

Universal Parenting Support in Norway – An Unfulfilled Promise

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This article examines the expansion and underlying aims of structured parenting support in Norway. Norway's approach to parenting support differs from that of most other countries (Glavin and Schaffer, 2014), in supposedly being universal and offered to all parents (Eng et al., 2017). However, it is difficult to determine whether parenting support in Norway is actually unique, since little is known about how it is implemented in practice (Bråten and Sønsterudbråten, 2016; Wesseltoft-Rao et al., 2017). This article contributes further knowledge of how parenting support travels from national-level policy-making down to the level of municipal institutions where it is implemented. The analysis draws upon insights from a comprehensive case study in Bergen, Norway's second largest city, that included fieldwork observations and service mapping over a period of two years (2015–2017), a large number of in-depth interviews with various stakeholders, and analysis of relevant documents (advertisements, project applications and project reports, budgets, etc.).

Keywords: Parenting support, policy implementation, early intervention, welfare state.

Introduction

Daly (2015: 599) describes parenting support as 'a set of (service and other) activities oriented towards 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.' In many countries, parenting support has existed as a policy intervention for many decades (Ramaekers and Suissa, 2012), as is the case in Norway (Danielsen et al., 2012). Structured parenting support programmes¹, however, are a rather recent phenomenon in the Nordic context (Lundqvist, 2015).

In Norway, structured parental guidance was introduced as a policy intervention in 1995, with the launch of the government's 'Parental Guidance Programme' (*Foreldreveiledningsprogrammet*, also referred to as ICDP; Barne- og familiedepartementet, 1997). The *Parental Guidance Programme* is supposedly 'universal', meaning that it is 'offered to all parents who want it, without any preconditions that the families have any difficulties or are at risk of developing it' (Eng et al., 2017: 26; see also Bråten and Sønsterudbråten, 2016). Since the end of the 1990s, the Norwegian Government has also supported other universal parental guidance programmes that are not part of their own *Parental Guidance Programme*, such as *Circle of Security* (COS) and *Incredible Years* (IY).

The universal provision of parenting support is seen to be particular to Norway (and other Nordic countries) (Glavin and Schaffer, 2014; see also Nordic Centre for Welfare and Social Issues, 2012; Eng et al., 2017). In the UK for instance, parenting support is offered to specifically targeted groups and comes into play following signs of a certain kind of risk

or if a 'problem' has occurred (Gillies, 2005; Lee, 2014). Most previous research into what parenting support is, and what it seeks to achieve, has been developed from observations of parenting support policies in countries whose social policies are considered to be very different from the Nordic countries (Esping-Andersen, 1990; Nordic Centre for Welfare and Social Issues, 2012, 2013).

A considerable share of the literature analysing parenting support policies in the international social science community is occupied with problematising the common practice of offering parenting support only to specific, targeted groups, and the implications following from this practice (Gillies, 2005; Faircloth *et al.*, 2013; Lee, 2014). For instance, it is argued in this body of literature that parenting support policies are shaped by middle-class norms and practices (through the professionalisation of parenting: Furedi, 2008), and there is concern that the aim of the policies is to encourage working-class parents to behave in middle-class ways (Klett-Davies, 2010; Holloway and Pimlott-Wilson, 2014). Further discussion concerns the risk that highlighting parenting and parenting support leads to a lack of recognition that parenting practices are affected by social and economic factors such as poverty, worklessness, lack of qualifications, poor health, and insufficient housing (since they mitigate against families' wellbeing and parents' time and capacity) (Cruddas, 2010). There is a risk of individualising social problems, thus marginalised parents may be stigmatised and made accountable for the disadvantages to which society has exposed them, based on a false, 'individualistic' interpretation of the problem (Churchill and Clarke, 2009; Macvarish, 2014).

