

Kingdom of Cambodia
Nation Religion King



POSITIVE PARENTING STRATEGY

2017-2021

Designed: ©UNICEF Cambodia/2017/Youra Soeum and Graphic Roots

Photo credit:

Page 1:	© UNICEF Cambodia/2016/Antoine Raab/UNICEF Canada
Page 3:	© UNICEF Cambodia/2015/Giacomo Pirozzi
Page 5:	© UNICEF Cambodia/2015/Giacomo Pirozzi
Page 19:	© UNICEF Cambodia/2015/Giacomo Pirozzi

Permission is required for reproduction of any parts of the strategy

Contact:

Positive Parenting Working Group, Ministry of Women's Affairs

Address:

Trung Moan Street, Domnak Thom 3, Stueng Meanchey, Phnom Penh
Phnom Penh, May 2017

FOREWORD

The Positive Parenting Strategy is another achievement of the Ministry of Women's Affairs in child education with gender equity. It contributes to increasing the knowledge of everyone working on social development, including investment in children. This document is the Positive Parenting Strategy. In Cambodia, many children aged 0–18 years have been negatively affected by physical, emotional and sexual violence or neglect by their parents, caregivers or the community. The root causes include existing norms, behaviours and practices that have long been used due to poverty and a lack of understanding about child rights. These factors have caused inappropriate actions among many parents or caregivers, such as intimidation, neglect or uncaring behaviours towards children.

The objective of this strategy is to increase knowledge, understanding and communication skills related to positive parenting among parents or caregivers—to build a non-violent family and an environment that is inclusive of gender equity.

Officials, staff and volunteers at all levels of relevant ministries, institutions and development partners working to increase the understanding of the value of positive parenting will contribute to promoting the success and sustainability of the Positive Parenting programme.

Research has revealed the negative impacts violence has on children, and provided key recommendations to support and promote programmes that encourage close communication between children, parents or caregivers. This report encourages changing inappropriate behaviours that cause violence against children, including serious corporal punishment, and highlights the need to increase understanding about child rights and the development of children.

Phnom Penh, 08 August 2017

On behalf of the Minister

Hou Samith

Secretary of State

Ministry of Women's Affairs

ACKNOWLEDGEMENTS

The Ministry of Women's Affairs expresses deep gratitude to the United Nations Children's Fund (UNICEF) and Save the Children Cambodia for their generous financial and technical support throughout the process of developing this Positive Parenting Strategy. We would like to thank the Government of Canada via Global Affairs Canada and Together for Girls, and the Norwegian Agency for Development Cooperation via Save the Children Norway for their financial support of the program.

The Ministry of Women's Affairs acknowledges the technical support of the Improving Cambodia's Society through Skilful Parenting (ICS-SP) organization and Social Services of Cambodia, and the studies conducted by the Psychology Department of the Royal University of Phnom Penh on parenting (support) in Cambodia. These informed the Positive Parenting Strategy.

Special thanks go to the Education Department of the Ministry of Women's Affairs for coordinating all efforts to develop this strategy, and to members of the National Working Group on Positive Parenting who provided valuable inputs to the drafts.

The ministry would like to acknowledge the great effort of the consultant, Pia van den Boom, MSc, from ICS-SP who developed this strategy based on supportive feedback from stakeholders.

CONTENTS

FOREWORD	
ACKNOWLEDGEMENTS	
INTRODUCTION.....	1
PART 1. STRATEGY OBJECTIVES.....	3
1.1 Vision	3
1.2 Goal	3
1.3 Objectives.....	3
PART 2. BACKGROUND AND CONTEXT	5
2.1 Definitions and terminology.....	5
2.2 Situational analysis	7
2.3 Legal and policy context	12
2.4 Evidence: What do we know about parenting programmes?	16
PART 3. STRATEGY	19
3.1 Level 1: Universal 'light' parenting support for positive parenting	21
3.2 Level 2: Targeted group-based parenting support	23
3.3 Level 3: Specialized parenting support.....	25
3.4 Quality assurance in parenting support for positive parenting	26
PART 4. ACTION PLAN	32
4.1 Timeline	32
4.2 Final considerations in moving forward	33
APPENDIX 1: Acronyms.....	34
APPENDIX 2: Glossary.....	35
REFERENCES	37



INTRODUCTION

Major reasons for gender inequity in current society include negative norms in families, communities and society as a whole that provide different educational opportunities and care to boys and girls.

Violence against children is a serious human rights violation and a social and public health concern. In Cambodia, one in two children experience violence while growing up¹. This has a powerful and profound impact on their lives and hopes for the future, as well as on their families, communities and society at large. Violence against children is never justifiable, nor is it inevitable. If its underlying causes are identified and addressed, violence against children is entirely preventable.

Parents and caregivers have the greatest potential to protect children and provide for their physical and emotional safety. Unfortunately, as in other countries, many parents and caregivers in Cambodia struggle to provide their children with a safe and positive home environment. As a result, parents and caregivers (unwillingly) play a key role in the persistence of violence against children: they are common perpetrators of physical and emotional violence and neglect, and they lack the capacity and resources to protect their children from violence perpetrated by others, including sexual abuse and economic exploitation. While the family is the primary safety net for children, many parents and caregivers believe their child would be better off in residential care.

The Ministry of Women's Affairs (MoWA), along with other relevant implementing

¹ Findings from the Cambodia Violence Against Children Survey, 2013.

institutions and ministries, acknowledges the importance of supporting parents and caregivers to prevent and reduce violence and to keep families together. It is therefore committed to promoting positive parenting. Positive parenting is a type of parenting that provides children with safe, stable, nurturing relationships and environments in which to develop into healthy, respectful and productive adults.

This strategy aims to promote positive parenting through increased access to appropriate, timely parenting support, and eliminating negative norms or biases due to a child's gender, gender identity, or sexual orientation. It serves as a long-term strategy for MoWA, as a foundation for the Positive Parenting Programme 2016-2018, and as guidance for government and non-governmental actors working with children and families towards more coordinated and quality parenting support.

While this strategy focuses on addressing negative, poor and/or harsh parenting—with violence at the most extreme—it also acknowledges that many parents and caregivers in Cambodia do raise their children in a positive way, often under difficult circumstances.

While positive parenting is a key strategy to prevent and reduce gender gaps and violence against children, there are other factors contributing to violence against children that cannot be addressed through this strategy. The strategy should therefore be implemented as part of a broader framework to end violence against children.

The strategy has four parts:

Part 1 explains the vision, goal, objectives and guiding principles.

Part 2 provides background, introducing the reader to key concepts and terminologies based on the context of Cambodia and to the available evidence, in order to present a clear rationale for a Positive Parenting Strategy in Cambodia.

Part 3 outlines the strategy for positive parenting.

Part 4 concludes with a high-level action plan 2016-2018 and final considerations in moving forward.



PART 1. STRATEGY OBJECTIVES

In response to the findings of the Cambodia Violence Against Children Survey (CVACS), the Ministry of Women's Affairs (MoWA) and relevant institutions and ministries have made a commitment to contribute to positive parenting, promoting non-violent forms of child discipline and protecting children from violence and unnecessary family separation. They are also committed to promoting gender-inclusive development opportunities for children based on equality and equity. This strategy provides the basis for MoWA and other stakeholders to turn this commitment into action over the period 2016-2018, and in the longer term.

1.1 Vision

Safe, stable, nurturing child-caregiver relationships and family environments for every child in Cambodia to develop into healthy, respectful and productive adults

1.2 Goal

Support and strengthen the knowledge, skills and confidence of parents and caregivers, including expecting and future parents, for positive parenting of children aged 0–18 years in order to promote:

- Safe, stable and nurturing relationships between children and parents/caregivers
- Positive and non-violent parenting styles and disciplining methods, inclusive of equity
- Children's safety and protection in and outside of the home
- Prevention of unnecessary family separation.

1.3 Objectives

1. Parents and caregivers are provided with appropriate, timely positive parenting support.
2. Professionals, para-professionals and lay community workers working directly with

children and families have basic knowledge and awareness of the value of positive parenting and the way to support it.

3. Ministries and non-governmental institutions collaborate and coordinate to promote positive parenting.

Guiding principles

The strategy is evidence-informed, building on available evidence of what works. It is realistic, taking into account the limited structures, capacities and resources available for positive parenting in Cambodia. It primarily builds on existing government structures for parenting support and aims to be costed within the government budget.

Key guiding principles include:

- **UN Convention on the Rights of the Child**, approaching positive parenting as every child's basic human right and parenting support as parents' and caregivers' right
- A **positive approach** to parents and caregivers and their potential to protect children and provide for their physical and emotional safety, rather than an approach that is judgmental, critical or prescriptive
- A **life-course approach**, taking into account all stages of children's lives and the support boys and girls need at these different stages
- **Child safety and welfare**, having a clear focus on the wishes, feelings, safety and well-being of children during the design and delivery of parenting support
- A **socio-ecological perspective**, understanding how parenting is influenced by factors at individual, relationship, family, community and societal levels
- **Diversity**, designing parenting interventions that are responsive and sensitive to the needs of the variety of parents and family structures in Cambodia.



PART 2. BACKGROUND AND CONTEXT

2.1 Definitions and terminology

Definitions and terminology are important for a shared understanding of the Positive Parenting Strategy across all partners. To enable a clear understanding, a glossary of key terms is included in Appendix 2. Some of the main terms are outlined below, to guide the reader.

- ❖ The terms '**parent**' and '**caregiver**' refer to the main caregiver of the child (whether or not biological), such as fathers, mothers, grandparents and other caregivers, including expecting parents (pregnant women and their partners) and future parents (youth).
- ❖ **Violence against children** is all forms of violence, including physical, emotional and sexual violence, neglect and exploitation. It should be noted that the Positive Parenting Strategy will mainly target the prevention of physical and emotional violence and neglect perpetrated by parents and caregivers, and to a lesser extent focus on capacities of parents and caregivers to protect their children from violence perpetrated by others, including sexual abuse and economic exploitation.
- ❖ **Positive parenting:**
 - 1) Is defined as *warm, affectionate parenting behaviour that provides long-term guidance, boundaries and protection for children without using violent discipline, including neglect, while addressing children's problems and taking into consideration children's thoughts and feelings.*
 - 2) Emphasizes strong support, warmth and responsiveness and promotes an in-depth understanding of the child's daily life without discrimination on the basis of gender,

gender identity, or sexual orientation. It uses positive and non-violent disciplining methods, expecting children to follow rules because they understand them, not in order to control their behaviour. It encourages two-way communication and dialogue and children's participation in decision making. Finally, positive parenting is based on dignity, where the adult recognizes the individual child and adjusts accordingly, and assumes full responsibility for the quality of the relationship with the child.

