related to adolescence and parenting adolescents into accessible and practical capacity-building tools, including digital learning tools, for frontline service providers and practitioners across sectors. The content should be modular and should allow for adaptation to different age groups, abilities, cultural contexts, and settings that range from schools, health centres and youth clubs to non-formal education centres, etc. Specific topics should include:
 - Positive and strengths-based approaches to parenting adolescents that identify and build on parents' strengths and competencies, while also recognising and addressing parents' needs and vulnerabilities;
 - Knowledge, skills and practices related to preventing and mediating family conflict (including violence) and separation;
 - Knowledge, skills and strategies for addressing stigma related to disability, mental health issues and non-conformity to cultural ideals that inhibit parents from seeking parenting support;
 - Knowledge related to how and why gender and generational roles, responsibilities and relationships are changing, and the implications of these changes for parenting adolescents; and
 - Knowledge and skills for working with the most vulnerable parents/caregivers and their adolescent. For ECA, these include:
 - Parents who migrate for labour (or are contemplating doing so) and significant caregivers in families where parents migrate;
 - Parents of adolescents who live with – or who support a person with – a disability or chronic illness;

- Parents of adolescents from an ethnic/religious minority or marginalised group; and
 - Parents of adolescents who identify as LGBTQ.
- Integrate positive parenting as well as a life course and ecological perspective on adolescent development into curricula that prepares future teachers, health professionals and social workers to work with parents and adolescents;
 - Develop, pilot, monitor and evaluate on-line platforms to build the capacity of parents. Possible platforms include social media groups, YouTube channels, or parenting websites with opt-in membership for e-mail and text messaging. Traditional media platforms (such as radio and TV) may also be appropriate in contexts where parents have limited internet access. Platforms should provide information (including resource maps), knowledge and advice to parents and caregivers that is locally relevant. Parental competences in ECA especially need to be deepened in relation to the following areas:
 - Adolescent development, including specific characteristics of each developmental stage;
 - Strengths-based approaches to parenting adolescents;
 - Mindful parenting;
 - Parenting adolescents with a disability or chronic illness;
 - Parenting adolescents who identify as LGBTQ;
 - Parenting skills for parents who work abroad and caregivers who stay behind; and
 - Parenting adolescents in a digital world.
 - Ensure that core parenting materials and resources are accessible to parents with visual or hearing impairments, and that they are translated into minority languages.





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- 2016—2020 Education curriculum for children and youth
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Bulgaria

- Constitution of the Republic of Bulgaria
- Family Code
- National Strategy on the Child 2008—2018
- National Health Strategy 2020, which includes a policy on “Health for Children and Adolescents (from 1 to 19 years)”
- Action Plan for Implementation of the National Health Strategy 2020
- Pre-School and School Education Act
- Ordinance on Inclusive Education
- Strategy for Reducing the Share of Early School Leavers (2013—2020)
- Social Assistance Act

- Regulation for the implementation of the Social Assistance Act
- Family Allowances for Children Act
- Child Protection Act
- National Programme for Prevention of Violence against Children and Prevention of Child Abuse (2017–2020)
- Strategy for Educational Integration of Children and Students from Ethnic Minorities (2015–2020)
- National Roma Integration Strategy of the Republic of Bulgaria (2012–2020)
- Regulation for the implementation of the Social Assistance Act
- Integration of People with Disabilities Act
- Pre-school and School Education Act

Georgia

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Moldova

- Constitution of the Republic of Moldova
- Cross-Sectoral Strategy for Development of Parenting Skills and Competencies for 2016–2022
- Education Code of the Republic of Moldova No. 152 of 17 July 2014

- Strategy for the Development of Education 2014-2020 'Education 2020'
- Family Code No. 1316-XIV of 26 October 2000
- Moldova Child Protection Strategy 2014-2020

Montenegro

- Constitution of Montenegro
- Family Law
- Law on Social and Child Protection
- Strategy for Prevention and Protection of Children from Violence 2017–2021
- Law on Protection against Domestic Violence
- Strategy for Social Inclusion of Roma and Egyptians 2016–2020
- Strategy for Inclusive Education 2014–2018

Romania

- Constitution of the Kingdom of Romania
- Law 272/2004 on the Protection and Promotion of the Rights of the Child (republished in 2014)
- National Strategy for the Protection and Promotion of the Rights of the Child 2014–2020
- National Strategy for Parental Education 2017–2025 (pending approval)
- National Public Health Strategy 2014–2020
- National Strategy for Child and Adolescent Mental Health 2015–2020
- Strategy for Reducing Early School Leaving in Romania 2012–2020
- National Youth Strategy 2015–2020
- Romanian Government Strategy for the Social Inclusion of Romanian Citizens of Roma Minority 2014–2020
- Minimum Package of Services for children and their families





Appendices

APPENDIX 1: RESEARCH METHODOLOGY

Inception Report

The first draft of the Inception Report was submitted by Protekñon to UNICEF in August 2017. The inception report was informed by extensive consultations with the UNICEF ECA Regional Office and UNICEF Country Offices of the participating study countries.

On 12 to 13 July 2017, the international research team attended inception meetings at the Innocenti Research Centre in Florence together with the coordinator of the research project and the Child Protection Specialist from Innocenti. On 24th July, a webinar with all six UNICEF Country Offices was organised by the ECA Regional Office and Protekñon, wherein the following items were discussed to inform the preparation of the inception report: research questions, composition and TORs of national researchers, recruitment timeline for national researchers, national desk review, the piloting of research tools in Romania, a capacity building workshop for national researchers, sampling, timeline and methodology for primary data collection, reports and follow-up actions.

Based on input and feedback received from the six country offices, the first draft of the inception report (containing all elements discussed in the webinar) was submitted to UNICEF. The Report was reviewed by staff from different programmatic areas in the UNICEF Regional Office in Geneva and by the Child Protection Specialist of

UNICEF's Innocenti Research Centre. After this review, an interim inception report was finalised by the international research team and approved by UNICEF. Protekñon submitted the final version of the inception report to UNICEF in October 2017, after the piloting and finalisation of data collection tools over three days in Iasi, Romania.

Desk review

An international and regional desk review was undertaken by the international research team. This included a review of secondary literature and a legal-policy analysis. For the literature review, sources included academic literature, research reports, programme documents and media articles. For the legal-policy analysis, the sources included international and regional documents, as well as national laws, policies, strategies and action plans. The desk review was submitted to UNICEF in July 2017. Throughout the preparation of the regional study, several more recent articles and studies (not available at the beginning of the assignment) were provided by the UNICEF Regional Office and added to the literature review. At a national level, the Team Leader undertook a desk review comprised of a legal-policy review and a review of secondary literature. During the capacity strengthening workshop conducted by Protekñon and UNICEF in Bucharest (21 to 22 September 2017), the national research-

ers were given detailed guidelines for the desk review. The national desk reviews were reviewed and approved by UNICEF Country Offices in the six study countries, and then translated and submitted to the international research team to be used as additional reference material for the final regional report.

Primary data collection

Each national research team was comprised of a Team Leader, a Field Researcher and two Junior Researchers. Terms of References (TORs) were developed by the international research team after consultations with the Country Offices, and were approved by the UNICEF Europe and Central Asia Regional Office (ECARO). They were then adapted by the UNICEF Country Office Focal Points based on local needs. The UNICEF Country Offices assumed responsibility for recruitment of the national researchers. All national teams were recruited by mid-September.

The research tools were piloted in Romania from 18 to 20 September 2017. The UNICEF Romania Country Office arranged all logistics for the testing and obtained necessary provisions from the school inspectorate, child protection authority, parents of adolescents, and other relevant NGO partners. Following testing, the tools were revised and included in the training materials for the capacity building of national research teams.

The appointed national researchers and UNICEF Focal Points participated in a capacity strengthening workshop in Bucharest from 21 to 22 September 2017. The research tool and Inception Report received ERB Ethical Approval and were approved by an external agency appointed by UNICEF prior to the commencement of primary data collection. Primary data was collected by the national researchers over a six week period from 1 October to December 2017.

The primary research findings were captured through a combination of semi-structured interviews (67), in-depth interviews (8), participatory focus groups with parents (45), and adolescent-centred focus group discussions (49) divided by age and gender in six countries. A total of 727 respondents participated in this study (see Table 1). Two additional case studies of parenting programmes were conducted in Romania. All primary research was conducted in the local language by trained and experienced national researchers.

Peer review and research dissemination

The original Terms of Reference for this study were developed by the Research and Study Committee of UNICEF ECARO with inputs from all programmatic areas (education, child protection, health, social policy, adolescent development and participation, monitoring and evaluation), the six Country Offices, and the UNICEF Office of Research – Innocenti. The study had two rounds of peer review by the six Country Offices and all of the ECARO colleagues mentioned in the Acknowledgments. The second draft of the study was also shared with UNICEF Headquarters Adolescent Development and Participation colleagues, experts from the Academy of Sciences of the Republic of Belarus and the Director of HoltIS Association, UNICEF's implementing partner in Romania, who has technical expertise in parenting programmes for adolescents. The final draft of the study went for external review in July 2018.