However, since parenting support in Norway is offered universally – targeting all parents equally with the same kinds of interventions – one might presume that those issues raised in the literature would be irrelevant to the Norwegian context; however, a recent nation-wide study commissioned by the Norwegian *Directorate for Children, Youth, and Family Affairs* (Wesseltoft-Rao *et al.*, 2017) indicates that this is not the case. The study was tasked with identifying where, how, and by whom parental guidance initiatives are offered. Although there are many methodological problems with this study, which are also addressed by the authors themselves, one finding is particularly interesting: that, in the majority of cases, parents who had participated in universal parental guidance programmes had been selected according to certain criteria (associated with 'risk') (Wesseltoft-Rao *et al.*, 2017: 43). Thus, the intervention had not been offered to all parents, but instead had targeted particular individuals for recruitment to the course.

The previous call for further research into the implementation of parenting support (Bråten and Sønsterudbråten, 2016: 9) was not satiated but instead made more urgent by the subsequent findings of the 2017 study. Thus, the present study seeks to help address this identified knowledge gap (as opposed to simply presuming that the declared universal coverage of the policy corresponds with its practice). Further insights into what is actually provided in parenting support – and to whom – will improve the understanding and analysis of parenting support in the Norwegian context, and of what it seeks to achieve (Daly, 2015).

There is generally little social science research from Norway that would help in understanding and assessing what parenting support represents in the Norwegian context, what it seeks to achieve. The field of research on parenting support is still dominated by the 'psy-disciplines' (psychiatrists, psychotherapists, pedagogues, psychologists, etc.) (Andenæs, 2005; Madsen, 2016; Klein and Mills, 2017). Their perspectives and research interests address issues and questions other than those raised here (see the Review Article:

Sundsbo, 2018). Despite the generally limited literature, several highly relevant studies have informed the research presented here.

Firstly, some contributions have focused specifically on the content and normative grounds of parenting support programmes that are currently implemented in Norway (Danielsen and Mühleisen, 2009; Danielsen *et al.*, 2012; Erstad, 2015). These also discuss how such interventions may affect and modify parents' understandings and practices regarding their roles as parents (*ibid.*). Secondly, the study conducted by Bråten and Sønsterudbråten (2016) provides a profound analysis of Norwegian parenting support policies and how they have developed and changed since the 1940s. That study also contains a rich presentation of the structured parenting support programmes that are currently supported and implemented in Norway, and a highly interesting discussion about their claimed 'effects'. Furthermore, some contributions discuss how the welfare state acts (through the norms and practices carried out by its 'street-level-bureaucrats' (Lipsky, 2010)) as a hegemonic power, defining what is a 'good' or 'right' way of parenting (Hagelund, 2008; Hennum, 2010; Andenæs, 2012; Hennum, 2014; Hollekim *et al.*, 2016; Fylkesnes *et al.*, 2017). Moreover, contemporary research on welfare state reforms, and the observation of an ongoing shift of responsibilities from the state toward its citizens (Leira, 2004; Ellingsæter and Leira, 2006; Ervik and Kildal, 2015) is also relevant, in order to contextualise the policy or to develop and test hypotheses on what parental guidance is and what it seeks to achieve.

Operationalisation of research questions and methods

A review of the relevant Norwegian and international literature on the provision of parenting support shows an urgent demand for more knowledge about whether and how government investments in universal parenting support programmes reach out to parents (Bråten and Sønsterudbråten, 2016). This article presents the findings of an investigation into two research questions. Firstly, are all parents (in Norway) actually offered participation in a structured parenting support intervention, as the policy claims? Secondly, which interventions are parents offered, and which considerations or rationalities underlie the choice of a specific kind of intervention? In order to collect information on this, I conducted a case study in a borough of Bergen (Norway's second largest city), and observed the provision of universal parenting support services there over a period of two years (2015–2017). My focus was on exploring the offer of parenting support services, where the services were carried out, by whom, and to identify the participating parents (level of education, socioeconomic situation, and whether they and their parents were born in Norway), including how they were recruited to participate in the intervention. The case study also involved the acquisition and analysis of relevant documents (advertisements, project applications and project reports, budgets, etc.). In addition to these observational and mapping activities at the local level, I conducted semi-structured, qualitative interviews with all involved stakeholders at both the national and local levels, comprising: high-level policy makers and experts with influence on the policy ($n = 8$), national and local bureaucrats ($n = 5$), local leaders ($n = 7$), practitioners who provide parenting support ($n = 25$), and parents who had participated in a parenting support intervention ($n = 50$).