This strategy acknowledges and respects diversity in parenting: the various ways that different people and cultures raise their children. Parenting and childhood are strongly influenced by culture, history and other factors, and people raise their children with different capacities, beliefs and values. While respecting diversity in styles of parenting, the core tasks of parents and caregivers across different cultures are to protect, nurture, guide and direct children.

❖ **Parenting support** is a broad concept that is defined and classified differently across and within sectors and actors. For the purpose of this strategy, parenting support is understood as one aspect of the wider concept of family support (see Figure 1). Family support is oriented to improving family functioning. Parenting support is located within the range of activities that occur among services to children and families. A certain intervention is part of parenting support if:

- Parents/caregivers are the target, and the focus is on how they approach and implement their roles as parents, especially in regard to how they relate to and interact with their children
- The focus is on increasing parents' and/or caregivers' information, knowledge, skills, personal and social resources, material resources and their child-rearing.

Figure 1. Parenting support as part of family support



Hence, parenting support is defined as, “a set of services/activities oriented to improving how parents or caregivers approach and implement their role in meeting their children’s needs (physically, emotionally, cognitively and spiritually)”.

Parenting support encompasses a wide variety of interventions or services that all provide information, education, skills and/or support for parenting. One can distinguish between health-related interventions and more general support for parents. Health-related parenting support is primarily delivered through home visits as part of maternal and child health services for parents (mothers typically) of infants and toddlers. Such interventions could include health education on infant and child health and well-being. Support for positive parenting extends beyond health and focuses on child behaviour management,

parent–child relationships and child protection.

2.2 Situational analysis

Violence against children is widespread in Cambodia²:

- More than 50 per cent of children experience physical violence
- One quarter of Cambodian children experience emotional violence
- Approximately 5 per cent of children experience at least one incident of sexual abuse
- Around 60 per cent of children experience at least one form of violence, whether physical, emotional or sexual.

The CVACS findings highlight a key role for parents and caregivers in the persistence of violence against children in Cambodia.

- Parents and caregivers are common perpetrators of physical and emotional violence against children. About half of the children aged 13–17 years interviewed for the CVACS had experienced physical violence, and one quarter had experienced emotional violence committed by parents, caregivers and other adult relatives.
- Children are commonly exposed to violence between adults in the home. Among the interviewees aged 13–17 years who said they had witnessed physical violence in the home, 37.4 per cent of females and 34.7 per cent of males said they had witnessed such violence in the past 12 months³.
- Parents and caregivers struggle to protect their children from violence in the multiple settings where children live, including the home and school. Children are commonly exposed to physical violence perpetrated by teachers and to sexual abuse by neighbours, family members, friends and dating partners. The CVACS did not measure neglect, but neglect prevalence rates are estimated to be similar or even higher than physical violence.

Qualitative findings of the CVACS indicate a lack of meaningful interaction between children and adults, including a lack of parent–adolescent communication about issues of sex and sexuality. This is concerning, as global evidence shows that violence is more likely to occur in families that have difficulties developing safe, stable and nurturing relationships. Regardless of whether a child is experiencing violence, poor relationships between parents or caregivers and children can increase the risk of aggressive and violent behaviour displayed in childhood and later in life.

Cambodia has high numbers of children in residential care (26,187 children (48 per cent girls) living in residential care in 2014⁴) while most of these children have at least one living parent or caregiver. This occurs despite wide recognition that institutional care is associated with negative consequences for children's development and long-term impacts in their adult life.

- All parents and caregivers want what is best for their children, so a high prevalence of negative, poor and/or harsh parenting in Cambodia should be understood in the context of the multiple factors that influence and compromise the capacity of parents and caregivers to parent positively. Key factors are discussed below and shown in Figure 2. A child is at greater risk of violence if his or her parents or

² Findings from the Cambodia Violence Against Children Survey 2013.

³ Findings from the Cambodia Violence Against Children Survey 2013.

⁴ Ministry of Social Affairs, Veterans and Youth Rehabilitation (2017) Report on mapping of residential care facilities in 25 municipalities and provinces in Cambodia.

caregivers hold unrealistic expectations about children's behaviour and development. To respond appropriately, parents need to know what to expect of a child's behaviour at different stages in life and how to manage this behaviour in a positive way. Unrealistic expectations of children's behaviour may be caused by a limited understanding of child development and by certain norms and beliefs about child development, as well as harmful traditional practices. For example, there is a common belief that one should not praise children or show love, to avoid the child becoming spoiled.

- Violence is more likely to occur if parents and caregivers are less affectionate and responsive towards the child and have a more controlling, aggressive or inconsistent parental approach. This can be attributed to a variety of factors, including mental health issues, limited involvement of fathers, and norms and beliefs about parenting, for example the belief that physical punishment is acceptable (or even necessary) as part of child rearing and that residential care is beneficial to children. The current generation of parents and caregivers experiences high levels of anxiety, depression and post-traumatic stress disorder (8) as a result of the Khmer Rouge regime, but also because of high levels of intimate partner violence.
- Parents and caregivers in Cambodia raise their children in environments that are risky for child safety, while having little access to knowledge and services for child protection. As a result, parents and caregivers struggle to protect their children from violence and to recognize and support their children effectively if violence occurs.
- Widespread poverty in Cambodia affects the processes of parenting, mainly through its impact on the factors discussed above. Still, negative, poor and/or harsh parenting is also common in middle-class and wealthy families in Cambodia so poverty is not explicitly addressed or discussed in this strategy.

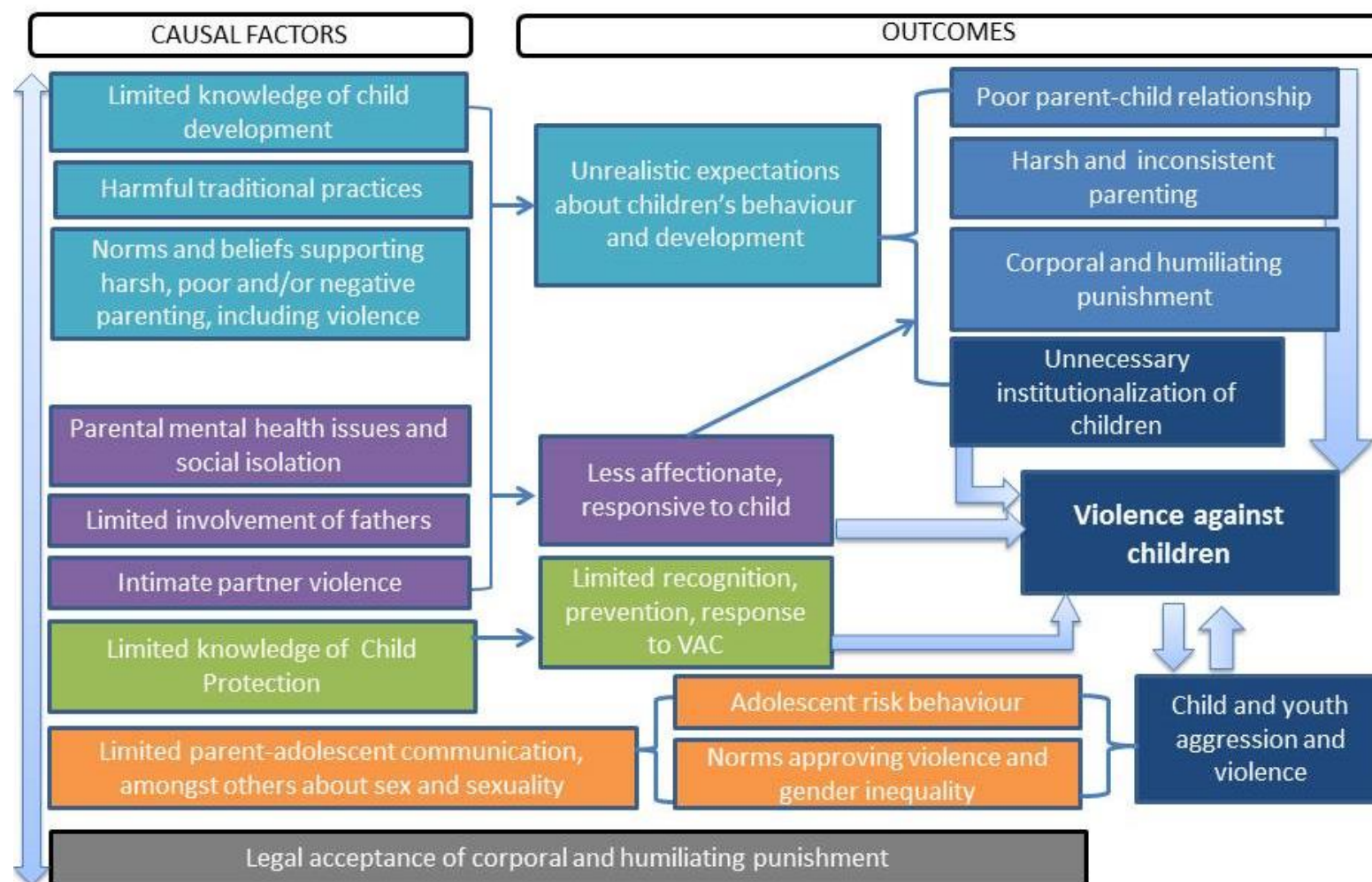
Box 1. Traditional child discipline in Cambodia

Violence often happens in the context of child rearing as a form of punishment or 'education'. Research revealed a traditional method of addressing a child's behaviour:

- 1. When a mistake occurs for the first time parents typically instruct the child using polite, persuasive language to guide them in correct behaviour.*
- 2. If the child does not listen and/or makes the same mistake again, parents will then scold, threaten or swear at the child using harsh language in order to stop the behaviour.*
- 3. If the child continues to be disobedient, corporal punishment is used, depending on the seriousness of the problem and the anger of the parent.*

Steps 2 and 3 constitute emotional and physical violence, and have negative consequences for the child, the parent and the relationship between the parent and child.

