

International Journal of Birth and Parent Education



Supporting you to support parents in the first 1001 days

FOCUS ON: Who is Caring for the Baby?

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Parenting Support in Italy

Grandmothers in South Africa

Home-Based Childcare: The
Norland Nanny

Young Children with
Developmental Disabilities

Neonatal Care

Maternal Deaths of Women
Involved with Social Care

Grandparents as Protective
Factors

A Conversation with Professor
Sir Al Aynsley-Green



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Approaches to parenting support:

Experience and perspectives of Un Villaggio per Crescere programme in Italy

Giorgio Tamburlini, Anduena Alusahj, Chiara Beccalli, Antonella Provenzano, and the *Un Villaggio per Crescere* coordination group*, Centro per la Salute delle Bambine e dei Bambini, Trieste, Italy

The article describes the experience of the Un Villaggio per crescere (VpC) programme in Italy that was established in 2018. It was aimed at developing, testing and scaling-up a model of low-threshold, community-based service to respond to increasing needs of parenting support in the early years. The programme operates through small in-person group activities, in co-presence of parents and children. They are held free of charge in spaces usually located in low-income neighborhoods. Over the last eight years there have been a series of evaluation efforts which have consistently confirmed its effectiveness in improving parental self-efficacy, the adoption of developmental-focused activities at home and the use of community services. The evaluation also allowed to identify requirements for ensuring a broader and more equitable distribution of its benefits, the most important being an early and universal contact with new parents/parents-to-be. Consequently, the programme has laid the groundwork for a country-wide broader governmental parenting support programme which combines the VpC approach with a universal progressive home visiting component.

KEY WORDS: *parenting support, early years, child development, evaluation*

Un Villaggio per Crescere (VpC) is a parenting support programme developed and run in Italy since 2018 by the Centro per la Salute delle Bambine e dei Bambini (CSB), a non-profit organisation whose primary purpose is to develop and implement policies and interventions aimed at supporting responsive caregiving. The VpC programme is designed for families with children in their earliest years of life, a period when in Italy over two thirds of them have no access to formal early education services (Bastagli and Pavolini, 2026). The programme operates through small in-person group activities held free of charge in spaces usually located in low-income neighborhoods. The concept of the programme builds on previously developed services for parents and their young children. These include the Maison Verte opened in France by Françoise Dolto in 1979, the Centri per Genitori e Bambini, started around the mid 1980's in a few Italian cities by municipal administrations, and "Nati per Leggere", a shared reading promotion programme which has been run in Italy since 1999 by CSB in alliance with the associations of public libraries (AIB) and of pediatricians (ACP). This programme represented the first large-scale community-based parenting programme in Italy (Tamburlini, 2019).

INFORMING PRINCIPLES AND THEORY OF CHANGE

The informing principles of the VpC programme are: priority given to neighborhoods with limited access to ECE services; co-presence of parents and children; free access; focus on activities with evidence of benefit on child development such as shared reading and play World Health Organisation (WHO), 2020. The programme is grounded in research showing the long-lasting benefits of responsive caregiving and development-focused practices (Shonkoff, 2007; Kiernan et al. 2015; Del Bono et al. 2016; Black et al. 2017) and the importance of investing in the home learning environment (Melhuish, 2008; 2015).

The theory of change underpinning the VpC programme is the hypotheses that parents, when provided with spaces and guided opportunities to engage in meaningful activities with their children, get a better understanding of child development, strengthen their parental self-efficacy and skills, improve their home learning environment and ultimately foster early child development (Carneiro, 2019; WHO, 2020).

The programme also recognises the value of exchanging experiences and building stronger social ties in addressing the increased sense of loneliness and educational disorientation which

is increasing among new parents (UNICEF, 2025). The programme, whose name echoes the African saying “it takes a village to grow a child”, embraces an ecological view of child development (Bronfenbrenner, 1979) and pursues a whole-of-society approach (WHO, 2018) by involving all health, education and social services addressing infancy and childhood in the community as well as public libraries, parents’ associations and other relevant community stakeholders. This builds awareness among the community about the importance of a shared effort to promote child development by supporting parents. It also facilitates the appropriate use of existing services by families and promotes cross-sector collaboration (Tamburlini et al., 2020).

ACTIVITIES AND COVERAGE

The Villages operate on average for 4-5 days per week, with activities going on for two hours per day. Parents with younger (below 18 months) and older children usually attend separate sessions. Sessions offer a wide range of activities including shared reading, play with simple easily-found-at-home materials, shared sound experience such as singing and production of sounds, essential gardening, scrabbling and painting, sensitisation on the appropriate use of digital technologies. Guided visits to community services such as public libraries and parks are organised and exchange among parents is encouraged. The participation of fathers is explicitly promoted.

Basic financial education is offered in most sites.

Each programme site employs usually three front-line workers, most of whom are professional educators and coordinating, administrative and data collection tasks are distributed among them. Most Villages are managed through local partners, usually non-profit entities, and always set up in collaboration with municipal administrations. Three villages are directly managed by CSB. Spaces for the activities are made available through partnerships with local health, education, public services or by non-profit associations, in most cases for free with coverage provided by the programme only for running costs. In 2025, about 1400 caregivers (over 20% fathers) attended the 15 sites of the programme. Over 80% of children were in the 0-36 months age range.