Within the context of the present study and the main research questions, the major considerations are the mapping of the offered services, and their funding sources,

providing institutions, and participants. The data sets utilised in this mapping exercise originate from different sources. This was done in order to double-check or fill any gaps in the collected information. For instance, information on how the provided parenting support services were financed (municipal funding/department, national funding/department or other) was collected from documents I was provided access to, as well as through the interviews.

The comprehensive nature of the study revealed many interesting aspects and findings that are also relevant to addressing the question of what parenting support policies in Norway are / seek to achieve. Some of these are beyond the scope of the present article, and will be presented in other, forthcoming publications.

Parenting support in Norway: why a universal approach?

Structured parenting support in Norway is presented as a universal offer because it has been politically framed and promoted as a (health) preventative measure. The information brochure that describes the content and legitimacy of the programme presents it as a 'health promoting and preventive programme' (Barne-, ungdoms-og familiedirektoratet, 2015). The brochure states further: 'The aim of the programme is to prevent psychosocial problems among children and youth through supporting and strengthening the parents and other care givers in their care giving role' (ibid.).

The vantage point is the assumption that the parent-child relationship determines the child's future development. This assumption is to be found in practically all policy documents (Barne- og familiedepartementet and Sosial- og helsedepartementet, 1995; Barne-, likestillings- og inkluderingsdepartementet, 2014) and guidebooks for practitioners, produced by advisors from the 'psy-disciplines' (Misvær and Lagerløv, 2013; Eng *et al.*, 2017). This assumption, which Furedi (2008) calls (the myth of) 'parental determinism' is the vantage point – and at the same time the main argument – presented to justify the government's investment in parenting support. The core idea is that, due to this 'parental determinism', the development of psycho-social illnesses among children can be prevented, if parenting support is provided universally, and before any indication of problematic child development occurs.

Those experts who were closely involved in shaping the programme (prof. Karsten Hundeide, prof. Henning Rye, and others) had worked for years to convince the government to provide parental guidance to all parents (interview with Rye and other contemporary witnesses). In 1995, with the launch of the *Parental Guidance Programme* as a universal parenting support programme, they presumed to have reached a breakthrough (interview material referred to above).

Not provided for all

A broad (universal and non-indicative) implementation of the government's own *Parental Guidance Programme*, was however, never realised. In the first years after it was launched, only a few districts actually implemented it, despite broad political support: One interviewee, who witnessed the developments, stated, 'After a few years, the *Parental Guidance Programme* was declared dead'. Towards the late 1990s, other programmes seeking to 'improve' parental behaviour and/or 'problematic' child conduct were imported and expanded in Norway², and received public funding. In 2005, the

government announced a revitalisation of the *Parental Guidance Programme*. Since then, different ministries of the central government and other central state institutions (e.g. The Directorate for Children, Youth and Family Affairs (Bufdir); The Directorate of Integration and Diversity (IMDi) and The Health Directorate) have provided funding for different parental guidance programmes (for an overview, see Rambøll, 2013; Bråten and Sønsterudbråten, 2016; Wesseltot-Rao *et al.*, 2017). During the last two decades, however, parental guidance initiatives in Norway have to a large degree been focused on behavioural problems among children (Rambøll, 2013: 32). Sherr *et al.* (2011: 22) state that parental guidance programmes have traditionally targeted specific groups, whereas few programmes have addressed caregivers in general. This was also confirmed in a letter from the three national departments who cooperated in revitalising the *Parental Guidance Programme* in 2007, where it is stated that, between 1995 and 2005, parental guidance had not yet been established as a universal health-promoting and early prevention measure (Bufdir, 2007). However, this was intended to change with increasing investment in the programme from 2005 onwards (*ibid.*).