Figure 2. Problem analysis⁵

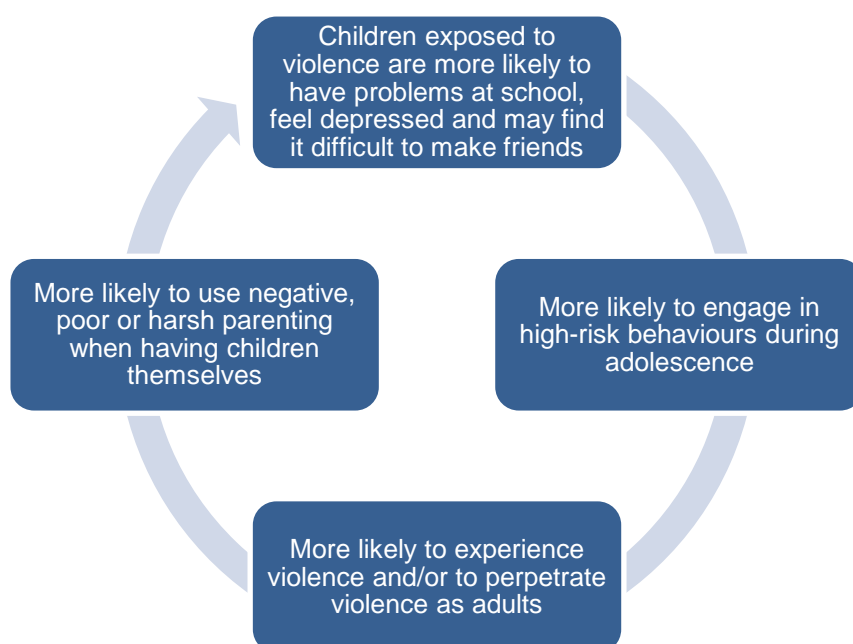


⁵ Figure 2 provides a summary problem analysis, but does not capture all factors that influence parenting at various levels, nor all their interactions.

The consequences of violence against children include both immediate (personal) impacts and impacts that carry forward into later childhood, adolescence and adult life. Violence affects children's physical, cognitive, emotional and social development. Children may lose trust in other human beings; this trust is essential to human development and is closely related to the capacity for love, empathy and the development of future healthy relationships. Continued exposure to violence creates a climate of toxic stress that can harm the development of the brain and other organs in young children and increase the risk of stress-related illnesses and impaired cognition (the capacity to think, learn and understand).

- Violence increases the likelihood of behaviours that are a risk to health, such as smoking, drinking heavily and unsafe sex.
- These behaviours are, in turn, major causes of death, disease and disability later in life.
- Experiencing violence as a child increases the risk of further victimization and/or perpetration of violence, and the use of negative, poor or harsh parenting in adult life, as shown in Figure 3.

Violence presents a heavy cost to society as a whole due to expenses related to treating victims' health problems, welfare costs and reduced economic productivity.

Figure 3. Inter-generational cycle of violence

Positive parenting plays an important role in the prevention of violence and is central to a child's healthy development. A stable and secure family life, including positive relationships with parents or caregivers, is vital for children to succeed at school, to have good relationships with others, and in the long run to become productive adult members of society. Positive parenting can buffer children from the consequences of other hardships and adversity in life, including poverty and violence. This underscores the importance of providing parents and caregivers with support for positive parenting.

This strategy affirms children's right to be raised in a loving home and be treated equally by their family, but also acknowledges that parents and caregivers can sometimes pose such a risk of significant harm to a child that urgent and protective action is needed. In those cases family- and community-based care is the preferred option for children, and institutional care should always be considered a last resort and a temporary solution.

Figure 4. Gender analysis

Family, community and social norms	<ul style="list-style-type: none"> • Daughters are nurtured and encouraged by the family and community to do housework and to be gentle. They generally do not receive higher education, and are prepared for the role of wife and to do household chores. • Sons are encouraged, advised and supported with more opportunities to access higher education.
Negative impacts	<ul style="list-style-type: none"> • Women and girls receive lower education than men, are less likely to stand up for themselves, and are vulnerable to exploitation and violence.

	<ul style="list-style-type: none"> • Women and girls have fewer opportunities and find it difficult to participate in the labour market, social and economic development, and decision making. • There are few women in decision-making or management roles in public, private and political spheres.
--	---

Society, communities and particularly families generally have no desire or expectation to see an empowered woman, or daughter. Women receive lower education, are vulnerable to violence, and have little opportunity to participate in daily livelihood activities. These problems are caused by norms and limitations that determine roles or prevent equal rights and equal opportunities to participate in basic skill development, and other limitations in the lives of women and girls.

Gender is roles and values of men, women, boys and girls that are being defined by society or family, and is changeable. Not all limitations and norms imposed by family and society on men, women, boys and girls have negative impacts. So the aim should be to change and replace only those points that affect equality and equity in accessing rights and full participation in society. For example, in the past many families and communities have prevented full access for girls to information on health, education, relationships with friends, or expression of ideas. While parents or caregivers may have no bad intentions toward girls, when analysed more deeply such actions could victimize women and girls, as they prevent access to information or opportunities.

Positive parenting, which is inclusive of equality and equity, means encouraging parents and caregivers to collectively change behaviours and practices that have negative impacts. In particular, it encourages and provides both girls and boys with equal opportunities to receive education, care, nurturing and empowerment, and to equip them with the capacity and abilities to participate in the development of the family, community and society.

2.3 Legal and policy context

Legislation

Article 47 of the Constitution of Cambodia stipulates that “parents” have the obligation to raise, nurture and educate their children to be good citizens.

The international legal framework for parenting support, the United Nations Convention on the Rights of the Child (UNCRC), was signed and ratified by Cambodia in 1992. The UNCRC requires states to respect, protect and fulfil the rights of children by supporting parents in their essential role as primary caregivers. General comment 13 of the convention specifies that states must adhere to the UNCRC by: *“Supporting parents and caregivers to understand, embrace and implement good childrearing, based on knowledge of child rights, child development and techniques for positive discipline in order to support families’ capacity to provide children with care in a safe environment.”*

Government policies and programmes

The Royal Government of Cambodia acknowledges the critical role of parents and caregivers in promoting child development. The government delivers a range of interventions for parenting support, especially in the area of early childhood care and

development (ECCD), but most of these experience challenges related to implementation.

The *National Policy on Early Childhood Care and Education* (2010) is the umbrella for inter-ministerial interventions to improve parenting during early childhood (conception to age 6 years). Health-related parenting education is primarily delivered by the Ministry of Health (MoH) as part of maternal and newborn health services in hospitals, health centres and at the community level by midwives and village health support groups. In addition, the Ministry of Education, Youth and Sport (MoEYS) works with community volunteers (so-called core parents) who provide ECCD parenting education to groups of parents, mostly mothers, of children aged 0–6 years. The parenting education package delivered through community volunteers is currently being revised. Although the MoH and MoEYS parenting education interventions reach many parents and caregivers, both face challenges when it comes to staff capacity and competencies, quality assurance and fathers' participation. There is no, or very limited, attention to issues of child protection, child behaviour management and parent-child relationships, and hence limited attention to aspects of positive parenting.

MoSVY has the mandate for social welfare, including child welfare, and plays a leading role in supporting vulnerable families to improve their parenting capacities and consequently reduce child protection risks. The *Alternative Care Policy Framework* and *Standards and Guidelines for the Care, Support and Protection of Orphans and Vulnerable Children* guide MoSVY social workers at the district level in the provision of parenting support to at-risk families, for family preservation and reunification. Standard 5.10 is particularly relevant: "*Programmes should educate families and communities about child development and parenting techniques, such as positive discipline and careful communication with children.*" However, limited capacity, human and financial resources and the lack of formal structures at the commune level are major barriers for social workers to effectively assume this role. Several development partners and civil society organizations (CSO) are currently supporting MoSVY in recruiting and training community social workers to address this gap.

MoWA acknowledges the relationship between violence against children and violence against women and the potential of parenting programmes to address both forms of violence and to promote gender equality. The *2nd National Action Plan to Prevent Violence against Women (2013-2017)*, *Neary Rattanak IV (Strategic Plan 2014–2018)*, and *MoWA's Core Commitments in response to the CVACS findings* aim at enhanced positive parenting knowledge, understanding and skills as a strategy to prevent violence against women and children and to increase gender equality. Implementation of parenting support depends on close collaboration with other key line ministries and institutions. MoWA officials at national and provincial levels conduct training sessions in secondary schools and universities on morality and life skills. These include issues indirectly related to parenting.

Other parenting support by the government is less evident or delivered through informal structures. Pre-school and primary school teachers interact with parents and caregivers about children's performance and well-being at school, but have no formal role in parenting support. Religious leaders under the Ministry of Cults and Religion (MoCR) are an important source of (moral) support and advice to parents and caregivers.

While MoWA, MoH, MoEYS and MoSVY all have a sectoral mandate directly linked to the provision of parenting support, the Ministry of Interior (MoI) is crucial in terms of structure, capacity, budget and implementation at the local level. MoI is mandated to provide overall guidance and control to all levels of local administration and is therefore responsible for building and strengthening their support and/or providing parenting support. As a sub-committee under the commune/sangkat council, the commune committee for women and

children (CCWC), and more specifically the focal point for women and children, plays a vital role in child protection, in decisions concerning the allocation of resources to social services, and in decisions concerning child institutionalization. The CCWC focal point for women and children could potentially provide parenting support and referrals, however as with other structures, the CCWC is challenged by limited capacity and resources.

In response to the CVACS findings, key ministries and government institutions have made commitments to prevent and respond to violence against children in Cambodia, including the following commitments relevant to parenting support.

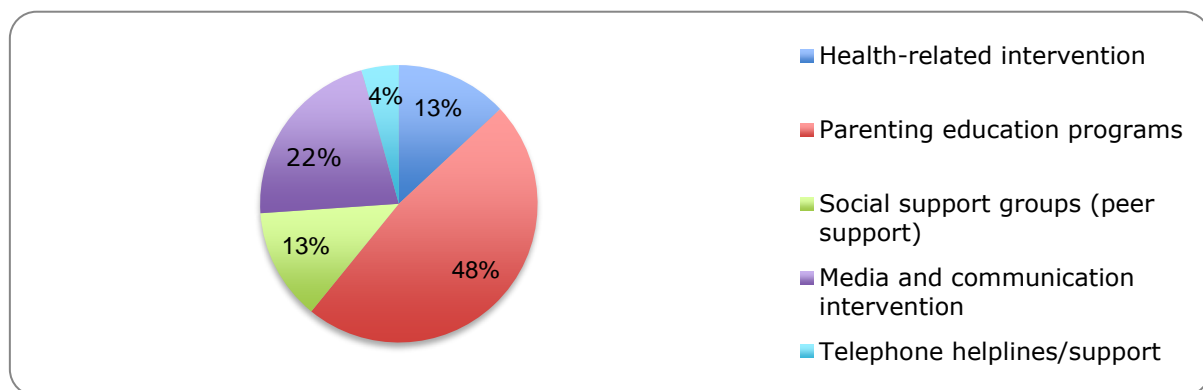
MoWA	Lead the development and implementation of a comprehensive multi-sectoral behaviour and social change strategy to respond to the social and cultural norms that legitimize and promote violence against children. Contribute to positive parenting and family and childhood education programmes to promote non-violent forms of child discipline and protect children from violence and abuse.
MoH	Reinforce the provision of community-based services, including family support, education on child cognitive and physical development and awareness raising on the negative effects of violence against children and corporal punishment, to promote relationships between children and their parents and caregivers that are safe, stable and nurturing.
MoEYS	Integrate positive parenting and positive fatherhood strategies to prevent violence against children in families into the guidelines for parent and caregiver education and the training of educators, as part of its work on early childhood care and development.
MoSVY	Support the formulation and implementation of a comprehensive multi-sectoral behaviour and social change strategy to address the social and cultural norms that legitimize and promote violence against children. Invest in the social and child welfare system at national and sub-national levels to enable the expansion and training of the social work force and increase budgets for social support services.
MoI	Facilitate the implementation of a communication strategy at national and sub-national levels to promote stable, safe and nurturing relationships between parents and their children, calling for zero tolerance to corporal punishment.
MoCR	Disseminate religious principles to prevent corporal punishment and emotional violence against children and to promote religious principles on non-violent forms of child discipline in educating children, to ensure stable, safe, nurturing relationships between parents/caregivers and children. Raise awareness of the harmful impacts of gambling, drugs and alcohol among parents and caregivers, children and youth, actively promoting positive behaviour and integrity.