Throughout the development of the national reports, Country Offices involved key stakeholders in research validation meetings. UNICEF is now in the process of disseminating the national study findings to key stakeholders through workshops and conferences.

Qualitative semi-structured interviews with key informants

Qualitative semi-structured interviews were conducted with state and non-state key informants at national and sub-national levels. The national researchers were expected to interview a minimum of ten key informants per country. Key informants were sampled purposefully based on expertise. They included, policy makers, legislators, ministry officials, state service-providers working in education, health, social and child protection sectors, as well as service providers, practitioners, civil society actors and community leaders. The criteria for the selection of key informants are as follows:

- They are familiar with and/or currently working on policies, programmes and projects related to the parenting of adolescents in general;
- They are familiar with and/or currently working on policies, programmes and projects related to specific categories of high risk / most marginalised adolescents taking part in the focus group discussion in that country;
- They are familiar with the situation of adolescents and parents and can speak to how parenthood and adolescence has been constructed and experienced at the local level.

Respondents were interviewed once in a face-to-face interview, although when key informants were difficult to reach, telephonic interviews were also conducted. Semi-structured interviews were developed for key informants who had both policy expertise as well as more practical, front-line experience working with adolescents and their parents. Protocols for semi-structured interviews were developed by the international research team, but were then adapted by the national researchers to suit the context and tailored to suit the characteristics of the key informant. The researchers were trained in Bucharest on how to use the semi-structured questionnaires and were provided with additional guidelines and checklists to support their work. These interviews lasted approximately one hour. They were recorded on a voice recorder, when permission was given. The national researchers also completed cover sheets for each interview, containing demographic and institutional information, as well as field notes.

Participatory focus group discussions with adults

In order to learn more about the influence of gender on power dynamics and the delegation of caregiving roles and responsibilities in the households, as well as its influence on relationships with male and female adolescents, separate focus group discussions were held with mothers (or maternal caregivers such as grandmothers) and fathers (or paternal caregivers). Although there is added value in holding mixed focus group discussions so that researchers can observe the communication and engagement of men and women with each other, upon extensive discussion with the UNICEF Regional and Country Offices, it was decided that separate focus group discussions would be more appropriate particularly since sensitive issues such as sexuality and sexual and reproductive health would be discussed. Protekñon and UNICEF also wanted to ensure that gendered power dynamics do not inhibit the active participation of women. The precise criteria for the selection of parents was decided at the UNICEF Country Office level. However, a few general guidelines were provided to national researchers:

- Parents of adolescents may be selected from the general population, or they may be selected on the basis of their relationship to high risk / most marginalised adolescents. This decision was made at the national level depending on the needs of the UNICEF Country Offices in each country.
- The parents who participated in each focus group were not necessarily the parents of adolescents who also participated in the focus group discussions, as long as they were the parents of adolescents within those categories.
- Accessibility: Considerations were made for accessibility in each country taking into account travel time, disability access, ability to meet in one location, and other responsibilities that hinder parents' time available, such as employment, childcare and home care.

A semi-structured topic guide was prepared for the national researchers by the international research team, which included the list of key themes to be covered as well as a range of open-ended questions and probing suggestions related to the research questions. The national researchers were trained for two days on how to facilitate the focus group discussions in an ethical and methodologically sound manner. The Ethical Protocol that they were provided with included a number of provisions including informed consent, confidentiality, anonymity, right to withdraw (at any stage) and data security.

The procedure for the focus groups was as follows. Research participants were guided through the information page and consent form before being asked to provide written consent. They were given an opportunity to introduce themselves using a pseudonym. Each focus group lasted approximately 1.5 hours depending on the depth of the discussion and availability of participants. At the close of the focus group, participants were thanked and reminded of their right to withdraw their consent or assent to participate. Participants were not paid or compensated for their participation in the study, but refreshments and transportation were provided by UNICEF. National researchers distributed referral cards containing information about local service-providers to the parents and caregivers who participated in the focus group discussions. The researchers completed a cover sheet (containing demographic information and general notes) for each focus group discussion.

Child-centred focus group discussions with adolescents

Sampling guidelines were provided to the national researchers during the capacity building workshop in Bucharest, but the final sampling criteria were decided by the UNICEF Country Offices based on the national context and programmatic priorities. Generally, the focus group discussion included both adolescents from the general population as well as those who were vulnerable and marginalised in order to avoid causing further stigma to participants. Accessibility, logistics and education and/or household commitments were also considered when sampling. Vulnerable adolescents included Roma adolescents; adolescents with disabilities, HIV or chronic illness; adolescents of migrant parents; adolescents in conflict

with the law; adolescents living in institutions; adolescents with substance abuse disorders; adolescents from families living in contexts of poverty; adolescents living in rural areas; adolescents from minority communities, etc. Special consideration was given to power dynamics within mixed focus group discussions and all efforts were made to ensure that vulnerable and marginalised adolescents could participate openly and actively, in line with the Research Tools, Ethical Protocol and Article 12 of the UN-CRC (1989). Separate focus groups were run with boys and girls, who were also divided along the lines of age in accordance with the requirements of the RFP (UNICEF RFP 2017: 14-15) (10-13 years, 14-17 years). Adolescents were sampled with this in mind:

- Two focus groups of boys aged 10-13 (8 per group)
- Two focus groups of boys aged 14-17 (8 per group)
- Two focus groups of girls aged 10-13 (8 per group)
- Two focus groups of girls aged 14-17 (8 per group)

The international research team developed participatory, child-centred activities for the focus group discussions linked to the research questions and concepts. The activities included icebreakers, games, drawing, picture cards, drama, dance and music in order to give children an opportunity to express their opinions freely and in a manner in which they feel comfortable. All activities were pre-tested in Romania and revised based on the observation of dynamics during the activities and/or the feedback of adolescents. The final selection of child-centred activities and ice-breakers was made by the national researchers based on their assessment of what is relevant and appropriate in that particular context, considering the characteristics of the adolescents, the size of the group, as well as the venue and space available. National researchers were trained on how to use these participatory, adolescent-centred tools to stimulate discussion and gather robust data. This involved simulating the games as adolescents. In a few cases, in depth interviews were conducted with adolescents to fill in any gaps in information.

The researchers were trained on how to conduct research with children in an ethically sensitive manner that places children's rights and wellbeing at the forefront of all research decisions taken. Adolescents were not interviewed or participated in focus groups if they did not provide assent. The consent of their parents, guardians and caregivers was also required. The difference between age of assent and age of consent in each legal and socio-cultural context was discussed at the training workshop. During the focus group discussions with adolescents, the

researchers also gathered rich observations, by making direct observations of their living conditions and interactions with other people. The researchers were also asked to identify potential cases of risk, maltreatment and neglect, and then refer these cases to the UNICEF Country Office. The researchers also carried referral cards which they distributed to vulnerable parents, caregivers and adolescents after the focus group discussions had taken place.

Case studies

There were plans for each national research team to conduct case studies of promising practices; however, consultations with the UNICEF Country Offices revealed that case studies were premature as a more general assessment of parent support programmes and services was needed. Romania was the exception, with the UNICEF Country Office selecting two case studies for in depth research (one is included in Box 4 of this report). Two participants were interviewed in each study and these interviews were supplemented with programme documents and other information available on the programme.

Recording, transcription and analysis

Interviews and focus group discussions were recorded with Dictaphones, where agreed to by the participants. They were supplemented with written notes. All national reports (Inception Report, Coding Report and National Report) were written in the local language and were sent by UNICEF COs to an external agency for translation in English.

The transcribed data was analysed by the national researchers using a pre-agreed analytical framework developed by Protekñon Consulting Group. This coding was undertaken in MS Word and Excel and adhered to guidance provided by the regional research team in terms of the development of record numbers, thematic codes and referencing. The regional research team used MS Word and NVivo to provide a regional analysis of parenting of adolescents and parent support programmes. This was not a detailed comparative analysis considering the qualitative nature of the research project, the small sample sizes and the diversity of the countries in which the study is being conducted.

In order to enhance validity, triangulation was employed. The analysis team considered the various data sources (legal-policy analysis, literature review, key informant interviews at national and municipal level, focus group discus-

sions with caregivers and adolescents) in relation to each other. The researchers also request additional supplementary documentation (e.g. project log frames, financial and narrative reports) when gathering data for the assessment of parenting programmes. In addition to this regional report, national reports or summaries of research findings were produced in each country.