The current funding structure and the financial and human resources available to provide parenting support indicate that the service is not yet offered to all parents. *The Directorate for Children, Youth, and Family Affairs*, and other national government institutions offer some financial funding, which NGOs and local authorities can apply for, to conduct parental guidance activities. However, it is reportedly difficult to obtain these resources due to strong competition (from interviews with public administrators). Moreover, the funding is only provided for a limited period (up to four years), the total amount that can be provided is rather low, and this reduces the scale on which it can be provided. Furthermore, funding for parental guidance (particularly from national government institutions) is increasingly provided in relation to specific themes or societal challenges, such as ‘radicalisation and violent extremism’, ‘violence in close relationships’ or ‘families in poverty’, which makes the intervention applicable to some groups but excludes the majority of parents (Own translation. See, for instance, Barne- og likestillingsdepartementet, 2016–2017: 82).

During the case study interviews, practitioners raised the subject of – and expressed frustration about – a lack of resources for the universal implementation of structured parenting support (see further below). There is a connection between this frustration and the increased focus on providing parental guidance in relation to, for instance, poverty and radicalisation. As a representative of the *Directorate for Children, Youth, and Family Affairs* explains, centralised funding is considered as additional resources directed toward a specified problem. Generally, the interviewee explained, the responsibility for implementing and providing parental guidance lies with the local municipalities. However, in legal terms, this is defined as a ‘voluntary’ task for them. Thus, in order for parental guidance to be established (permanently and universally), the municipalities need to be able and willing to define and prioritise it in their budgets³.

Some regions and municipalities in Norway do provide parental guidance as a non-indicative and universal measure, for instance through offering all first-time parents participation in a baby-programme (part of the *Incredible Years* programme). However, there are considerable differences in whether the various regional and municipal bodies offer parental guidance, the groups they target, and which programme they offer (ICDP-based, COS, or others) (Rambøll, 2013; Bråten and Sønsterudbråten, 2016;

Wesseltoft-Rao *et al.*, 2017). The most recent report concludes that the implementation of parental guidance in Norway has been fragmented and non-systematic (Wesseltoft-Rao *et al.*, 2017). This is predominantly attributed to limited national government resources for parental guidance activities, and a lack of prioritisation at the local level.

Case study insights

The area selected for the case study is an average-sized borough of Bergen with around forty-thousand inhabitants (www.bergen.kommune.no). The area is considered as particularly interesting for a case study because it has a mixed population that includes both very resourceful inhabitants and those lacking important resources. The borough has the highest proportion of 'non-Western' immigrants in Bergen (Høydahl, 2014). Given the high social mix and different types of housing, the share of 'non-Western' immigrants varies between 15 and 30 per cent in the different statistical zones of the borough (Høydahl, 2014; Bergen Kommune, 2016). Due to the borough's particular demography and its clusters of very different socioeconomic settings for its inhabitants, the area was considered appropriate for investigating the implementation and provision of parenting support policies to a diverse population.

As shown in Table 1, the major service providers comprise the Well Child Clinics (WCCs), the two local municipality institutions in the area, where almost all parents come for regular health check-ups with their babies and (young) children. WCCs are obliged to provide parental guidance during consultations; however, due to their many other tasks and obligations, this is difficult to realise (as reported by the interviewed WCC nurses). In this specific area of Bergen, the nurses explained that they organise several of the regular consultations as group consultations, in order to find some time for counselling, but primarily because it provides opportunities for parents to support and advise each other. However, these parent groups are only offered to those who speak fluent Norwegian.