Parenting support by civil society

Cambodia has a wide variety of parenting support provided by civil society, including support related to positive parenting. An indexing of parenting programmes by CSOs in Cambodia looked at 11 parenting programmes with a variety of modalities (see Figure 4). Almost all programmes are delivered at the universal level and are targeted at all parents and caregivers without specific measures to target families at risk of violence or family separation.

Goals of civil society parenting support are all related to promoting “a *safe, loving and warm environment for children to ensure the healthy and proper growth of the emerging generation*”. None was found to have a programme theory on how this would add to preventing violence against children and/or unnecessary family separation. The indexing identified some parenting interventions that have been evaluated (externally) in Cambodia (see Box 2). However, these evaluations are not sufficiently robust to determine their effectiveness in promoting positive parenting and do not measure actual violence as an outcome. More robust research is therefore needed to inform decisions as to which interventions have the potential to be taken to scale.

Figure 4. Modalities of civil society parenting programmes



Another promising intervention, in addition to interventions identified by the indexing, is the Child Helpline Cambodia. The Child Helpline provides free telephone counselling and support for children and youth. An estimated 10 per cent of calls come from young parents and adults with questions about parenting.

A range of parenting support is available in Cambodia, but interventions are fragmented and have little or no evidence as to their efficiency and effectiveness. Many interventions suffer from limited human and financial resources. The government provides a wide range of parenting support, but interventions are generally of limited quality and intensity, and focus mainly on health and nutrition (key family practices) and parenting of young children (early learning and stimulation). Parenting programmes delivered by CSOs have a more deliberate focus on positive parenting, but their reach is limited. Little is known about their cost effectiveness and interventions are fragmented.

Box 2. Promising parenting interventions in Cambodia

Strengthening the Community System for Child Protection

This parenting programme by Save the Children and Social Services of Cambodia is implemented in partnership with WOMEN, in Prey Veng province. Village volunteers are trained to provide positive parenting skills training to groups of parents/caregivers. A qualitative evaluation found positive effects on parents' knowledge and understanding of positive parenting, and to a lesser extent, on parenting behaviour.

Skilful Parenting

A parenting programme run by Improving Cambodia's Society through Skilful Parenting (ICS), implemented in partnership with Ponleu Kumar in Oddor Meanchey province. Facilitators are trained by ICS to deliver a group-based parenting intervention to parents and caregivers, in some cases combined with saving groups. An evaluation (qualitative and quantitative post-test design) found a positive impact on parents' knowledge, skills and behaviour and on public awareness on positive parenting.

Voice of the Children Project

Training by International Cooperation for Cambodia to strengthen the capacity of church leaders and NGO staff to deliver group-based parenting interventions in their communities. An evaluation among participants (church leaders, NGO staff and community members) in Pursat and Takeo found an increase in knowledge about child development and positive parenting and anecdotal evidence of the positive impact on participants' family and/or work life.

2.4 Evidence: What do we know about parenting programmes?

This section provides an overview of the evidence base of parenting programmes aimed at preventing violence against children. The limited evidence base in Cambodia necessitates analysis of evidence in Southeast Asia and beyond. It cannot be assumed however that successful programmes in one context will be effective when implemented in the Cambodian context, due to cultural and contextual variations in risk and protective factors related to violence. The most rigorous evidence comes from standardized parenting programmes developed in high-income countries that charge high fees for their use. This strategy does not argue for such standardized parenting programmes in Cambodia, but will incorporate their lessons learned.

Globally, parenting programmes have been shown to be effective in reducing levels of violence against children and in promoting positive results in children's development. A systematic review of 12 individual studies from low- and middle-income countries found positive effects on parenting outcomes, including parent-child interaction, parent attitudes and knowledge, and harsh parenting. It showed that parenting programmes could improve parenting in low- and middle-income countries, despite the likelihood that parents face many other challenges, such as poverty and difficult living environments.

Parenting support through home visits, group-based support, and a combination of the two, are among the most promising interventions to reduce violence against children.

Personalized home visits aim to provide emotional support and training to promote positive parental knowledge, skills and behaviour, and to a certain extent assess the family situation. Home visits also offer an opportunity to link families with other community services as needed. High quality evaluations of home visit programmes in South Africa and Pakistan indicate that home visits by non-professionals in low-income countries can improve parent-child relationships and reduce negative parenting practices, both of which

are protective factors against childhood violence.

Group-based parenting interventions aim to promote positive parental knowledge, skills and behaviour through group sessions, training or education. The advantage of group-based parenting support over home visits is the opportunity for parents and caregivers to share and learn from each other. Group-based interventions can strengthen social support networks during and after the intervention—a protective factor to violence. An example is a group-based parenting intervention implemented at the Thai–Burmese border that has shown increased positive parenting and caregiver-child interaction, reduced negative parenting behaviours (including some forms of harsh punishment), increased family cohesion and communication, and reduced negative family interactions.

Box 3 below gives a summary of essential components of effective parenting.

There is some limited evidence on the effectiveness of media interventions to prevent violence in low-income settings. However, as stand-alone interventions they are unlikely to change parenting behaviour, and so are unlikely to reduce levels of violence against children. Evidence from media interventions in the health sector supports the effectiveness of mass media interventions in changing health-related behaviours, especially when combined with community-based approaches and supportive policies. While campaigns usually focus on the negative consequences of violence, they may also make positive appeals, including the importance of positive parenting.

More recently, programme developers are piloting new delivery methods for parenting support, such as providing internet-based information or the use of smartphone apps. Such innovative delivery methods for parenting support have yet to be evaluated, but seem promising in increasing accessibility to parenting support, reinforcing key messages and maintaining contact with parents during and after the intervention.

The majority of parenting programmes that have been evaluated are directed at parents and caregivers of children in early childhood, while support for parents and caregivers of adolescents is fairly under-developed. This is concerning, as parents and caregivers are critical to preventing adolescent risk behaviours. Moreover, the majority of programmes focus on female caregivers and therefore reinforce traditional gender roles. While some efforts are being made to engage fathers, evidence on the extent to which these are effective in reducing violence is rather weak.

A variety of studies highlight the importance of addressing sources of stress in the lives of parents and caregivers as an essential aspect of parenting support interventions. Poverty is a risk factor for violence as a result of the high levels of stress associated with it. Social protection mechanisms and interventions are needed, in addition to positive parenting support to overcome such structural barriers to positive parenting.

Box 3. Essential components of effective parenting programmes

Parenting programmes should:

- **Have a sound programme theory**
A plausible theory based on evidence of what works. This concerns the assumptions and expectations about how the programme should be designed and delivered so that it achieves its aims
- **Clearly define the target population**
Effective programmes should have a strong rationale for targeting a particular group of parents or caregivers, such as the their socio-economic status
- **Be relevant and acceptable for parents and caregivers**
The programme design and delivery is tailored to the needs and cultural background of the target population and is perceived as helpful in reducing their vulnerability
- **Be of sufficient duration**
The duration of interventions depends on the level of risk of the target population: Interventions with a longer duration are more effective at tackling severe problems and at-risk groups
- **Be delivered by well-trained and well-supervised staff**
Staff should be professionals or trained community people; training should cover the content of the programme and the skills needed to involve parents actively in the process of change
- **Provide referrals to, and assistance accessing, other services**
It is important for parenting programmes to link to, or refer parents and caregivers to, other services and sources of assistance, such as economic strengthening interventions
- **Increase social support**
Social support has positive effects on a wide range of parenting aspects, including self-perception, coping and mental health
- **Have a good system for monitoring and evaluation**
Monitoring and evaluation procedures are essential to ensure that the programme is implemented as planned and is effective, and to inform the programme design for improved results
- **Promote paternal responsiveness and involvement in parenting**
High levels of involvement by fathers are associated with positive outcomes for children and reduced levels of parental stress in mothers and other caregivers

Some components have proved to be critical for parenting programmes to prevent violence against children:

- Opportunities for parents to practice new skills during sessions and at home
- Teaches principles of positive parenting, rather than prescribed techniques
- Teaches positive parenting strategies, including age-appropriate positive discipline
- Considers difficulties in the relationships between adults in the family



PART 3. STRATEGY

The high prevalence of harsh, poor and/or negative parenting—with violence against children being the most extreme—calls for nationwide positive parenting support for all parents and caregivers, including expecting and future parents and caregivers. Different parents and caregivers represent different levels of risks for harsh, poor and/or negative parenting, therefore the Positive Parenting Strategy is structured around multiple levels of increasing intensity of parenting support (see Figure 5).