Challenges

- In some countries, participants did not agree to the use of a voice recorder; hand written notes were taken instead.
- In some instances, more than eight (8) participants arrived at the venue for the focus group discussions. To avoid turning adolescents and parents/caregivers away, small break away groups were initiated.
- It was particularly difficult to organise focus group discussions with fathers, who often confirmed attendance but failed to arrive at the venue. However, those who did arrive shared valuable information which 'clearly indicated that there is a need for men to share their fatherhood experiences and seek advice on and validation of their own approaches' (Field notes, Bulgaria).
- Despite the selection of national researchers who could speak the local language, some migrant families did not understand the researchers and additional support had to be found.
- Boys from the Roma community seemed to be apprehensive when discussing discipline. They wanted to make a strong impression that '*we are good children and we behave well*', as noted by a national researcher from Bulgaria.
- In some focus groups in Bulgaria, the varied literacy and language skills of the participants made it difficult for the facilitators to promote active discussion. Despite their training and extensive guidelines, there were two focus group discussions where the researchers found it difficult to integrate adolescents with disabilities into the group activities, so followed up with individual in depth interviews.
- Some parents found it difficult to share information about the challenges that they are facing when it comes to parenting. As noted by a national researcher '*the dynamics let us realise that parents both desperately needed to talk about the enormous challenges of being a parent of*

an adolescent with disabilities but find it extremely difficult to talk with others about this' (Field notes, Bulgaria). The national researchers were concerned that the parents were not being open about their parenting practices particularly when discussing decision-making and discipline. They therefore tried to ask interview questions in different ways or covered the issue more indirectly. They also tried to build trust and rapport using ice-breakers.

- In Romania, the national researchers faced extremely emotional interviews and focus group discussions, noting that parents (particularly those of adolescents with disabilities) had high expectations of receiving moral and other forms of support from the researchers. The researchers distributed the referral cards and made referrals to the relevant service-providers.
- Given the dearth of parent support programmes in some countries, the national researchers struggled to answer the research questions related to this part of the research project.
- Translation affected the overall quality of the data received by the international research team and the sheer volume of data was a challenge considering the limited time available for both national and regional analysis.

Limitations

Due to time and resource constraints, the sample size was relatively small. As a qualitative study with a small sample size, this study cannot claim to be representative of the perceptions, attitudes and experiences of parents and adolescents. Although the report includes conclusions and recommendations based on the findings, gross generalisations are avoided as they undermine the highly contextual and individual nature of the experience of parenting of adolescents.

Furthermore, although the sample included vulnerable and marginalised adolescents, it was not possible to provide a detailed comparison between their experiences and those who are not seen as vulnerable, due to the mixed composition of the focus group discussions and the small sample size.

It is also important to bear in mind that due to social desirability bias, it was often difficult to gather in depth information particularly around sensitive issues, or viewpoints that might contradict social norms in focus group discussions. Where necessary, additional in depth interviews were scheduled.

Feedback from participants

Policy-makers

'I think it's very important that this project has started, because it is a difficult period for parents. To have an adolescent in the family is stressful for the family. Parents have difficulties coping with it, given that there is no or at least there hasn't been until now, proper support. Parents, and children themselves, have the need for support going through this tough period. Adolescence in itself is a crisis, and support is needed in each crisis, then included. It's a huge thing that this project has been launched.' (Policy-maker, Montenegro)

'I was glad to contribute, share my impressions, experiences, and I hope this will help design and launch programmes to meet the needs of all parents.' (Non-state service-provider, Montenegro)

'I felt nice talking about a professional topic, about experiences from the school, not criticism, but constructively, honestly and openly.' (Service-provider, Montenegro)

'I had a great time. I like to see things happening, to offer my experience. I still care to build something for everyone, to use opportunities for the general good, to move boundaries, respond to family needs.' (Service-provider, Montenegro).

Parent/caregiver

'It's been very useful, I've long since hoping for this and personally I need such an interview, to share and say things, to check, because I also made mistakes with my daughter, but I always wanted to have a content daughter.' (Mother of an adolescent with disabilities, Montenegro).

'It was really useful, since they had the opportunity to talk, they see this almost as group support, to tell, and share, to hear, get ideas, understand that others think and experience similar things, which they don't often have the chance.' (Parent of adolescent with disabilities, Montenegro).

'It was nice, many things have been stirred, more light shed on some things, some areas opened, at times things seen from a different angle, started thinking more deeply and with greater details about certain topics. There are some reservations regarding the changes, given the trans-generational transfers.' (Mother, Montenegro).

'It was really useful and pleasant. I hope there would be more workshops like this, have them with children also, and for us and children to be together. Great, I love this topic!' (Mother, Montenegro).

'No one ever asks us anything. Thank you for listening to us' (Father, Montenegro).

Adolescents

'It was nice talking to you, do come again, we feel nice talking about ourselves, get assistance when we have a problem, we need someone to talk to us, we're reticent. We need a person of trust, to talk freely and share secrets. It was nice as if we'd known each other for ages.' (Adolescent boys 14-17 years old with disabilities, Montenegro).

'It was great, we'd like it to last longer. And to be able to talk to someone like this all the time. We'd love to have more of this, to learn something new and share experiences.' (Adolescent girls 11-13 years, Montenegro).

'It was great today. We could talk about everything. We talked more than with our parents. We feel awful for not being able to tell our opinion.' (Adolescent girls living in foster families, Montenegro).

'We had a great time! This is our first in a focus group and it's interesting. The topic is really important. We should talk about this more often, with our parents also.' (Adolescent girl 14-17 years, Montenegro).

'Can we do it again!? This is really interesting!' (Adolescent boy 11-14 years, Montenegro).

In terms of parent support programmes, the study provided an assessment of services and programmes based on the requirements listed in the Request For Proposals. An in depth outcome or impact evaluation of the programmes was beyond the scope of this particular research project. Furthermore, the report highlights programmes that were identified by key informants, parents/caregivers and adolescents. This should not be mistaken for a detailed mapping of all policies, services and programmes available for parents of adolescents, given the scope of the methodology and the resource constraints highlighted above.

Research ethics

This study was governed by a strict ethical and child safeguarding protocol, and was conducted in accordance with the *UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis* (2015). ERB ethical approval was granted by the HML Institutional Review Board to conduct this study (see Appendix 2). The training for local researchers included scenarios and role plays that prepared researchers to resolve ethical dilemmas in an ethically sensitive manner so as to protect the rights and ensure the dignity and welfare of all respondents and researchers. A detailed ethical protocol was developed for the national researchers; here is a summary of the main points.

Child safeguarding

Child safeguarding was prioritised in the selection of local researchers and, wherever possible, background checks were undertaken on all national researchers involved in this assessment as part of routine recruitment procedures. Additionally, national researchers were trained on the code of conduct and child safeguarding policy. A complaint mechanism was facilitated by providing all research participants, together with the parents of participating adolescents, with contact details for the UNICEF focal point in the relevant Country Office.

Do no harm

Every parent/caregiver and adolescent who participated in this research, no matter his/her socio-economic situation or personal circumstances, is a person imbued with inher-

ent human dignity, and must be treated as such. By giving their time to participate in the research, and by talking about their ideas, needs and experiences these parents and adolescents contributed valuable information that will help UNICEF and its partners to strengthen existing parenting support programmes and to develop new ones as needed.

Every care was taken to ensure that the parents and adolescents who participated in the research were not exposed to harm, stigmatised or further marginalised or discriminated against during, or as a result of, their participation in the research. This applied from the process of identifying and recruiting research participants, to the locations in which the focus group discussions were held, and the manner in which focus group discussions were facilitated. Researchers were trained to communicate in a respectful and appropriate manner, avoiding the use of language or tones of voice that marginalise, stigmatise or patronise. The final report presents all research participants, regardless of their socio-economic situation or personal circumstances, as persons with equal and inherent human dignity, while at the same time targeting recommendations to address the specific needs of vulnerable parents and adolescents (UNICEF 2015: 11).

Informed consent/assent

As per the *UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis*, the primary research required the informed consent/assent of participating key informants, parents and adolescents (UNICEF 2015: 11-12). *Informed consent* is the voluntary agreement of an individual who has the legal capacity to give consent, and who exercises free power of choice, without undue inducement or any other form of constraint or coercion to participate in research. *Consent* means that the individual has freely agreed to take part in the research. The consent is *informed* because the individual understands what the research is about, and how the information they provide will be used. *Assent* is the willingness to participate in the research by persons who, by virtue of their age, maturity or mental impairment, are legally unable to give informed consent (UNICEF 2015: 2; See also Innocenti Research Brief 17-05).

In the case of adolescents, who have not yet attained the age of legal majority, informed consent was given by the adolescent's parents. This does not, however, obviate the need to also obtain adolescent's informed consent/assent:

- Adolescents who are old enough and sufficiently mature to understand what the research is about, and how the information they provide in the focus group discussions will be used, were given the opportunity to provide or withhold their informed consent to participate in the research.
- Younger adolescents, or adolescents with developmental or cognitive impairments who do not understand the research objectives well enough to give informed consent, were asked to provide their informed assent; that is, affirm their decision to participate in the research based on their understanding of the proposed research in general, its expected risks and possible benefits, and the activities expected of them as research participants.

The interviewer ensured that adults and children understood the nature, intention and outcomes of the research project so that they could provide informed consent/assent (and know that this may be withdrawn at any time). Research participants were provided with a consent form to sign, which was translated into the local languages and explained to them verbally before the interview or focus group discussion started. Adolescents were not interviewed without their consent/assent *and* the informed consent of their parent, caregiver or guardian. Participants were informed that they have a right to withdraw at any time without repercussion and that they may even decide to withdraw – and have their transcript destroyed – after the interview has been conducted.