From 2014, and for four years (until the end of 2017) the local WCCs have received a small budget for structured parental guidance from the *Directorate for Children, Youth, and Family Affairs* (as the only institution in Bergen). Twice a year, the WCCs offer an ICDP course in Norwegian language (in 2017 there was an extra course), led by two WCC nurses. The nurses report that recruitment can be challenging, as they can only offer the course during day-time, and only parents who are visiting the WCCs during the recruitment period can be offered the course. This implies, for instance, that parents in full-time employment, if they are not on parental leave, cannot participate in the course. When a parental guidance course is planned, it is not announced openly and made visible to all parents; rather, potential participants are invited discretely by the WCC nurses (the WCCs once made a poster announcement visible at the WCC). In cooperation with each other, the WCC nurses suggest and offer the parental guidance course to parents who they assume will benefit (most) from it, or who are particularly interested⁴ in the issues in which the course provides training. The number of course participants varies, but is usually between five and eight, and the parents have different social and ethno-cultural backgrounds (nurse interviews).

Since the WCCs also want to offer parental guidance to those minority parents who only speak or understand a little Norwegian, the WCCs have applied for external funding

Table 1 Parental guidance offers and providers in Bergen (after Lundquist, 2015)

Providers and organisers	Types and modes of services	Participants and recruitment (universal / special invitation)	Funding sources (full / partial funding)
<p>Well Child Clinics (<i>Helsestasjoner</i>), organised by the city council.</p> <p>Services provided by nurses.</p> <p>Cooperation with the clinic's own psychologist (if available).</p> <p>Cooperation with part-time community workers of Arabic or Somali background.</p>	<p>a) Parent groups (<i>foreldregrupper</i>), (unstructured) group counselling. 4–6 sessions (2 hr each), including individual health controls;</p> <p>b) (external funding) Structured parenting programme (ICDP), in Norwegian, Arabic (2015), and Somali (since 2016) language.</p> <p>Norwegian courses: Eight weekly meetings (2 hr/week).</p> <p>Arabic/Somali courses: Twelve weekly meetings (2 hr/week); 2015: Two Arabic, two Norwegian courses; 2016: Two Somali, one Norwegian course; 2017: Three Norwegian, one Somali course.</p>	<p>a) Parents with children 0–1 year. Offered to all parents with very good Norwegian language competencies. Mostly mothers, occasionally fathers.</p> <p>b) Parents with children 0–6 years. Norwegian, Arabic, or Somali speaking.</p> <p>Norwegian groups: 5–8 participants each (mothers);</p> <p>Arabic/Somali groups: 10–15 participants each (mothers).</p>	<p>a) National Health Department</p> <p>b) Directorate for Children, Youth, and Family Affairs (<i>Bufdir</i>) (2014–2017), funding from 'Parental support measures' (<i>foreldrestøttende tiltak</i>), finances a part-time position, shared among two nurses from the two local WCCs, to provide 3–5 ICDP courses per year. Courses in Arabic or Somali are provided by one of the nurses together with a minority representative financed by IMDi:</p> <p>Directorate of Integration and Diversity (IMDi)/ Municipality — reserved budget for activation- and recruitment measures (payment for two part-time employees of Somali immigrant background as minority group leaders in ICDP groups / recruitment for groups).</p>