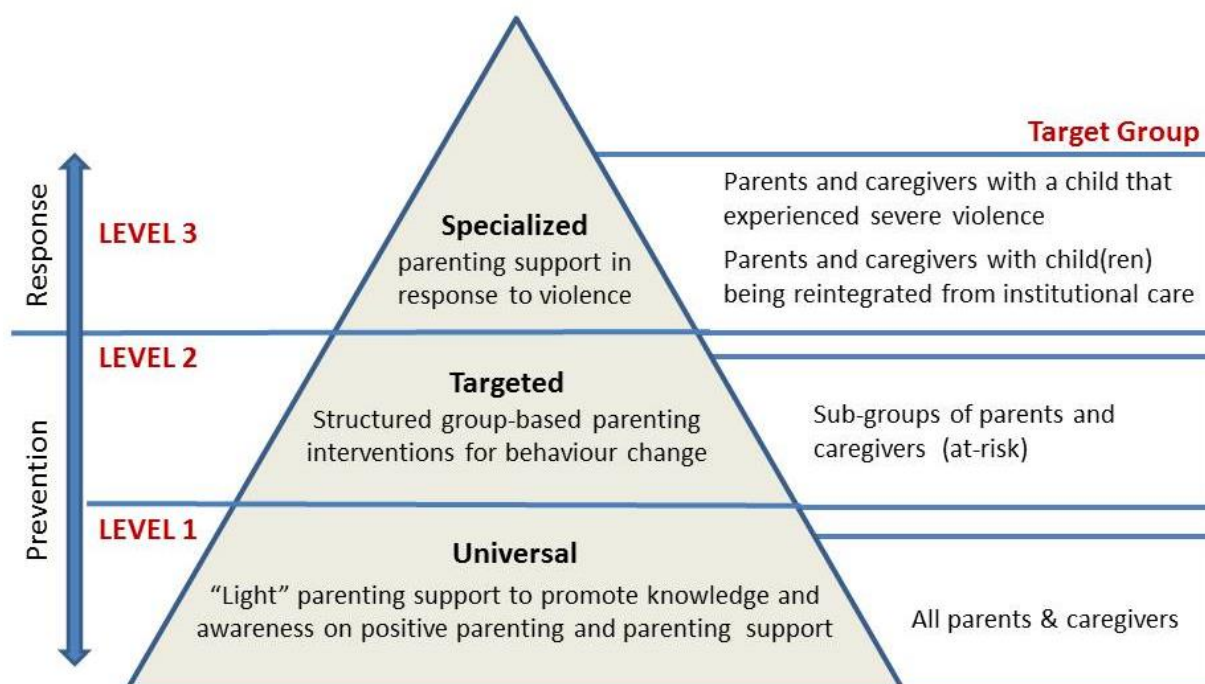
The multi-level strategy structures parenting support as a continuum of interventions: the higher the risk, the higher the intensity of support for positive parenting.

At **Level 1**, universal parenting support to promote knowledge and awareness on positive parenting among all parents and caregivers.

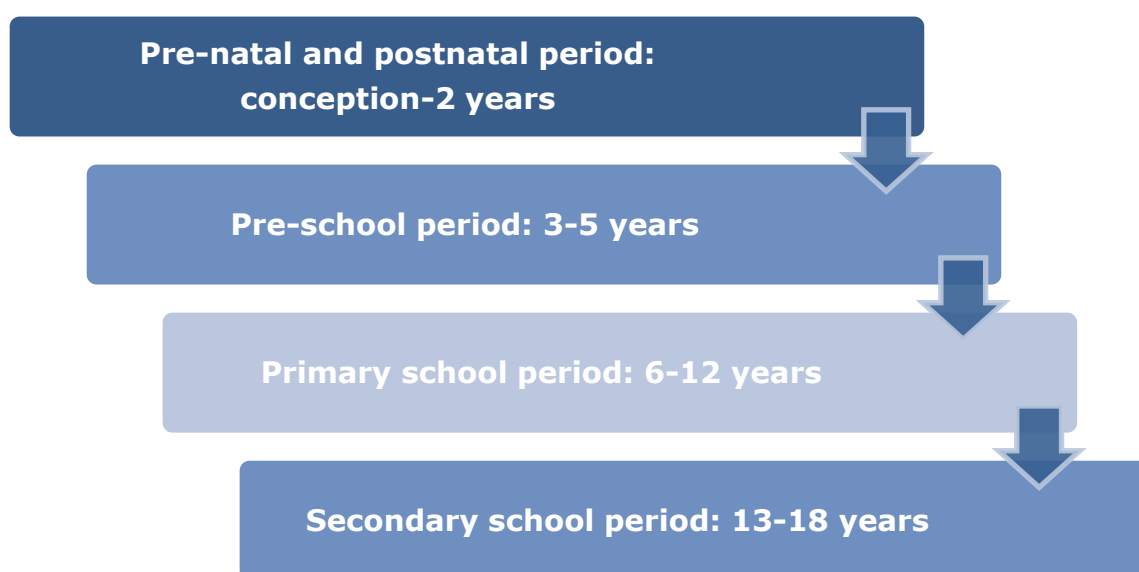
At **Level 2**, group-based parenting support to change parenting behaviour among sub-groups of parents and caregivers at risk of violence or unnecessary family separation.

At **Level 3**, specialized parenting support in response to violence and unnecessary family separation.

The strategy should be viewed as a way of categorizing parenting interventions rather than categorizing families. Parents and caregivers may move up and down the continuum of support at different points in time. Level 1 support should include mechanisms for screening and referral of families to Levels 2 and 3. Levels 2 and 3 aim to change parenting behaviour, so that parents and caregivers in time can be supported by Level 1 interventions and no longer need the intensive, and hence much more costly, group-based or individual parenting support.

Figure 5. Multi-level strategy for positive parenting

The strategy will apply a life-course approach at all three levels, taking into consideration the child's gender. Parents and caregivers face different challenges across the different stages of the life course of the child. Those parenting teenagers may require advice or support that differs greatly from those parenting a toddler or newborn. Children are exposed to different risk and protective factors at different stages of their lives and the support available to parents is central to minimizing such risks and developing resilience. Families can be thought about in stages, from preparing for and having young children through to end-of-life care. Figure 6 shows the age cohorts to be used in the context of this strategy.

Figure 6. Parenting support for positive parenting across the life course

The design and delivery of all positive parenting support at all levels should be sensitive to

the full range of parents and caregivers who wish to access them, with particular attention to fathers, grandparents, parents and caregivers with disabilities, and parents and caregivers from diverse ethnic and religious groups.

As mentioned in Chapter 3, parenting programmes in Cambodia have a weak evidence base. MoWA will build on promising interventions, while strengthening the evidence base of promising parenting programmes.

3.1 Level 1: Universal 'light' parenting support for positive parenting

Target group	All parents and caregivers, including expecting parents and future parents	
Strategies	- Nationwide media and communication strategy to disseminate key messages on positive parenting	Lead: MoWA Supported by: Ministry of Information
	- Build capacity among those who work with children and their families to provide parents and caregivers with information and advice on positive parenting.	Lead: MoWA Supported by: all relevant line ministries
Objectives	<ul style="list-style-type: none"> Promote knowledge and awareness on positive parenting Change cultural and social norms that support harsh parenting and violence Promote positive norms in families to reduce discrimination and biases between sons and daughters, and in particular children with disabilities, in terms of division of labour and provision of opportunities, love and nurturing Promote help-seeking behaviours, willingness and interest in support for positive parenting Identify parents and caregivers in need of additional support for positive parenting. 	

Media and communication strategy

While there is no evidence that a stand-alone media and communication strategy can change parenting behaviour, parents and caregivers will find it hard to change their behaviours if the child rearing norms and beliefs of the wider community do not change. A media and communication strategy based on Communication for Development or other recognized behaviour change principles can promote public awareness and knowledge of positive parenting, challenge cultural and social norms related to parenting and violence, and may support parenting interventions at Levels 2 and 3 to achieve positive changes in parenting behaviour. A media and communication strategy can be used to promote norms emphasizing that the protection of children is everyone's responsibility and that every parent or caregiver can benefit from help at times. The former will facilitate help-seeking behaviour and increase acceptance of parents or caregivers who seek parenting support.

Pre- and in-service training of workforce

A second universal strategy involves the existing workforce in the task of promoting positive parenting among parents and caregivers with children in different developmental

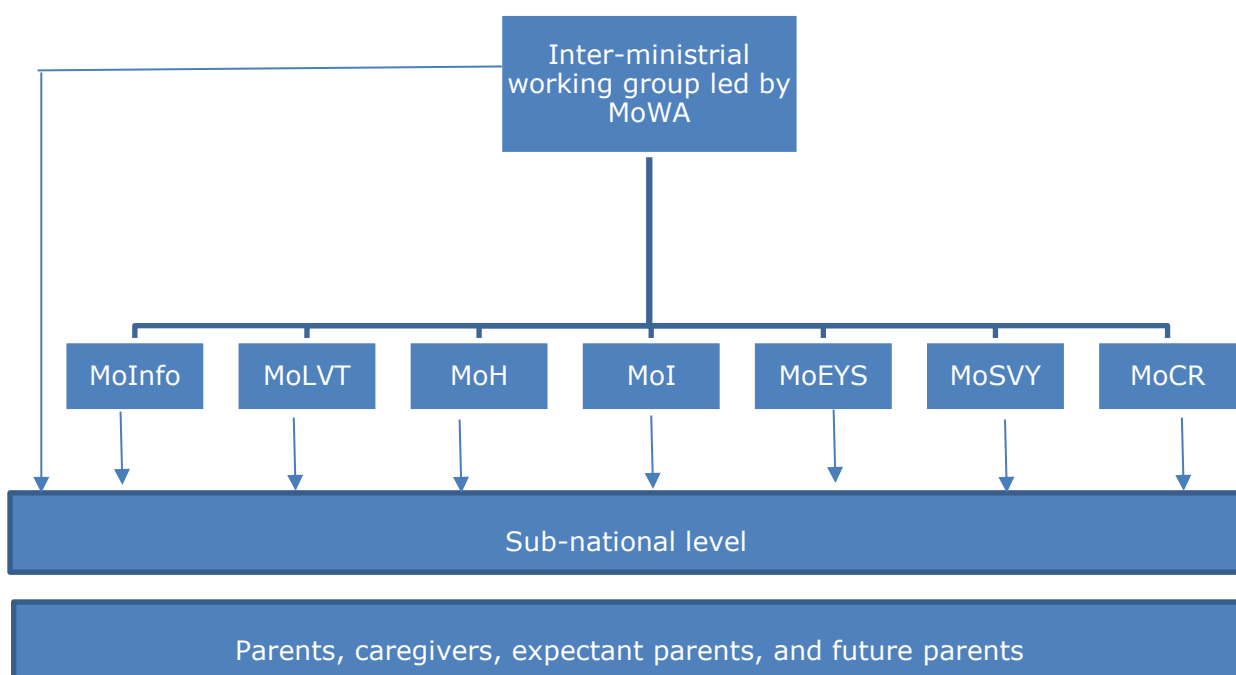
stages. Cambodia has a range of services for parents and families. All professionals, para-professionals or lay community workers, who through their roles engage with parents, caregivers and families have the opportunity to promote and support positive parenting. Professionals, para-professionals and lay community workers who work with and around children and their families should receive adequate pre- and in-service training on key aspects of positive parenting.