Data handling

In accordance with the UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis, all of the interviews were kept confidential, in that no name or identifying feature of the respondents was used in the report; nor will they be shared with the authorities or with any other person or organisation, without the fully informed and express permission of the research participants concerned (UNICEF 2015: 2, 4). A number of measures were taken to safeguard the privacy of research participants. The national research teams who collect the data were trained to store recordings and transcripts in restricted, password-protected files. The raw data, together with top line coding and analysis, was shared with the Protekñon Consulting Group, who retained sole access to the password-protected files. The following additional precautions were taken to ensure the protection of electronic data: passwords were changed frequently; access rights were carefully considered and limited where necessary; anti-virus pro-

tection, firewalls and intrusion-detection software were added to ensure that outside devices and entities cannot access the data; and electronic data files were backed up regularly and saved on external devices. Following transcription, translation and primary analysis and reporting to the international research team, the national research teams was requested to delete their copies of the files, and to hand over all notes and audio-recordings to the UNICEF Country Offices. Identifying information such as names and contact details were not stored together with the transcripts. The report presents findings and recommendations in a manner that cannot be traced back to individual participants.

Reporting of suspected adverse events

Given that the research involved vulnerable populations, and touches on some potentially sensitive topics, particular attention was paid to ensuring that any disclosures are appropriately and confidentially dealt with. As per the Ethical Protocol, researchers were trained on how to respond in the event that a research participant discloses a child protection concern involving themselves or another person, and to ensure that the identities of people who may have experienced or perpetrated violence, neglect, exploitation or abuse, or who require urgent social assistance, are kept confidential. There was one incident where a national researcher reported a suspected adverse event to a UNICEF Country Office focal point who responded accordingly.

Referral services

Given low awareness of child protection issues and available social support services at the community-level, this research process served as a useful tool not only for data gathering, but also for awareness raising. At the end of interviews with parents, adolescents and other community members, informants were provided with small cards containing referral information for priority service providers, such as Ambulance, Police, Hospital, Child Helpline, Social Services, Domestic Violence Hotline, and Maternal Health Service. The information cards included some specific child safeguarding and support services mixed in with generic useful numbers, so that it does not endanger the bearer if an abuser or other potentially threatening person finds the card.

Participants who wish to be referred to specific social assistance services could provide their name and contact

details to the researcher, to be passed on to the country office UNICEF focal point. This information was not shared beyond the identified focal point nor be part of the data available for the research. In order to be sensitive to the struggles and strengths of children and their families, emphasis was placed on their agency and the positive decisions that they have made – and can still make – to improve their situation. The dignity and welfare of all participants was prioritised throughout the assessment process.

APPENDIX 2: ETHICS REVIEW BOARD APPROVAL



Research Ethics Approval

10 September 2017

Dr. Zosa De Sas Kropiwnicki Gruber
Senior Partner, Protekton Consulting Group
c/o UNICEF ECARO 48A Blvd Primaverii
011975 Bucharest 1, Romania

RE: Ethics Review Board findings for: *Regional study on parenting programmes for parents/caregivers of adolescents in Belarus, Bulgaria, Georgia, Montenegro, Romania and Moldova*

Dear Dr. De Sas Kropiwnicki Gruber

Protocols for the protection of human subjects in the above study were assessed through an ethics review by HML Institutional Review Board on 5 – 9 September 2017

This study's human subjects' protection protocols, as stated in the materials submitted, received **IRB approval**. Please inform this IRB if there are any changes to your human subject protection protocols.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Anderson".

D. Michael Anderson, Ph.D., MPH
Chair & Human Subjects Protections Director, HML IRB

cc: Diana Vakarelska, Nina Ferencic, Penelope Lantz, unicef@hmlirb.com

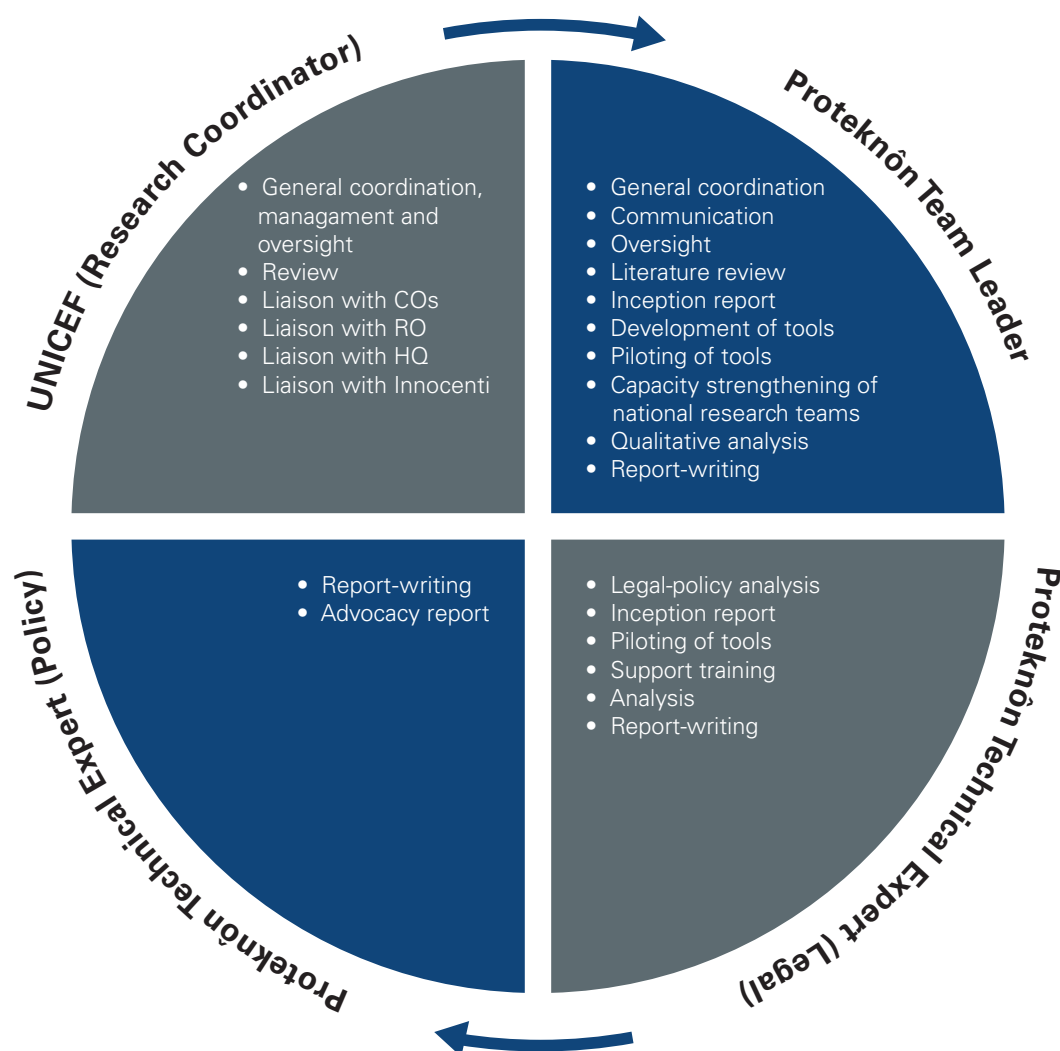
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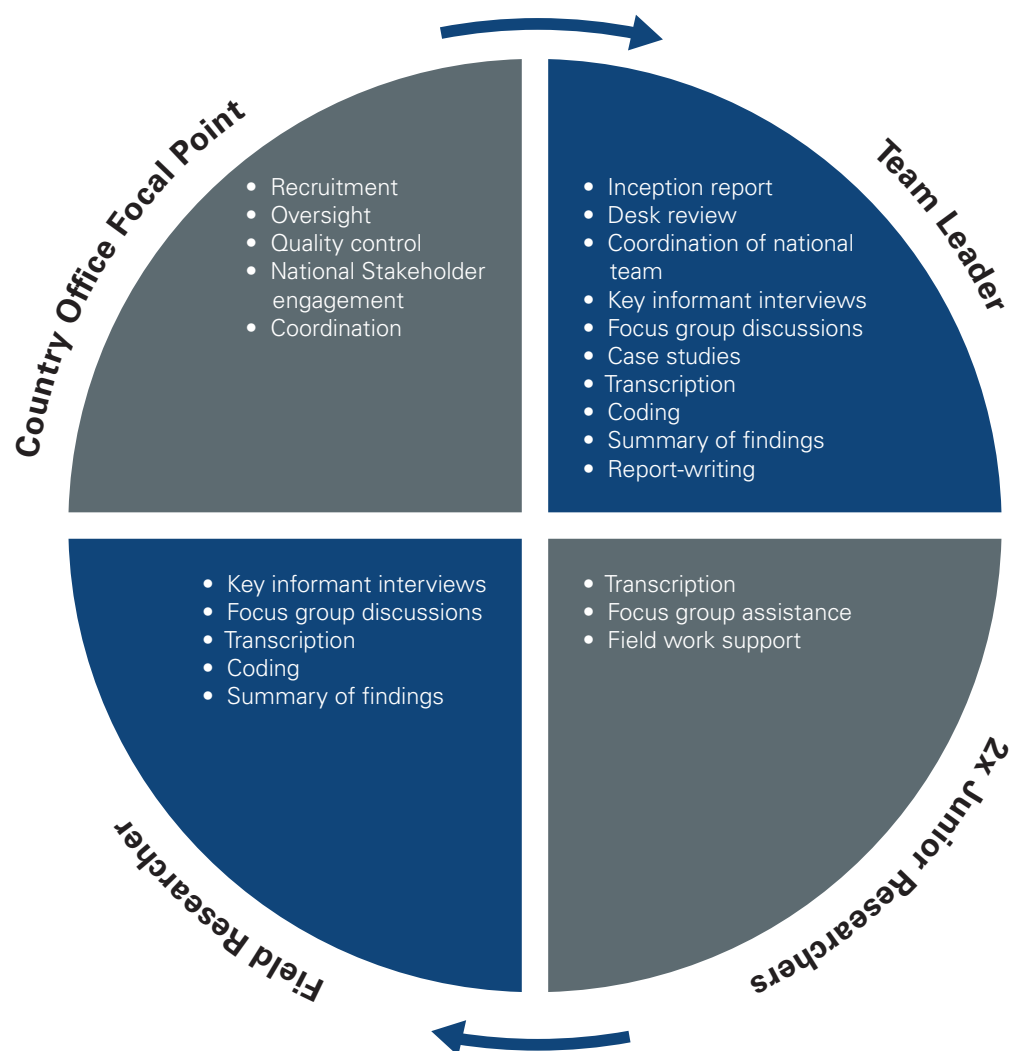
US Department of Health & Human Services, Office of Human Research Protections IRB #00001211