Table 1 Continued

Providers and organisers	Types and modes of services	Participants and recruitment (universal / special invitation)	Funding sources (full / partial funding)
<p>Open kindergarten (<i>Åpen barnehage</i>), run by the NGO Church City Mission.</p> <p>Services provided by pre-school teachers, former WCC nurse, and volunteers.</p>	<p>a) Non-structured individual and group counselling; pedagogical advice on the parenting role and how parents can support children's development;</p> <p>b) Parenting education ('Parents' half an hour' [<i>Foreldrehalvtimen</i>] twice monthly).</p>	<p>a) and b)</p> <p>Parents with children aged 0–3 years</p> <p>Universal access.</p> <p>On average: 50:50 participants with/without immigrant background. The majority of participants are mothers.</p>	<p>a) Municipality;</p> <p>b) Private foundation.</p>
<p>NGO Church City Mission, organised by civil society with support from the local and national municipality. Services provided by social workers and volunteers.</p>	<p>a) Information, parenting groups/parenting education (Empo, Veiviserkurs);</p> <p>b) Parenting support (Home-Start Familiekontakten, part of the <i>Home Start Worldwide</i> network);</p> <p>c) Structured parenting programme (COS), twice a year.</p>	<p>a) Women with children of all ages. Open (Empo) and closed (Veiviserkurs: requires personal invitation from staff);</p> <p>b) Formal application process (both immigrant and non-immigrant parents with young children);</p>	<p>a) Municipality (for integration work), IMDi Private foundation (Kavli foundation);</p> <p>b) NGO's own funding (Church City Mission Bergen) and Directorate for Children, Youth and Family Affairs (<i>Bufdir</i>);</p> <p>c) Private foundation.</p>

Table 1 Continued

Providers and organisers	Types and modes of services	Participants and recruitment (universal / special invitation)	Funding sources (full / partial funding)
<p>Family guidance centre, organised by the municipalities. Services provided by social workers (mostly specialists in child welfare services).</p>	<p>Structured parenting programmes (IY and COS) for individuals and groups.</p> <p>Course duration: 14 weeks (3 hr/week).</p>	<p>c) Parents with young children; Very good Norwegian competences required; Special invitation and open advertisement via other NGO Church City Mission activities. Some fathers, mostly mothers.</p> <p>* Participants from: Turkey, Palestine, Eritrea, Somalia, Afghanistan. Mothers and fathers.</p> <p>Group counselling only provided for minorities with children 0–12 years.</p>	<p>Child welfare service</p>

from IMDi and the municipality in order to arrange ICDP courses that are specifically adapted to the minority groups (*ICDP minority version*⁵). With support from the local municipality's Department for School and Kindergarten, they obtained additional funding for this purpose. This funding stems from a budget for 'activation and recruitment measures', and funds part-time positions for representatives from the migrant communities who have obtained an *ICDP minority version* certificate.

The open preschools present another arena where parental guidance is offered. There are three such preschools in this area of the city, where parents can come to spend their day together with their babies or young children (before they attend a regular kindergarten). However, only one of these (the kindergarten run by the NGO Church City Mission of Bergen) provides structured parental guidance. The NGO has its own parental guidance employee (funded by a private foundation), who has previous work experience as a WCC nurse. Every second week, they present a certain topic and invite parents to discuss their experiences and thoughts on this issue. This open kindergarten is located in a social housing area. At least 50 per cent of the participants visiting this institution and the 'parents' half an hour' are unemployed; with little formal education; lacking fluency in Norwegian; and refer to themselves as housewives temporarily staying at home to raise their (preschool age) children, but express aspirations to work and educate themselves in the near future. The other 50 per cent of visitors are parents who live in the surrounding area, with high formal education and paid jobs, and who visit the kindergarten only while they are on parental leave. During the interviews, parents from this group (majority population background) stated that they visit this particular kindergarten because they appreciate the social and ethnic mix in the group – for themselves and their children/babies.

In the same building where this open kindergarten is located, the Church City Mission arranges parental guidance through initiatives titled *Empo* and *Veiviserkurs*. While *Empo* is an open drop-in meeting place for immigrant women (a 'multicultural resource centre'), *Veiviserkurs* is a 'closed' course for immigrant women who have been invited to participate by the Church City Mission's employees. Parental guidance in these settings can be summarised as the provision of information regarding the rights and duties associated with the parental role in Norwegian society; and stimulation and encouragement to discuss and reflect upon their own parenting practices and challenges.

The Church City Mission also arranges COS interventions, which are held in their city centre location, but for which participants are recruited from their activities in the case study area. The COS intervention is announced as an offer to parents who feel that they 'struggle with their role as parents' (CCM website). From the interviews with participants and group leaders, I learned that many of the parents participating in the COS intervention had themselves experienced particularly difficult childhoods.