Professionals, para-professionals and community lay workers in the government system identified as initial key entry points for the provision of positive parenting information and advice to parents and caregivers at Level 1 include:

MoEYS	Core parents Teachers at pre-schools, primary schools and lower-secondary schools
MoH	Midwives and nurses Village health support groups
MoSVY	District social workers
MoCR	Religious leaders
MoI	CCWC focal points for women and children
MoWA	Judicial police agents MoWA officials at municipal and provincial levels, and office of women's affairs at municipal and district/khan levels MoWA officials working with youth on morality and life skills
MoLVT	Ministry of Labour and Vocational Training (MoLVT) officials at municipal, provincial and district/khan levels
MoCFA	Ministry of Culture and Fine Arts officials at municipal, provincial and district/khan levels
MoInfo	MoInfo officials at municipal, provincial and district/khan levels

MoWA will work with these ministries to develop and implement pre- and in-service training on positive parenting (Figure 7) using the Positive Parenting Toolkit (see 3.4). Large-scale training within the government system has generated mixed results so far, therefore MoWA will focus on pre-service training, integrating positive parenting in the curricula of training institutes. In-service training will start on a small scale in priority areas with close monitoring and supervision in order to come up with a deliberate approach for effective in-service training on a larger scale.

Other potential strategies for universal positive parenting support include a parent helpline and the provision of online positive parenting information. More research is needed to explore whether such strategies fit the Cambodian context, both in terms of access and willingness of parents and caregivers to use such support.

Figure 7. Structure Level 1

3.2 Level 2: Targeted group-based parenting support

Target group	Sub-groups of parents and caregivers at risk of committing violence or separating the family unnecessarily	
Strategies	- A CSO partnership to implement culturally appropriate, structured group parenting interventions targeted at sub-groups of parents and caregivers at risk of violence	Lead: MoWA Supported by: CSOs
	- Pilot new public service delivery models for parenting support by the government at community level	
Objectives	<ul style="list-style-type: none">- Promote positive parenting knowledge, skills and confidence to change actual parenting practices and gender norms (behaviour change)- Prevent the onset or recurrence of physical and/or emotional violence- Prevent unnecessary family separation and institutionalization	

While Level 1 interventions focus on promoting awareness and knowledge, Level 2 interventions aim to increase parents' and caregivers' knowledge, skills and confidence for positive parenting to change actual parenting behaviour. A change in parenting behaviour is required to prevent (the onset of) violence against children and to keep families together, and to change negative norms and behaviours that prevent boys and girls from attaining equal opportunities and developing.

Group-based interventions are most effective in increasing knowledge, skills and confidence for positive parenting. A group-based intervention can create a supportive environment for parents and caregivers to receive and discuss information and advice on positive parenting and to practice new parenting skills. It allows parents and caregivers to share and learn from each other and helps strengthen the social support networks of

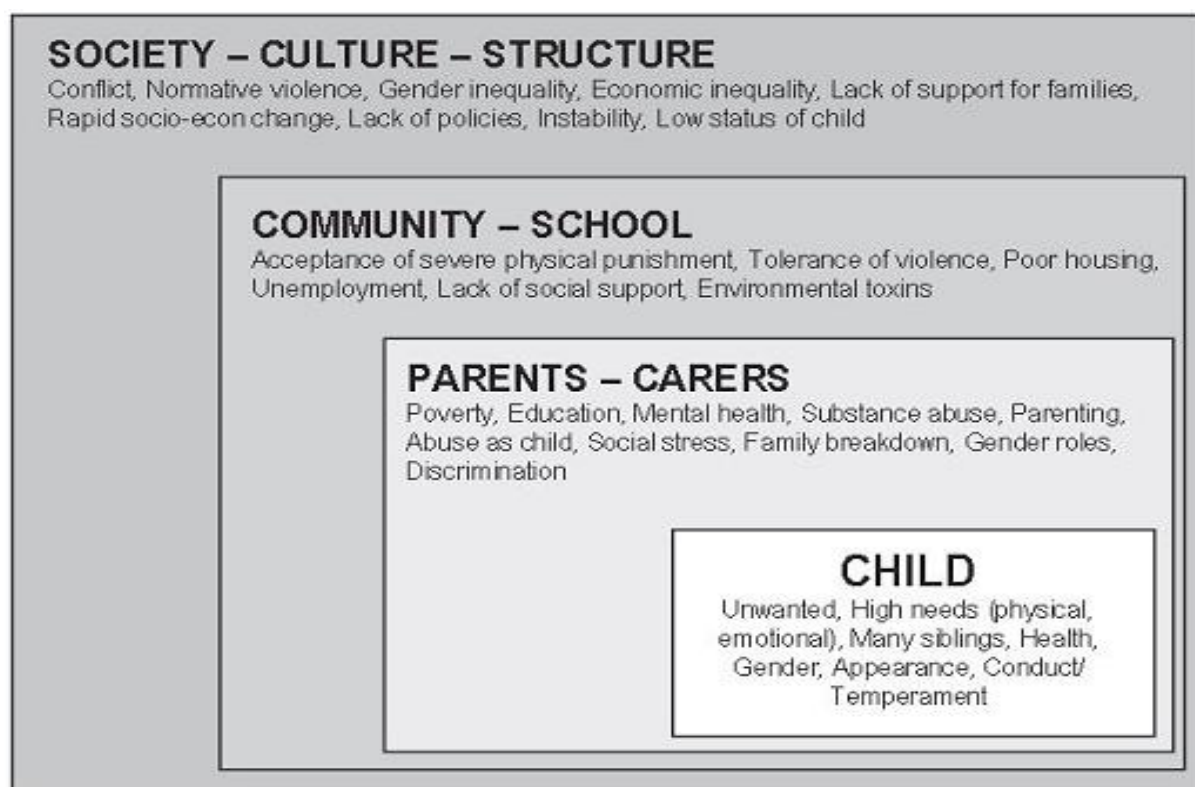
parents and caregivers during and beyond the intervention. Group-based interventions can be delivered by trained (para) professionals or lay workers at the commune level. Access to Level 2 interventions can be offered directly or through screening and referral by people working at Level 1.

Group-based interventions have a limited reach due to their intensity and the resources required to deliver them and should therefore be targeted at at-risk parents and caregivers. For the purpose of this strategy, parents and caregivers are considered 'at risk' if they are more likely to commit violence and/or to experience family separation.

Violence and family separation may occur in all families, but certain characteristics, so-called risk factors, may increase this risk. Alternatively, protective factors serve as buffers and can help parents and caregivers who might otherwise be at risk to find resources, support or coping strategies that allow them to parent positively, even under stress. Poor, harsh and/or negative parenting is in itself a risk factor for violence, but violence and poor, harsh and/or negative parenting also share certain risk factors within and outside the home.

While there is global evidence on risk factors of violence and of poor harsh and/or negative parenting (see Figure 8) the success of Level 2 interventions depends on the identification of risk and protective factors specific to the Cambodian context. Secondary analysis of the CVACS data would allow for identification of risk and protective factors, but more (qualitative) research is needed to understand harmful social norms. Examples of protective factors based on global evidence include positive, non-physical disciplinary techniques and social support (14).

Figure 8. Risk factors for violence and poor, harsh and/or negative parenting at different levels



At Level 2, MoWA will primarily provide oversight and coordination to the implementation of positive parenting support by CSOs. As the content, delivery and intensity of a group-

based intervention depends on the specific target group, MoWA does not argue for a one-type-fits-all approach at Level 2. However, MoWA will appoint designated staff or technical CSO partners to assess the quality of parenting interventions delivered at Level 2 based on the minimum standards set as part of the Positive Parenting Toolkit. In the long-term, Level 2 interventions should be provided by the government. MoWA will therefore collaborate with CSOs to develop and pilot new models for parenting support as part of public service delivery.

3.3 Level 3: Specialized parenting support

Target group	Parents and caregivers with a child that experienced severe violence Parents and caregivers with children being reintegrated from institutional care	
Strategies	<ul style="list-style-type: none"> - Specialized parenting support, either one-on-one or group-based, as part of child protection response mechanisms delivered by MoSVY district social workers and CSOs 	<p>Lead: MoWA and MoSVY</p> <p>Supported by: CSOs</p>
Objectives	<ul style="list-style-type: none"> - Support parents and caregivers of children who experienced severe physical and/or sexual violence to cope with consequences - Promote positive reintegration of children from institutional care into families 	

At Level 2, group-based parenting interventions are generally sufficient to make a difference in parenting behaviours of at-risk families. But the more severe the difficulties families face, the more likely it is that additional specialized parenting interventions would be needed. Specialized parenting support is therefore an essential measure for tertiary prevention of violence. While Level 3 parenting support focuses on parents and/or caregivers, children's safety and well-being should be the paramount concern.

Within the context of Cambodia, specialized parenting support will be initially directed towards families where children are being reintegrated from institutional care. Often, the ties between children who have been institutionalized and their parents and relatives are weakened or severed. Parents and caregivers will need to be supported to address the pre-existing concerns of caregiving in order to facilitate the process of reunification. Where reunification is not considered in the best interests of the child, but contact is being facilitated, then parents will still need to be supported to participate in contact and to build a positive relationship with their child in care.

Another form of specialized parenting support will be directed to families that have a child who has experienced severe physical and/or sexual violence. All forms of violence have significant impacts on a child's emotional health and development and a supportive, non-offending parent or caregiver is an important facilitator towards a child's recovery. The most effective mental health interventions therefore work with both the child and the parents and caregivers.

Specialized parenting support, individual or group-based, should be implemented as part of Cambodia's national child protection system and be aligned with the Alternative Care Policy Framework. Therefore, MoWA aims to implement Level 3 of the strategy together with MoSVY.

MoSVY's social workforce is in the best position to provide specialized parenting support, but its limited capacity and numbers and lack of presence at the community level inhibit its ability to (fully) assume this responsibility in the period 2016-2019. Current developments towards a community social workforce are promising in terms of additional human resources for social work as well as an opportunity to integrate minimum standards for specialized parenting support in its mandate. Still, a skilled and qualified social workforce, in addition to community volunteers or lay workers, is essential to ensure children's safety while delivering specialized parenting support. As a result, in the period 2016-2018, CSOs will continue to play a key role in the provision of specialized parenting support in the context of child protection and/or alternative care.