APPENDIX 3: TEAM STRUCTURE FOR THE PROJECT **PARENTING ADOLESCENTS**

1. Coordination structure – Regional level



2. Coordination structure – National level



APPENDIX 4: LIST OF KEY INFORMANTS BY COUNTRY

Type of Organisation	Sector	Expertise/position	Location
BELARUS			
State	Education	Psychologist	Small urban (east)
State	Education	Head of Department	Urban
State	Education	Director	Urban
State	Health	Director	Urban
State	Health	Lawyer	Urban
State (civic)	Social welfare	Psychologist	Urban
International NGO	Social welfare	Director	Small urban (east)
Local NGO	Social justice	Leader	Small urban (west)
Local NGO	Gender	Gender expert	Urban
Local NGO	Human Rights	Director	Urban
BULGARIA			
State	Education	School Principal	Urban
State	Education	Policy maker	Urban
State	Education	Teacher	Urban
State	Childcare	Policy maker	Urban
State (civic)	Childcare	Local authority	Urban
State	Healthcare	Policy maker	Urban
State	Social welfare	Policy maker	Urban
State (civic)		Mayor/policy maker	Urban
NGO	Child protection, law	Policy and judicial expert, policy maker	Urban
NGO	Childcare	Policy maker	Urban
NGO	Childcare	Policy maker	Urban

Type of Organisation	Sector	Expertise/position	Location
GEORGIA			
State	Education	Representative of state school	Urban
State	Legal, children's rights	Head	Urban
State	Education	Head of Department	Urban
State	Health, Social	Head of State Committee	Urban
State	Psychosocial	Founder, Head of Centre	Urban
NGO	Childcare	Director	Urban
NGO	Children/youth	Director	Urban
NGO	Psychosocial	Psychotherapist	Urban
NGO	Paediatric psychology	Psychotherapist	Urban
NGO	Public Health	Director	Urban
MOLDOVA			
State	Education	Head of Department	Urban
NGO	Child welfare	Chairperson	Urban
State (civic)	Child protection, parenting	Manager	Urban
NGO	Psychosocial	Psychologist	Urban
NGO	Children's rights	Coordinator, capacity building	Urban
NGO	Child protection	President	Urban
State	Child protection	Deputy of Department	Urban
State	Psychosocial, education	Psychologist	Small urban
State	Education	Psychologist	Small urban
NGO	Child welfare	Specialist, inclusive education	Urban

Type of Organisation	Sector	Expertise/position	Location
MONTENEGRO			
State	Social welfare, child care	Policy advisor	Urban
State	Education	Policy advisor	Urban
NGO	Social and child protection	Service provider	Urban
State	Social and child protection	Service provider	Urban
State	Education	Service provider	Urban
State	Health care	Service provider	Small urban (east)
State	Social welfare, child protection	Service provider	Small urban (east)
State	Health care	Service provider	Small urban (west)
International Organisation	Social welfare	Service provider	Urban
NGO	Psycho-social support (youth)	Service provider	Urban
NGO	Social support, rights (parents)	Service provider	Urban
NGO	Children's rights	Service provider	Urban
NGO	Human rights (youth)	Service provider	Urban
Association	Social support (disabilities)	Service provider	Urban
ROMANIA			
State	Education	Headmaster	Rural
State	Social welfare and protection	Manager	Small urban (northeast)
NGO	Social welfare and rights	Executive manager	Urban
State	Education	School inspector	Small urban (northeast)
Non-State	Education, research	Psychologist	Urban
State	Education (parental)	Policy Expert	Urban
State	Education	Education researcher	Urban
State	Child Protection	General manager	Urban
NGO	Education	Psychologist	Urban
Non-State	Psychosocial	Psychologist	Urban

APPENDIX 5: EXAMPLES OF PARENTING SUPPORT PROGRAMMES SUPPORTED BY UNICEF
IN THE ECA REGION

COUNTRY EXPERIENCES

ALBANIA

In 2016, UNICEF Albania, in cooperation with local CSO 'Today for the Future', supported the piloting of a parenting programme in Tirana, Dures and Puka for **families of adolescents in conflict/contact with the law**. An essential component of this programme has been the promotion of engagement of father-son couples in family, group and community activities, which seek to: challenge common gender stereotypes that push (mainly) boys towards delinquency; promote an overall sense of gender equality in the community; and engage boys in combatting gender-based violence and gender inequality. Scaling up of this and similar programmes is part of the new Juvenile Justice Strategy draft. (see UNICEF Albania 2016).

BOSNIA AND HERZEGOVINA

In 2016, UNICEF Country Offices developed guidelines for **parents of children who witness criminal acts**.

CROATIA

In 2014, parents and adolescents were consulted for the elaboration of the 'Analysis of the social welfare provision: Individual support and supervision over parental care.' This was a starting point for further long-term activities that aim to build and improve the capacity of social welfare professionals who work with **families at risk**. The purpose of the qualitative study was to gather information on the processes and outcomes of the implementation of the social welfare intervention aimed at the protection of the rights and welfare of children within the family. Based on the survey results, a comprehensive set of interventions was developed to make sustainable systemic improvements in the provision of support to families at risk. By 2016, several social work instruments and tools had been developed for family assessment. Also, standardised procedures and mechanisms have been established for planning, conducting and evaluating the impacts of the interventions. A standardised educational programme for outreach workers is expected to be developed by 2019, as well as additional tools for monitoring the effectiveness of the interventions.

NORTH MACEDONIA

UNICEF and partners have developed a **positive parenting programme and related materials** to support parents and legal guardians in their performance of their child-rearing responsibilities. The programme materials include a specific chapter on parenting adolescents that is based on the principles of positive parenting. These are intended for both children and their parents. Children in early adolescence participated in the development of materials through focus groups. Information and training materials for the positive parenting support programme in North Macedonia can be accessed at ferroditelferdete.org.mk

TAJIKISTAN

UNICEF provided financial and technical assistance (capacity building of duty bearers and right holders) in the project: 'I want to talk', facilitated by *Guli Surkh* NGO, which **assists parents/caregivers of adolescents living with HIV/AIDS** to disclose their status and, together, to overcome stigma-related challenges at community level. Interventions aim at strengthening interpersonal relationships at family level, between peers living with HIV, and between specialists providing a range of services. The interventions took place between November 2015 and August 2016 in the districts with the highest numbers of adolescents registered as living with HIV. The model is recommended by the Ministry of Health and Social Protection for further scale-up across the country, especially to remote areas (UNICEF Tajikistan 2017).

TURKEY

Specific modules on gender-equality were included in the parenting programme designed with the Ministry of Family and Social Policies (MoFSP) which reached over 40,000 **Syrian parents** and 25,000 children in 2016, and in a social cohesion programme implemented with MoFSP, Ministry of Youth and Sport, and I/NGO partners benefiting 98,387 adolescents and young people, of whom 60,342 were girls.

In 2017, the parenting training programme was provided to UNICEF implementing partners by MoFSP and implementation in UNICEF-funded centres was initiated in host communities. An online monitoring and reporting platform was established in three languages: Turkish, Arabic and English. The monitoring platform is hosted by MoFSP on its website and is accessible to respective parties.