Finally, the *Child Welfare Service* in the local area offers structured parental guidance for parents among their clientele, and since it is claimed to be a non-indicative and voluntary service (for parents who are registered in their system), it is included in the case study. The employees at the Child Welfare Services' *Family Guidance Centre* have COS or IY-certification, and offer this structured programme to parents either in groups or individually. During the fieldwork period, IY as a group intervention (in a 'simplified' version) was only offered to immigrant parents in the presence of translators, while COS was offered to parents individually.

Discussion

The Bergen case study confirms the existence of a presumed (Bråten and Sønsterudbråten, 2016; Wesseltoft-Rao *et al.*, 2017) gap between the declared and actual coverage of structured parenting support interventions in Norway. The mapping of the services provided in the borough shows that only some – and far from ‘all’ – parents are offered participation in a structured parenting support programme. The main reason for this gap is obviously cost pressure and high expectations of quality to the services (Barne-, ungdoms- og familiedirektoratet, 2017). There is hardly any financial support for implementing structured parenting programmes on a universal basis.

The Directorate for Children, Youth and Family Affairs declares in its global strategy for the period 2017–2020 (Barne-, ungdoms- og familiedirektoratet, 2017) that it will only prioritise and support those measures that have been shown to provide socioeconomic value for society (Barne-, ungdoms- og familiedirektoratet, 2017: 5). A problematic side of this is that the impact of universal parenting support programmes is difficult to measure, since its presumed effect is prevention, and not change (Bråten and Sønsterudbråten, 2016). The demand for an ‘evidence-based policy’ forces the authorities to cut down on those activities that lack ‘documented effects’⁶. Consequently, the remaining interventions (those deemed more worthy of support) include those targeting groups with low initial scores for parameters such as ‘Parent-Child Activity’, ‘Positive Discipline’, ‘Parenting Strategy’, ‘Child Management’, and ‘Engagement with the Child’. These groups are more likely to receive parenting support interventions, since it has been stated that their participation in such programmes has had ‘positive effects’, thus changing their parenting (Sherr *et al.*, 2014).

A discussion between Trommald (director of the Directorate for Children, Youth, and Family Affairs) and a journalist from the national Newspaper *Klassekampen* shows how the Directorate has downscaled its engagement for preventative parenting support in recent years. It begins with an article in which Wold (2016) refers to a statement made by Trommald in 2015, that ‘modern parenting is too complex to let it be based on intuition and reflex’. Wold asks: ‘Why aren’t there public parenting courses in attachment, child management, and regulation?’ The following week, Trommald (2016) responded with the headline: ‘We Want To Help Parents’. She explains that ‘the authorities’ have invested in strengthening parents in their role since the 1990s, through the *Parental Guidance Programme*, which is among her Directorate’s responsibilities. She continues by stating that ‘today’s service offer to parents is to a large extent provided through the municipality, and this is why there is a difference between what parents in Norway are offered’ (*ibid*). With these claims, Trommald indicates that the provision of structured parenting support as a universal service has been dropped at the Directorate level and left up to the municipalities to facilitate.

Instead, as the further content of Trommald’s newspaper article shows, the Directorate, representing the national authority, has turned its focus towards appealing to parents to look for advice and train themselves (Danielsen *et al.*, 2012), which is a much cheaper way of conducting preventive work, than to provide parenting support courses. The service the Directorate offers to the broad mass of parents who are not in particular need of help is reduced to providing parents with access to the information needed to improve themselves. This becomes evident in how Trommald continues, by explaining what the offer to (the broad mass of) parents now consists of: ‘... we have launched

the website foreldrehverdag.no. Here, parents can sit at home in their own living room and find quality-checked information about how they can understand their child and strengthen their relationship' (ibid.). There are striking parallels here, to the changes in parenting support policies in the Netherlands, which Knijn and Hopman (2015) describe as a 'current shift in focus towards "self-strength" and "do-it-yourself"[parenting which] places much responsibility on the parents themselves, their social networks and the professionals working with parents' (ibid.: 653).