3.4 Quality assurance in parenting support for positive parenting

The success of a positive parenting programme or set of interventions in promoting positive parenting and preventing violence and unnecessary family separation is defined by the quality of the parenting support. This chapter elaborates on the mechanisms to be established to assure quality in positive parenting support:

- Positive Parenting Toolkit
- Workforce development and accreditation
- Research, monitoring and evaluation

Positive Parenting Toolkits

MoWA will develop a Positive Parenting Toolkit to accompany the Positive Parenting Strategy to provide different ministries, CSOs and other stakeholders with a foundation and method for the development, implementation and monitoring of effective interventions on positive parenting. The toolkit will allow for communication of the same key messages across different channels and set minimum standards for positive parenting support at different levels of the Positive Parenting Strategy. The toolkit should be used as a guideline and set of minimum standards to be tailored to each unique parent, caregiver, parent group and mode of delivery.

Content: Positive Parenting Toolkit	
Level 1	Key messages and materials to inform the media and communication strategy
	<p>Positive parenting curriculum for pre- and in-service training of professionals, para-professionals and lay community workers across different ministries and sectors, including:</p> <ul style="list-style-type: none"> • Flipbook with basic information and key messages per each core area • Information, Education and Communication (IEC) materials to support training and dissemination at community level <p>The curriculum will have a flexible design to be used entirely or to be used in part, according to the group of parents and caregivers, the age of the children and the context.</p>

All levels	<p>Set of minimum standards for positive parenting support related to:</p> <ul style="list-style-type: none"> • Content (6 core areas) • Process of service delivery (essential components) • Groups that require special attention, such as fathers, adolescent parents, parents with a disability and grandparents <p>Minimum standards for positive parenting support will be aligned with, or build on, other existing minimum standards, especially the Standards and Guidelines for the Care, Support and Protection of Orphans and Vulnerable Children.</p>
------------	---

Six core areas of positive parenting (see Table 1) have been selected as the basis of the toolkit. These core areas address the most critical risks and protective factors known to prevent violence against children and to predict positive parenting. Issues of gender and disability will be included in all areas as cross cutting. The toolkit will incorporate a life-cycle approach, providing age-specific parenting information for boys and girls below age 3, aged 3–5, aged 6–12 and aged 13–18 (see Table 2).

The proposed content for the core areas should be considered as a first step in the development of the toolkit and may change during the process of development, piloting and implementation.

Table 1. Core areas of positive parenting

Core area	Rationale for the content	
1. Roles of parents and children	<ul style="list-style-type: none"> • Roles and responsibilities • Fatherhood • Values and morality • Short- and long-term goals • Parenting styles 	<p>To help parents and caregivers understand the role they play in the lives of their children, the importance of family-based care, and the responsibilities that come with motherhood and fatherhood. Cambodian culture places strong emphasis on moral responsibility, so that the roles and responsibilities of children should also be discussed. One's parenting style is influenced by morality, values and parenting goals. In turn, parenting affects children's morality, values and future. This understanding and reflection supports parents and caregivers to make explicit choices in their parenting.</p>
2. Child development	<ul style="list-style-type: none"> • Areas of child development • Milestones and positive parenting at different developmental stages • Gender differences 	<p>Parents and caregivers understand different areas of child development and realize that parenting goes beyond the provision of nutrition, health and education, and includes the provision of affection, stimulation</p>

		and positive discipline. Basic knowledge about the different stages of child development for boys and girls will enable parents and caregivers to positively influence their children's development. It ensures realistic expectations about children's behaviour.
3. Parental well-being	<ul style="list-style-type: none"> • Parent well-being = child well-being • Stress and anger management 	Parental well-being is key for positive parenting and for violence prevention. Parents and caregivers with mental-health issues, or parents and caregivers subjected to high levels of stress, are more likely to use harsh punishment, to be inconsistent in their responses to their children's behaviour and less likely to cope or access support systems. Therefore, parents and caregivers should be supported to better handle the stress of everyday life, including child rearing, and to deal in a positive way with anger.
4. Positive discipline	<ul style="list-style-type: none"> • Punishment vs. discipline • Providing warmth and structure • Challenging behaviour • Problem solving 	Violence is most often perpetrated by parents and caregivers in the context of punishment. Parents and caregivers need to understand the difference between punishment and discipline, their impact on children, as well as the basic principles of positive discipline. Age-specific fact sheets should address common challenging behaviours in boys and girls and problem-solving techniques.
5. Communication	<ul style="list-style-type: none"> • Parent-child communication • Family communication (Parent-adolescent communication on sex and sexuality) 	Parents and caregivers understand the importance of listening to children and how to give verbal explanations and directives in order to create positive channels of communication. This includes communication about issues of

		sex and sexuality with adolescent boys and girls. Effective communication between parents and caregivers and family members is equally important for consistent parenting, positive family relationships and problem solving.
6. Child protection	<ul style="list-style-type: none"> • Understanding violence • Prevention + response to violence • Children's self-protection/ coping • Prevention of family separation 	Child protection services in Cambodia remain underdeveloped. Parents and caregivers should be supported to protect their children from violence perpetrated by others inside and outside the home setting. In order to do so work is needed to strengthen their knowledge, skills and confidence to prevent and reduce incidents of violence and to adequately respond to cases of child abuse when it occurs.

Table 2. Age-specific modules or fact sheets to be developed

Modules	Age-specific modules or factsheets			
1. Roles of parents and children				
2. Child development	<3 years	3-5 years	6-12 years	13-18 years
3. Parental well-being				
4. Positive discipline	<3 years	3-5 years	6-12 years	13-18 years
5. Family relations & communication	<3 years	3-5 years	6-12 years	13-18 years
6. Child protection	<3 years	3-5 years	6-12 years	13-18 years

Workforce development

Developing the workforce across a range of agencies and sectors will be important to achieving, in full, the objectives of the Positive Parenting Strategy. People working with parents and caregivers require specific knowledge and skills to effectively promote positive

parenting. The parenting workforce is a diverse multi-disciplinary group consisting of people working in many different professions with diverse levels of responsibility and qualifications. They range from community volunteers to graduate-level professionals. They workforce cuts across different sectors—government and civil society—and operates at different levels of the strategy. Parenting practitioners may be fully dedicated to parenting support or may offer parenting support as one aspect of their broader role.

Development and capacity building of the workforce should enable professionals to work together and adopt common processes to deliver parenting interventions at different levels. Priorities for the different levels are:

- At **level 1**, pre- and in-service training of (para) professionals or lay community workers who, through their role, engage with parents and caregivers at the community level. Training will need to be based on the Positive Parenting Toolkit and aligned and integrated within broader ministerial workforce strategies.
- At **Levels 2 and 3**, more specialized skills are required for those working with parents or caregivers whose children are at risk of violence or unnecessary family separation, or with special needs. MoWA will collaborate with technical partners of the Positive Parenting Strategy, including ICS, Social Services of Cambodia and the Royal University of Phnom Penh, on the provision of training at Levels 2 and 3, while building its own capacity to provide such training in future.

MoWA will collaborate with technical partners to explore the development of a national system of training and accreditation for agencies delivering targeted and specialized support for positive parenting. Accreditation is the process of quality assurance through which status is granted to a provider of parenting support showing it meets the minimum standards for the provision of targeted or specialized support.

In a context of limited resources, MoWA should ensure that those who have accessed training on positive parenting (interventions) go on to deliver parenting support to parents and caregivers in practice. It is therefore recommended that a set of criteria be defined for practitioners to access training on positive parenting at all levels.

Research, monitoring and evaluation

The Positive Parenting Strategy is not an end in itself, but is designed to achieve certain outcomes for parents and caregivers, and especially for their children. Monitoring and evaluation (M&E) is critical for measuring the contribution of the strategy towards those outcomes. A simple M&E tool will be developed to monitor interventions against expected outcomes and to report how well they are doing against the strategy.

The M&E tool will:

- Monitor the efficiency and effectiveness of the strategy
- Consist of a limited set of indicators
- For Level 1 interventions, align indicators with existing M&E systems of various ministries (e.g. MoEYS indicator for ECCD parenting education, "The number of parents participating in the programme")
- For Level 2 and 3 interventions, define indicators for monitoring across different sectors and actors
- Include feedback mechanisms to ensure information generated by M&E is used to inform and improve programme design and implementation.

In addition to the basic M&E tool, research is needed to inform programme development

and to identify parenting interventions that are effective in preventing violence and unnecessary family separation. Most parenting programmes in Cambodia have not been evaluated, let alone been subjected to robust evaluations, and their effectiveness must therefore be established before considering taking them to scale. For 2016-2018, MoWA will need to work with the (anecdotal) evidence available today, while investing in research to add to the evidence base of positive parenting programmes in Cambodia. The World Health Organization has recently produced guidelines to help plan such outcome evaluations for parenting programmes (see Reference 5).

PART 4. ACTION PLAN

4.1 Timeline

Actions / Milestones		Responsible
STAGE 1 October – December 2015	Dissemination of the Positive Parenting Strategy at national level	MoWA
	Development of Positive Parenting Programme 2016-2018	MoWA
	Prakas on the establishment and functioning of the Positive Parenting Working Group	MoWA
	Consultation with the Positive Parenting Working Group and relevant development CSOs	MoWA with support from technical partners
STAGE 2 January – December 2016	Development of: <ul style="list-style-type: none"> • Positive Parenting Toolkit • Basic M&E tool • Positive Parenting Working Group 	MoWA with support from technical partners
STAGE 3 January – December 2017	Level 1 workforce development: <ul style="list-style-type: none"> • Level 1 master trainers (training of key staff of implementing institutions and other ministries) • Level 1 implementation in selected target areas • Official launch of the Positive Parenting Strategy 	MoWA and relevant ministries
	Develop Level 3 Positive Parenting Toolkit	
STAGE 4 January 2018 – December 2019	Continued workforce development and implementation in selected geographical areas: <ul style="list-style-type: none"> • Expansion of Level 1 implementation by MoWA and relevant ministries • Develop human resources for Level 2 • Develop Level 3 promotional toolkit • Develop human resources for Level 3 • Implement Positive Parenting Toolkit in the community 	MoWA, MoSVY and CSO partners
	Media and communication strategy	
	Develop action plan for positive parenting	
	Outcome evaluation of potential Positive Parenting Programme in Cambodia	Research partners
STAGE 5 January	Implement activities in the positive parenting action plan	MoSVY and relevant institutions

2020 – December 2021	Outcome evaluation of the Positive Parenting Programme	Research partners
	Expand target areas	MoWA
Stage 6 After 2021	Scale-up and nationwide implementation of the Positive Parenting Strategy and toolkits	MoWA and relevant institutions

4.2 Final considerations in moving forward

1. Promote inter-ministerial and inter-agency partnerships and collaboration to ensure a coherent and comprehensive positive parenting approach

The Positive Parenting Strategy does not exist in isolation and is not MoWA's exclusive responsibility. Relevant ministries and CSOs all have a responsibility and a contribution to make in promoting positive parenting. Taking positive parenting support in Cambodia to scale through the Positive Parenting Strategy will require collaboration across and between government and CSOs that deliver parenting interventions, and academics and researchers working in areas such as violence prevention and parenting support.