Source: 'UNICEF Mapping of Adolescent Participation in Europe and Central Asia' (2017)

APPENDIX 6: TERMS OF REFERENCE

UNITED NATIONS CHILDREN'S FUND (UNICEF)
REGIONAL OFFICE FOR CEE/CIS

TERMS OF REFERENCE (TORs) FOR INTERNATIONAL INSTITUTIONAL CONTRACT

Regional Study on parenting programmes for parents/caregivers of adolescents
in Belarus, Bulgaria, Georgia, Moldova, Montenegro and Romania**Background and Rationale**

Adolescence represents a unique phase in the life of a human being, with specific needs and rights. The second decade of life is characterised by rapid brain development, deep physical, biological, emotional, cognitive and intellectual transformations - among them, the onset of sexuality, increased independence from the family environment, enhanced peer influence, stronger gender-influenced roles, and increased risk taking. It can therefore represent a challenging period for both parents of adolescents and adolescent boys and girls.

Available research has demonstrated that parenting practices account for more variance in externalising behaviours in adolescence than any other one factor^{viii}. Several studies^{ix} reaffirm the importance of positive parenting practices and behaviours to health, education, child protection and overall well-being outcomes for children¹, including adolescents. Parenting programmes are also increasingly recognised as an important element of national policies and social investment packages aimed at breaking the inter-generational cycle of poverty, social exclusion and violence, decreasing inequalities and promoting the successful development of children and adolescents.

In this context, understanding the importance and the features of high quality parenting programmes is particularly essential.

Most parenting programmes interventions globally remain focused on early childhood, and while there is evidence that interventions in this stage of life have long-term beneficial impacts, few evidence-informed parenting programmes are available for parents/caregivers of adolescents and have been evaluated. Furthermore, most ex-

perience and evidence is coming from high income countries i.e. US, Australia and the UK.

UNICEF places family support and parenting programmes at the core of its global social inclusion agenda. However, in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS) these programmes seem to be very scarce and evidence of their impact is limited. Wherever they exist, parenting programmes are challenged to reach out to vulnerable families (rural, poor, ethnic minorities, parents or children with disabilities etc.) and fathers/male caregivers.

The CEE/CIS Region faces a high level of family separation for various reasons (including poverty and disability) and many young people have no reference model of good parenting when it is time for them to become parents. Furthermore, there are limited opportunities to share/receive state-of-the-art knowledge linked to parenting issues, due to low quality of the social agenda of the media.

The need to develop evidence-based programmes aimed to improve parenting skills of parents/caregivers² of adolescents came up strongly during the RKLA 10³ meeting in November 2015. It is also reflected in several results of the UNICEF Regional Adolescent Development, Child Protection and Education Strategies, in relation to policy changes, communication for social change and capacity building.

Several countries in the region have expressed interest in strengthening or engaging in the development of national parenting education programmes that would address the specific needs of parents/caregivers of adolescents, particularly the most vulnerable (girls, living in poverty, with

1 The Convention on the Rights of the Child defines a 'CHILD' as a person below the age of 18. For the purpose of this study, we will consider 'adolescents' as any person between 10 and 19 years.

2 Throughout the Concept Note (and the future study), UNICEF will target parents and caregivers (foster care families, institutions' staff, guardians etc.).

3 Regional Knowledge and Leadership Agenda (RKLA) is essentially a regional plan to implement the UNICEF corporate Strategic Plan in the CEE/CIS context. The RKLA focuses on 8 Result Areas. **An adolescent's right to a second chance** is one of these eight result areas, known as **RKLA 10**

disabilities or chronic conditions, belonging to minorities, adopting risky behaviours or living in households affected by substance use, etc.). For example, with the support from UNICEF, Montenegro recently launched the first national SOS parent line, whose goal is to provide support to parents and foster families in adopting and implementing the principles of positive parenting. In Romania, UNICEF is providing technical assistance for the development of the National Strategy for Parenting Education. The CO was also involved in the development of a series of materials such as: “What is Parenting Education?,” “Child Participation” and “Positive Approach to Child Behavior” for teachers and other professionals working with adolescents and their parents.

At UNICEF HQ level, ADAP (UNICEF’s Adolescent Development and Participation Programme) is planning to conduct a global study on parenting of adolescents. The information and results of this regional study will feed into the global study.

Purpose and scope of the study

The purpose of this institutional consultancy, under UNICEF supervision, is:

1. To build the evidence base on **how parenting is understood and practiced by parents/caregivers of adolescent boys and girls** (including the most vulnerable) in six countries in the Region (Belarus, Bulgaria, Georgia, Moldova, Montenegro and Romania), and the extent to which this knowledge is translated into every day parenting practice.
2. To look at how the social and economic context (social, economic and community-level factors) of the five countries affect parenting dynamics, looking at the extent to which these factors influence parenting practices (including differences in maternal and paternal parenting styles; share of parental roles and obligations for boys and girls; parental knowledge/attitude/practices with regards to discipline methods, parental interaction with the school, role of parents with regards to sexual and reproductive health education, etc.). Particular attention will be given to parenting for the most vulnerable adolescents (i.e. belonging to ethnic minorities, adolescents with disabilities and/or chronic conditions, adolescents living in poor families and rural areas, etc.)

3. To undertake a rights-based, gender-responsive, equity-focused mapping and qualitative assessment of selected parenting programmes for parents of adolescents in the six countries (across the health, education, social and child protection sectors), and assess if these programmes address the real needs of parents/caregivers of adolescents, previously identified through focus group discussions with parents/caregivers and adolescents. The mapping of existing programmes will be done both through desk review and in depth discussions and focus groups with government representatives, professionals from the health, education, social and child protection sector and civil society organisations offering parenting programmes). If possible, it will include the identification of promising and good practices from these countries.

The findings and recommendations from the study will guide UNICEF and partners in the development of regional intervention packages for adolescents and their families (including the development of parental education packages, ToT, national policies and capacity building models at national, sub-national and community levels), or adaptation of existing good practices, to help strengthen national systems to ensure the availability of parenting programmes for parents/caregivers of adolescents, especially for vulnerable families and vulnerable adolescents. The study will also support health, education and child protection outcomes identified by RKLA 1, 3/4, 67.

Through the development of positive parenting programmes, the ultimate objective is to provide the most vulnerable parents and caregivers with the rights instruments, knowledge and information through which they can develop attitudes and behaviours that will support their ability to positively influence their children’s wellbeing, physical and mental health and self-esteem. Positive parenting will contribute to the promotion of a safe, nurturing and non-violent environment and healthier relationships between parents and their children, thus increasing the resilience, well-being and social inclusion of both adolescents and their families.

Key deliverables

The expected deliverables of the consultancy contract are described below. The deliverables exact timeline and deadlines will be agreed with UNICEF once the international team of experts is selected. All deliverables must be submitted to UNICEF in English.

DELIVERABLE	CONTENT	No. of working days and deadline for submission of final version:
Inception report	<ul style="list-style-type: none"> • <u>Introduction</u> containing a short description of the purpose of the IR; emerging issues that have arisen during the inception phase (if applicable); basic elements in the opening pages (acronyms, table of contents, commissioning organisation) and key activities undertaken for its preparation • Context and description of the object of the study • Purpose, objectives and intended use of the study • Presentation of methodological approach and rationale for choosing specific methods (in data collection, data analysis and reporting), describing ethical considerations • Limitations of the methodology, along with mitigation strategies • Proposed composition of the team and work plan, with specific description of the role of each member of the consultancy team • Annotated outline of the regional study • Data collection tools to be used by local researchers for country level desk review and focus group discussions (as Annex) • Elaboration of TORs for local researchers in the 5 countries (as Annex) • Literature review on the main features of positive parenting of adolescents, using global, regional and national parenting literature. 	<p>(max 13 working days)</p> <p>Deadline: 31 May 2017</p>
Testing of primary data collection tools	<ul style="list-style-type: none"> • Testing of primary data collection tools in Romania by international consultancy team 	<p>(2 working days)</p> <p>Week of 5-9 June 2017</p>

DELIVERABLE	CONTENT	No. of working days and deadline for submission of final version:
Capacity building of local researchers	<ul style="list-style-type: none"> Capacity building of local researchers in 5 countries (via skype) 	<p>(1 day)</p> <p>Week of 19-24 June</p>
Chapter describing how parenting is understood and practiced by parents/caregivers of adolescent boys and girls in the six countries, and the extent to which this knowledge is translated into every day parenting practice	<ul style="list-style-type: none"> This chapter of the study will specifically look at: The existing knowledge and perceptions of parents/caregivers with regards to positive parenting for adolescents, and to what extent this knowledge is translated into every day practice, looking at issues such as: differences in maternal and paternal parenting styles; share of parental roles and obligations for boys and girls; parental attitude/practices in the provision of physical and psychological care; choice of discipline methods; parental interaction with the school; articulation of the key roles in relation to adolescent health, including the provision of information on sexual and reproductive health, etc.; changes in parenting styles between early adolescence (10-14) and late adolescence (15-19). Particular attention should be given to parenting for the most vulnerable adolescents (i.e. belonging to ethnic minorities, adolescents with disabilities and/or chronic conditions, adolescents living in poor families and rural areas, etc.) How the social and economic context (social, economic and community-level factors) of the five countries affect family structures and parenting dynamics. In this context, the consultants will look at different factors that contribute to positive parenting in vulnerable families, such as: parent-level characteristic i.e. mental health; substance abuse, etc.); social support-level (i.e. social support from family, friends, and religious institutions); community-level interventions (i.e. belonging to support groups, having home-based care visitor). Identification of existing challenges and opportunities to strengthen communication between parents and adolescents 	<p>(max 15 working days)</p> <p>30 October 2017</p>