Conclusion

Bråten and Sønsterudbråten (2016) and Ellingsæter and Leira (2004) state that, in recent years, parental guidance policies in Norway have become more targeted and less universal. The lack of universal implementation of structured parenting support, as found in the case study, seems to express the consequence of this policy shift in the field of parenting support.

While psy-experts (some of whom were closely involved in shaping the *Parental Guidance Programme*) argue that the broad implementation of structured parenting support programmes is important (Sherr *et al.*, 2011), the national government has maintained a focus on interventions that can produce documented outcomes.

Although structured parenting support is still presented as a universal intervention, there is very little investment in parenting support as a preventative measure. Parents who are capable of doing so are expected to take over the task of prevention work themselves (Familie-, kultur- og administrasjonskomiteen, 2003–2004; see also (Barne- og likestillingsdepartementet, 2017–2018). Why then are offers of structured parenting support still promoted as 'universal', and as an offer to 'all' parents? One explanation could be that this 'universal' label is important to prevent parents feeling stigmatised if they are offered parenting support. These interventions seek to 'strengthen' parents; to do so, it is important that participants do not consider themselves as having failed as parents. This aspect was brought up in many of the interviews with WCC nurses (not presented here).

The findings and analysis presented in this article show that the discussions within the research literature, which are based on parenting support policies in other countries, are also highly relevant to the Norwegian context. Those discussions are of great value for further urgently needed research, especially on the implications of providing parenting support in Norway. For instance, what is the consequence of the observation that only certain groups are offered the more intense form of parenting support (i.e. in a structured parenting programme)? Is it that these groups are put under more pressure (than those who are not invited to a course) to adapt their parenting to the current idea(l) of a 'good' parent (see Introduction: Sundsbø and Sihvonen, 2018)? Or could it be that these particular groups experience the intervention as an empowerment that gives them better opportunities to participate in the society on a more equal basis (Sundsbø, forthcoming)? As stated by, for instance, Daly (2015), parenting support is multi-dimensional and has the capacity to play host to varying objectives (ibid.: 606; see also the contribution from Littmarck *et al.*, 2018). Another aspect that deserves more attention is the observation that the majority of the parents who receive parenting support services are women (see Table 1; Bråten and Sønsterudbråten, 2016: 15). Does this have any consequences, not only for parent-child relationships, but also for gender equality and women's opportunities (see

Gíslason and Símonardóttir, 2018)? As for the provision of parenting support in Norway, we are only at the beginning of understanding what this policy is, and its effects within society.

Notes

1 Here, the terms “parental guidance” and “parenting support” refer to the same concept. In Norwegian, parenting support is referred to as ‘parental guidance’ (foreldreveiledning) whereas the term ‘support’ is more common internationally, and also in Sweden for instance (foreldrastöd).

2 Such as Incredible Years, Circle of Security, PMTO, and Marte Meo, among others. See the report, Robuste Samliv (Rambøll, 2013).

3 According to several interviewees, personal knowledge, networks, and engagement within the local authorities also play central roles in a municipality’s decision whether to offer (non-indicative, ‘universal’) parental guidance to parents, and this also matters in terms of which parental guidance programme they are offered.

4 The nurses I interviewed told me that they also proactively recruited a few parents to the group, who showed interest in searching for parenting advice, thus improving their parenting, and were self-reflexive. These parents would be asked to participate, not because the nurses thought they would benefit (much) from the course, but because they could (unknowingly) be good role models for the other parents.

5 Since 2017, the minority version of the ICDP programme has been integrated in the ICDP basic programme (see the new ICDP handbook).

6 It is noteworthy that this demand for proven effects relates to the impacts of an intervention in terms of how parents interact and communicate with their children – but not the intervention’s impact on the child’s development (Sherr *et al.*, 2011).

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