2. Make a clear case for positive parenting

Others will be more likely to join in working towards positive parenting for all parents and caregivers if its importance and how it fits into the prevention of violence and other national priorities is communicated properly.

3. Ensure existing legislation prohibits all forms of violence against children, including the use of corporal and humiliating punishment

Legal frameworks can contribute to violence against children or support its prevention. While this strategy does not directly aim to amend existing legislation, its success is influenced by existing gaps in the law. The importance of law as a tool to raise public awareness, mobilize public support, ensure accountability and end impunity cannot be underestimated. Strong laws protecting children from violence send a clear message to society about acceptable behaviour towards children and legitimize actions required to ensure children's protection at all times.

4. Explore online and telephone technology for parenting support

Mobile technology and Internet coverage are increasing rapidly across Cambodia and therefore provide an opportunity for low-cost parenting support and/or training of the parenting workforce.

5. Promote parental engagement in the development of parenting support

Parents and caregivers have the right to participate in the design and development of a parenting support programme, and this engagement will ensure that programmes are relevant to the target group.

APPENDIX 1: Acronyms

CCWC	Commune Committee for Women and Children
CVACS	Cambodia Violence against Children Survey
ECCD	Early Childhood Care and Development
ICS-SP	Improving Cambodia's Society through Skilful Parenting
M&E	Monitoring and Evaluation
MoCR	Ministry of Cults and Religion
MoEYS	Ministry of Education, Youth and Sport
MoH	Ministry of Health
MoI	Ministry of Interior
MoInfo	Ministry of Information
MoLVT	Ministry of Labour and Vocational Training
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MoWA	Ministry of Women's Affairs
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund

APPENDIX 2: Glossary

Child	A person under the age of 18 years
Physical violence	Physical acts of violence, such as being slapped, pushed, punched, kicked, whipped, or beaten with an object, choked, smothered, tried to drown, burned, scalded intentionally, threatened or hurt with a weapon, such as knife or other weapon. This may be a single incident or repeated incidents.
Emotional violence	Emotional violence is defined as a pattern of verbal behaviour over time or an isolated incident that is not developmentally appropriate and supportive and that has a high probability of damaging a child's mental health, or his/her physical, mental, spiritual, moral or social development.
Exploitation	Commercial or other exploitation of a child refers to use of the child in work or other activities for the benefit of others. This includes, but is not limited to, child labour and child prostitution. These activities are to the detriment of the child's physical or mental health, education, or spiritual, moral or social-emotional development. Child exploitation also includes the recruitment and use of children in armed conflict, child trafficking and the sale of children. Exploitation may involve pressuring a child to do work for the personal benefit of teachers or other school staff. It may also involve eliciting money from a child to access school or as a punishment for misbehaviour.
Family support	A set of services/activities oriented to improving family functioning and placing child rearing and other family activities in a system of supportive relationships and resources
Neglect	The persistent failure to meet a child's basic physical and/or psychological needs, protect the child from danger, or obtain medical, birth registration or other services when those responsible for the child's care have the means, knowledge and access to services to do so. Neglect may occur during pregnancy as a result of maternal substance abuse.
Parent or caregiver	The main caregiver of the child (not limited to biological), such as fathers, mothers, grandparents and other caregivers
Parent education	Information and education about children, child development, and/or other aspects of parenting
Parenting	The process of promoting and supporting the development of a child
Parenting interventions	A broad range of programmes and interventions to support one or more aspects of parenting

Parenting support	A set of services/activities oriented to improving how parents or caregivers approach and implement their role in meeting their children's needs (physically, emotionally, cognitively and spiritually)
Positive parenting	Warm, affectionate parenting behaviour that provides long-term guidance, boundaries and protection for children without using violent discipline, including neglect, while addressing children's problems and taking into consideration children's thoughts and feelings
Protective factors	Things that make it more likely that parents and caregivers practice positive parenting or that increase parents' or caregivers' resilience when they are faced with risk factors
Risk factors	Things that increase the likelihood of poor, harsh or negative parenting, violence and/or family separation
Sexual violence	Unwanted sexual act, unwanted sexual intercourse, or unwanted sexual suggestion or comment; act of human trafficking or other acts focusing on a person's sexual characteristics forced upon by another person regardless of the relationship and the context such as at home, in the work place, or other places.
Violence against children	All forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.
Gender	Refers to norms and practices in families, the community and society that provide different opportunities, resources and power to men and women, or boys and girls. Such norms and behaviours lead to gender inequality, such as educational and empowerment gaps between men and women, or boys and girls. Positive education plays an important role in reducing the gap or gender inequality in families, communities and society.
Gender identity	A social identity of men or women regardless of their gender
Impunity	Exemption from guilt
Legalization	A process where an official recognizes the legality of signatures on a signed document
Professional	A certified person who has received official skills training from an institution
Para professional	A community volunteer who has been trained to provide community services

REFERENCES

1. Ward, C. & Wessels, I. (2013). Rising to the challenge: Towards effective parenting programmes. In L.Berry et al (eds), South African child gauge, Cape Town: Children's Institute, University of Cape Town. 2013, 64.
2. Child and Family Agency (2013). Investing in families: Supporting parents to improve outcomes for children. Child and Family Agency Parenting Support Strategy.
3. Daly, M., Bray, R., Bruckauf, Z., Byrne, J., Margaria, A., Pecnik, N. & Samms-Vaughan, M. (2015). Family and parenting support: Policy and provision in a global context. Innocenti Insight, Florence: UNICEF Office of Research.
4. Ministry of Women's Affairs, UNICEF Cambodia, US Centers for Disease Control and Prevention (2014). Findings from Cambodia's Violence Against Children Survey 2013. Phnom Penh: Ministry of Women's Affairs.
5. World Health Organization (2013). Preventing violence: Evaluating outcomes of parenting programmes. Geneva: World Health Organization.
6. Ministry of Social Affairs, Veterans and Youth Rehabilitation (2011). Study of attitudes towards residential care for children in Cambodia. Phnom Penh: Ministry of Social Affairs, Veterans and Youth Rehabilitation.
7. World Health Organization (2009). Preventing violence through the development of safe, stable and nurturing relationships between children and their parents and caregivers. Violence prevention: The evidence. Geneva, Switzerland: World Health Organization.
8. Royal University of Phnom Penh & Sigmund Freud Institute (2016). Preliminary findings of the research project: Parenting and parent-child interactions in three generations after the Khmer Rouge Regime in Cambodia (PPCIC). Phnom Penh: Royal University of Phnom Penh.
9. Fulu, E., Warner, X., Miedema, S., Jewkens, R., Roselli, T. & Lang, J. (2013). Why do some men use violence against women and how can we prevent it? Quantitative findings from the United Nations multi-country study on men and violence in Asia and the Pacific. Bangkok: UNDP, UNFPA, UN Women and UNV.
10. National Scientific Council on the Developing Child (2005). Excessive stress disrupts the architecture of the developing brain: Working paper #3. Cambridge: Centre on the Developing Child, Harvard University.
11. World Health Organization (2010). Violence prevention: The evidence. Geneva: World Health Organization.
12. World Health Organization (2015). Success factors for women's and children's health. Geneva: World Health Organization.
13. Royal University of Phnom Penh Psychology Department (2015). Indexing parenting programmes Cambodia. Phnom Penh: RUPP.
14. Knerr, W., Gardner, F. & Cluver, L. (2011). Parenting and the prevention of child maltreatment in low- and middle-income countries. A systematic review of interventions and a discussion of prevention of the risks of future violent behaviour among boys. Centre for Evidence-Based Intervention, Dept. of Social Policy and Intervention, University of Oxford.

15. Knerr W., Gardner F. & Cluver, L. (2013). "Improving positive parenting skills and reducing harsh and abusive parenting in low- and middle-income countries: A systematic review", *Prevention Science*, Aug 14(4):352-63.
16. Cooper, P. J., Tomlinson, M., Swartz, L., Landman, M., Molteno, C., Stein, A., McPherson, K. & Murray, L. (2009). "Improving quality of mother-infant relationship and infant attachment in socioeconomically deprived community in South Africa: Randomised controlled trial", *BMJ*, 2009;338:b974.
17. Rahman, A., Iqbal, Z., Roberts, C. & Husain, N. (2008). Cluster randomized trial of a parent-based intervention to support early development of children in a low-income country. *Child: Care, Health and Development* 35: 56-62.
18. Mikton, C. & Butchart, A. (2009). Child maltreatment prevention: A systematic review of reviews. *Bulletin of the World Health Organization*.
19. Sim, A., Annan, J., Puffer, E., Salhi, C. & Betancourt, T. (2014). Building happy families: Impact evaluation of a parenting and family skills intervention for migrant and displaced Burmese families in Thailand. *International Rescue Committee*.
20. Literature review of BCC approaches: Communication sources and channels, evidence, lessons learned, gaps.
21. Wakefield, M. A., Loken, B. and Horn, R. C. (2010). "Use of mass media campaigns to change health behaviour", *Lancet*, 76:1261–71.
22. Briscoe, C. & Aboud, F. (2012). "Behaviour change communication targeting four health behaviours in developing countries: A review of change techniques", *Social Science & Medicine*, 75:612-621.
23. McAllister, F. & Burgess, A. (2012). *Fatherhood: Parenting programmes and policy: A critical review of best practice*. London/Washington D.C.: The Fatherhood Institute/Promundo/MenCare.
24. Gourley, S., Kimsan, T. & Soksan, T. (2013). *Voice of the Children project, Phase two mid-term evaluation*. Phnom Penh.
25. Mortensen, C. (2015). *Strengthening the community system for child protection (SCSCP) in Peam Ro district, Prey Veng. Positive parenting lessons learnt*. Phnom Penh.
26. Nee, M. (2015). *Evaluation report, Skilful Parenting Project: Enabling local empowerment action for child protection environment (LEAP). Based in Oddor Meanchey province*.
27. Gourley, S. (2009). *The middle way: Bridging the gap between Cambodian culture and children's rights*. Phnom Penh: NGO Committee on the Rights of the Child.
28. Richter, L. M. & Naicker, S. (2012). *A review of published literature on supporting and strengthening child-caregiver relationships (parenting)*. Arlington: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1.