DELIVERABLE	CONTENT	No. of working days and deadline for submission of final version:
Chapter with qualitative assessment of selected parenting programmes for parents/caregivers of adolescents in the six selected countries (based on data collected by local researchers)	<p>The aim of this chapter is to look at available parenting programmes for adolescents in the selected countries (across the health, education, social and child protection sectors) and carefully analyse if these programmes address the needs of parents/caregivers of adolescents (needs identified in the focus group discussions with parents/caregivers and adolescents). Specific questions to be explored in the collection of data are:</p> <ul style="list-style-type: none"> • Who offers the programme (national authority, local authority, school, health center, NGO, religious organisation, etc.)? • How were they conceived (was there a needs assessment) • Where are they offered? (including outreach programmes) • Who is the target of these programmes (mother/father/both/extended family?) • Are they universal or targeted? • Are they formal or informal? Individual or group oriented? • Are they free or with fee? • Are they mandatory or voluntary? • Stand alone or integrated with other services? • What kind of support is provided (material resources, information, skills, etc.)? • What is the content of the programmes? What are main theories and principles the programme is built on (e.g. attachment, motivation etc.) • Do they reach and meet the demands of the most vulnerable families (i.e. poor families; families living in rural areas; parents of children with disabilities or chronic conditions; families belonging to minorities, etc.) • What are the bottlenecks in the access to and provision of these programmes by the most vulnerable parents? • Sources and levels of funding • Has the programme been evaluated? If so what were the key findings? 	<p>(max 12 working days)</p> <p>25 October 2017</p>

DELIVERABLE	CONTENT	No. of working days and deadline for submission of final version:
Advocacy brief summarising key findings of the study, with relevant policy issues and recommendations to UNICEF and partners	<ul style="list-style-type: none"> Findings and recommendations to UNICEF and partners for: Policy and programmatic interventions to promote and/or strengthen parenting education for parents/caregivers of adolescents, including the most vulnerable ones, outlining suggested activities for UNICEF associated with carrying out these recommendations with governmental partners, and opportunities for scaling up The development of regional intervention packages for adolescents and their families (including the development of parental education packages, ToT, national policies and capacity building models at national, sub-national and community levels), Potential areas for horizontal cooperation in the provision of parenting programmes for parents/caregivers of adolescents, with a focus on the most disadvantaged adolescents and their families. Ways to improve the sharing of information and interest on the value of parenting programmes with most concerned vulnerable families. 	<p>(5 working days)</p> <p>27 November 2017</p>
Final version of the study	<ul style="list-style-type: none"> Final version of the study containing all above chapters approved by UNICEF. 	27 November 2017

Methodology

The study foresees an international institutional consultancy, combined with local consultancies (local researchers). The proposed approach (combination of international team of experts and local researchers) will contribute to increasing national capacities.

The selected international consultants will coordinate the work of local researchers in each country, in close collaboration with an assigned UNICEF staff member in each country office. **The selection of local researchers to work with the selected team of international consultants will be the responsibility of the UNICEF Country Offices.**

The selected international institution will be responsible for:

- Designing the desk review methodology for the study, including for the identification of key secondary information in local language to be analysed by the local researchers

- Conducting literature review on the main features of positive parenting of adolescents, using global, regional and national parenting literature (in English)
- Designing the TORs for the work of the local researchers (data collection in 6 countries through focus groups and in depth-interviews)
- Design primary data collection tools to be used by local researchers, and build the capacity of local researchers to use the tools through regular virtual interactions and feed-back
- Testing the primary data collection tools in Romania
- Coordinating, summarising and analyzing the results from the field research done in 6 countries by national researchers
- Submit deliverables as described above.

In the absence of qualified local researchers in any of the countries, the selected international team of experts will be responsible for conducting desk review of secondary

information and for conducting structured interviews and focus groups discussions in the concerned country.

Primary data collection will be collected by local researchers through focus groups discussions and in depth interviews with parents/caregivers of adolescents and adolescent boys and girls (including adolescents with disabilities or chronic conditions; living in poor households; living in residential care; belonging to ethnic minorities, etc.). Each of the UNICEF COs will facilitate the organisation of focus groups discussions (identification of location and organisation of the meeting), and the identification of relevant people to be interviewed, in close collaboration with the Regional Office and the selected international team of consultants.

Interviews and group discussion will be conducted in the local language of each country. The results of structured interviews and focus groups discussions will be written up by the local researcher(s) and peer reviewed. Local researchers will be responsible for translation of the results into English and their submission to the international team of consultant(s). The results of structured interviews and focus groups discussions will be shared with UNICEF. The international team of experts is responsible for summarising and analysing the results from the field research done in six countries by national researchers.

A comprehensive understanding of the factors which shape parenting practices is best garnered through the use of qualitative data collection methods. It will be essential to include from the beginning counterparts and stakeholders in the study to build their ownership of the recommendations and future activities. The approach followed throughout the development of the study will be as participatory as possible. In the process, the knowledge of national stakeholders on issues related to parenting and adolescents is expected to increase.

Whenever possible, analysis conducted will examine variation in:

- Setting: rural/urban
- Ethnicity, religion
- Household composition
- Gender, age and generation of parent/caregiver and adolescent
- (Dis)ability.

Since adolescence spans a wide age-range, with varying levels of comprehension, cognitive ability, and understanding for adolescents aged 10-13 years versus those 14-17 years, complementary yet separate research approaches will be used for each age group, tailored with age-appropriate questions and methods, also taking into consideration gender aspects. Focus groups will take the form of semi-structured, guided conversations. In the analysis, the results will be looked at separately.

A minimum of 8 focus groups will be held with adolescents in each country, with around 12 adolescents participating in each group. Special attention will be paid to the inclusion of marginalised and vulnerable groups, such as girls, institutionalised children, those in conflict with the law, rural populations, adolescents with disabilities, adolescents from ethnic minorities, adolescents with HIV/chronic conditions, etc. to ensure their voices and unique experiences are reflected in the discussions.

A minimum of 8 focus groups will be held with parents/caregivers in each country, with around 8-12 parents participating in each group. Special attention will be paid to the inclusion of parents from poor households, parents of adolescents in conflict with the law, parents of adolescents with disabilities and chronic conditions, adolescents from ethnic minorities, etc.

The desk review of available secondary information in each country (such as legal and policy frameworks, documents describing existing parenting programmes) will be undertaken by the local researchers. The documents to be analysed will be agreed upon with the international consultant(s) and UNICEF country office in each country. Key documentation will also be provided by UNICEF COs (UNICEF annual reports or research). Documents in English will be analysed by the international experts, while documents in local language will be analysed by the local researchers and the analysis submitted in English to the international team of consultants. The international team of consultants is responsible for bringing together and analysing the findings from the five countries.

In addition, structured interviews with key government and non-government stakeholders (from the health, education, social and child protection sector and civil society organisations offering parenting programmes) will be combined to capture a wide range of information. The lead consultant(s) will contact the UNICEF Country Offices in each country and ask for recommendations for key informants to be interviewed, also based on the identification of key stakeholders mapped as part of the desk review.

The desk review will consider parenting programmes for adolescents developed in the last 7 years and will exclude parenting programmes targeting directly adolescents. A minimum of 5 professionals and policy makers will be interviewed in each country. Analysis of interview data will be conducted robustly and findings will be generated for each participating country.

Ethical considerations

The study design will have to take into consideration how ethical concerns shall be addressed to avoid stigma, discrimination, any form of harm to children and their parents, protection of confidentiality, protection of rights, ensuring the dignity and welfare of all respondents. Since the study involves primary data gathering with, amongst others, adolescents, all methodological materials developed by the consultant will be subject to external review (quality assurance and ethical clearance), organised by UNICEF.

Eligible proposals will need to explicitly consider ethical issues that may arise as well as appropriate mitigation strategies (in accordance with UNICEF Procedure for Ethical Standards in Research, Evaluations and Data Collection and Analysis, Core Procedures). Under these guidelines contractors will need to articulate and address potential ethical issues such as informed consent, privacy and confidentiality and harms and benefits in their proposal. Further, eligible contractors will be required to have ethics training and/or to undertake the UNICEF Introduction to Ethics in Evidence Generation, in accordance with UNICEF Core Procedures.

A more precise methodology of the exercise will be finalised and agreed upon with the selected consultant(s).

Performance indicators for evaluation of results

The performance of work will be evaluated based on the following indicators:

- Completion of tasks specified in the ToR and jointly agreed work plan;
- Compliance with the established deadlines for submission of deliverables;
- Demonstration of high standards of work with UNICEF and with counterparts.

Timeframe

The institutional consultancy is expected to be carried out between May and December 2017, with possible extension if required. The selected team will be expected to require approximately 45-50 working days to complete the study. The international team will be expected to have one presentation meeting at the beginning of the assignment for briefing and for consultation meetings with colleagues in the Regional Office and concerned COs, and regular skype calls with the supervisor of this consultancy. One representative of selected international team might also be expected to participate in the regional adolescent meeting in Bucharest on 29 May 2017 to present the initial findings of the literature review (global, regional and at country level) concerning the features of positive parenting.

PHASES AND TIMEFRAME	EXPECTED ACTIVITIES
Inception report	
2 May 2017	One day presentation or virtual meeting with supervisor and UNICEF RAs, and online meetings with 5 Country Offices
17 May 2017	Submission of the inception report and its annexes (including literature review)
18 – 25 May	Review of inception report by advisory group and UNICEF peer review
26 May 2017	UNICEF provides feedback to the inception report
31 May 2017	Final submission of inception report to UNICEF
In-country data collection	
Week of 5 - 9 June 2017	Testing of data collection tools in Romania (by international consultant)
Week of 19-24 June	Capacity building of local researchers in 5 countries by skype (intl. consultant)
24 June - 26 August	Field data collection by local researchers for information related to outputs B and C (international consultant will supervise local researchers and is responsible for analysing and summarising the findings)
Elaboration of chapter describing how parenting is understood and practiced by parents/caregivers of adolescent boys and girls in the five countries, and the extent to which this knowledge is translated into every day parenting practice	
11 September 2017	Submission of 1st draft
11 – 18 September	Review of advisory group and UNICEF peer review
19 September 2017	UNICEF provides comments
26 September 2017	Final Submission to UNICEF
Chapter with qualitative assessment of selected parenting programmes for parents/caregivers of adolescents in 5 selected countries (based on data collected by local researchers)	
9 October 2017	Submission of 1st draft
10- 17 October 2017	Review of advisory group and UNICEF peer review
18 October 2017	UNICEF provides comments
25 October 2017	Final submission to UNICEF
Elaboration of advocacy brief and finalisation of study	
31 October 2017	Submission of draft final version of the study to UNICEF
1 – 10 November	Review of advisory group and UNICEF peer review
11 November 2017	UNICEF provides comments to final version of the study
11 November 2017	Submission of 1st draft of advocacy brief
20 November 2017	UNICEF provides comments to advocacy brief
4 December 2017	Final submission of the study to UNICEF, including advocacy brief

Location of work

The consultancy is remote – based, with some international travels involved (to be agreed and confirmed with UNICEF during the first meeting). The consultant(s) should provide own computer.

The team is expected to travel to Geneva for a one day meeting at the beginning of the assignment.

The team will also travel to Romania for two days to test the data collection tools. Possible travel to another country will be agreed with UNICEF at the beginning of the assignment.

Travel arrangements will be made and costs borne by UNICEF in accordance with UN travel procedures. UNICEF will pay for travel in economy class via the most direct and economical route from the contractor's home base. The bidding company must include travel and subsistence costs in their bid.

Qualification/Requirements

The international consultancy team is preferably composed of a team of at minimum two experts, including the team leader: a senior expert with proved knowledge in conducting research and studies on parenting programmes (including for adolescents); and a policy expert with extensive knowledge of the child protection, social protection, education and health systems and on reforms and policy debates in these areas, to help understanding the systems and policy implications of the results of data collected in the field.

- Analytical thinking and strategic planning skills;
- Negotiation, facilitation, diplomacy and team working skills;
- Familiarity with rights-based approaches and with principles of gender mainstreaming;
- Familiarity with the CEE/CIS Region is an asset;
- Previous experience working for UNICEF is an asset;
- Excellent written and spoken English, demonstrable with samples of publications (reports, relevant research, etc.);
- Ability to synthesise complex information into key messages;
- Ability to work in a multi-disciplinary team and establish harmonious and effective working relationships;
- Ability to communicate and collaborate with different stakeholders, professionals, communities, families and children;
- Availability for work within the proposed time frame.

Management and supervision

The selected team of consultants will work from own office space and will report to the Regional Adolescent Development Specialist (based in Romania) on progress on a regular basis, as agreed by the two parties.

- Advanced university degree in education, social sciences, political science or public policy; or other relevant subject;
- Proven knowledge in adolescents development, child rights, child/social protection, education and health systems and on reforms and policy debates in these areas;
- Excellent knowledge and expertise in designing and conducting studies, knowledge management and research;
- Proven experience in conducting data collection for various research, incl. participatory approaches and methods; proven ability to conduct interviews, focus group discussions and writing reports for publication; proven experience in conducting desk reviews and field visits

Endnotes

- i See https://ec.europa.eu/neighbourhood-enlargement/neighbourhood/overview_en
- ii Social workers, social education specialists and education psychologists receive specific training on the detection of early signs of family dysfunction, the prevention of social orphanhood, and the implementation of interventions with children and families who are at risk and in need of State protection.
- iii The Act emphasises that parents' opinions on the education process deserve consideration and should be sought through school-based public councils, but it does not mention parenting support.
- iv For Moldova see the Moldovan Cross-Sectoral Strategy for Development of Parenting Skills and Competencies for 2016—2022; for Romania see the Romanian National Strategy for Parental Education 2017 – 2025; for Bulgaria see the National Strategy on the Child 2008—2018.
- v The network of Youth-Friendly Health Centres and Neovita Centre provide free, confidential integrated health and psychological services for youth and adolescents. See <http://new.neovita.md/>
- vi The four organisations are *Holtis Foundation*, *Save the Children*, *Step-by-Step* and *Our Children Foundation*.
- vii The Availability, Accessibility, Acceptability and Quality (AAAQ) framework provides international guidelines on how to achieve this goal: <https://www.humanrights.dk/projects/aaaq-toolbox>.
- viii Consequences of Parenting on Adolescent Outcomes, Donna Hancock Hoskins, *Societies* 2014, 4, 506–531; doi:10.3390/soc4030506.
- ix Studies include:
- Consequences of Parenting on Adolescent Outcomes*, Donna Hancock Hoskins, *Societies* 2014, 4, 506–531; doi:10.3390/soc4030506
- The Parenting of Adolescents and Adolescents as Parents: A Developmental Contextual Perspective* - <http://parenthood.library.wisc.edu/Lerner/Lerner.html>
- Parenting Mechanisms in Links Between Parents' and Adolescents' Alcohol Use Behaviors* (Shawn J. Latendresse et al.), 2007.
- Towards a public health approach to parenting programmes for parents of adolescents* (Joanna Ting Wai Chu, Susan P. Farruggia, Matthew R. Sanders, Alan Ralph), *Journal of Public Health* | Vol. 34, No. S1, pp. i41–i47
- Authoritative parenting and adolescent adjustment across varied ecological niches*. *Journal of Research on Adolescence*, 1(1), 19–36. Steinberg, L., Mounts, N. S., Lamborn, S. D., & Dornbusch, S. M. (1991).
- A Review of the Relationship Among Parenting Practices, Parenting Styles, and Adolescent School Achievement* Christopher Spera., *Educational Psychology Review*, Vol. 17, No. 2, June 2005
- WHAT WORKS FOR DISADVANTAGED AND ADOLESCENT PARENT PROGRAMS: Lessons from Experimental Evaluations of Social Programs and Interventions for Children* (2012), Alison Chrisler, M.A., & Kristin A. Moore, Ph.D.
- Family and Parenting Support Policy and Provision in a Global Context*, UNICEF Office of Research Innocenti, 2015
- Building Resilience in Children and Teens: Giving Kids Roots and Wings*, Kenneth R. Ginsburg MD_ 2011
- Parenting, Family Care and Adolescence in East and Southern Africa: An evidence-focused literature review*, Office of Research – Innocenti Discussion Paper 2016-02
- The Impact of Family and Parental Education on Adolescents' Substance Use: A Study of U.S. High School Seniors*, Eusebius Small (2015)
- Authoritative Parenting, Psychosocial Maturity, and Academic Success among Adolescents*, Laurence Steinberg, Julie D. Elmen and Nina S. Mounts *Child Development* Vol. 60, No. 6 (Dec., 1989), pp. 1424–1436
- Patterns of Parenting During Adolescence: Perceptions of Adolescents and Parents*, Paulson, S E; Sputa, C L. *Adolescence*; Roslyn Heights, N.Y., 31.122 (Jan 1, 1996): 369–382
- Child, Parent, and Contextual Influences on Perceived Parenting Competence among Parents of Adolescents*. Karen Bogenschneider, Stephen A. Small and Jenner C. Tsay *Journal of Marriage and Family*, Vol. 59, No. 2 (May, 1997), pp. 345–362.
- x Definition of good practice:
1. Demonstrate an equity-based hypothesis (H) and describe how localised experiences could be scaled up to national level, articulating a clear Sustainability/Exit Strategy?
 2. Provides clear information on resources needed (human, financial, and organisational) for scaling up/replication?
 3. Have a clear baseline, monitoring mechanisms and an independent equity focussed impact evaluation (and/or has otherwise been independently validated)?
 4. Demonstrate Overall Results formulated as Child Rights Realisation for ALL children and which meet international HR standards, technical protocols and guidance?
 5. Show promise of replicability in other countries (e.g. validated through horizontal exchange platforms, modelled in other contexts, etc.)



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