KEY FEATURES OF THE VILLAGGIO PER CRESCERE PROGRAMME

Target Group: families and 0–6-year-old children, with a specific focus on 0–3, in underprivileged neighbourhoods

Aim: promotion of responsive caregiving and child development

Activities: development focused such as shared reading, singing and play

Access: free; co-presence of parents and children required

Strategy: whole-of-community approach through involvement of all community services

Funding: grants issued by philanthropy and/or publicly funded entities



Courtesy of Un Villaggio per Crescere

SCALING UP AND NETWORKING

Over 8 years, the programme has progressively increased its coverage to include 9 out of 20 regions in Northern, Center and Southern Italy (fig 1). This was achieved through a variety of funding sources, primarily tender-based grants by public entities or Foundations, which have included co-financing schemes between publicly funded entities and private philanthropy, the major donors being the Impresa Sociale Con i Bambini and The Human Safety Net (THSN) Foundation of the Generali Group.



FIG. 1. OPERATING SITES OF THE VPC PROGRAMME, ITALY 2026.

The ability to provide evidence about the programme progress, the availability to external independent evaluations (see below) and a strong advocacy work to build the case of interventions to support parents in the early years have been crucial for successful fundraising. It is worth noting that CSB's vision has been to foster the conception and setting up of VpC-like services all over the country and to build on the existing experience of similar services, not necessarily to increase its own reach. Along with this, a monography intended as a guide to set up similar services was produced (CSB, 2023) and a network was created among entities running similar services with the purpose to share working methods, training modules and data collection, thus contributing to overcome fragmentation of experiences and build a learning community. The network brings together more than 50 different services, run by both public entities and NGOs.

EVALUATION

The evaluation process has driven by requirements of the financing entities and the autonomous investment by CSB. Evaluation

efforts have covered a wide range of outcomes and methods, including counterfactual approaches. Data have been collected through structured observations, questionnaires, focus groups and a combination of quantitative and qualitative research methods were used. Internationally validated tools, such as the Perceived Maternal Parenting Self-Efficacy (PMP S-E) (Barnes et al. 2007) and the Parental Stress Index (PSI) (Abidin, 1997) were administered to parents together with a questionnaire to ascertain their perceived benefits and relevant home practices.

A broad-ranging evaluation was carried out over the first phase of implementation (2018-2022) by the Department of Social Psychology of the University of Genova. This evaluation included several dimensions: activities, contexts, parents' perceptions, educators' competences and community involvement and was carried out through a mix-method participative approach including:

- a) Parents** - to assess perceived benefits of their participation in the programme in their relationship with their children.
- b) Front-line workers** - to assess how their competences changed as the programme evolved.
- c) Local VpC coordinators** - to see to which extent each VpC site was able to expand its community network.

The main findings were:

1. Parents improved their self-efficacy (assessed through both a before-after comparison and a comparison between low and high attendance families).
2. Parents increased the attention paid to child development and awareness about their role in supporting it.
3. Parents' knowledge and utilisation of a wide range of community services, from the family clinic to the public library, was improved.
4. The adoption of a number of development-focused practices, from reading to singing were significantly more frequently introduced into family routines.
5. Parents felt less isolated and with a richer social network as a consequence of their experience at the Village.

All results were dependent on the extent of parents' attendance of the VpC (Migliorin et al., 2024). Building on this experience, a book on challenges of evaluation complex interventions was published (Pandolfini et al., 2025).

An observational assessment based on site visits was carried out by the Innocenti Institute in Florence during the second implementation

period, focusing on the adequacy and quality of spaces, materials and activities. This assessment concluded that the learning experiences proposed at VpC sites were adequate, that the VpC teams were able to provide support to parents and had access to periodical training and continuous exchange among the programme sites. The contents of the activities and the way they were run were found able to allow the inclusion of families with migrant background, of children affected by disabilities and to facilitate the participation of fathers (Fortunati et al., 2024).

A further assessment was carried out by CSB during the third implementation period of the programme on a larger sample of VpC sites. A counterfactual study, based on a matched control (families with matched demographic and socio-economic background) and a difference-in-differences design was carried out. PMP-SE, PSI and the questionnaire on perceived benefits were the same used in the first assessment. A minimum attendance of 10 sessions was considered as intervention. Self-efficacy improved in all subdimensions (care taking, evoking behaviour, reading behaviour

and situational beliefs). A number of activities practiced at the VpC sites, such as reading, singing and naming objects and activities, were more frequently carried out at home and there were more children's books at home in the VpC intervention group. These results were greater in mothers who were not receiving support from other people. Most mothers increased their social ties (Alushaj et al. 2025). Table 1 offers a bird's-eye view of main results of the assessments carried out on the VpC programme.

A questionnaire was recently administered to the educators to explore their perceptions of the way that parents reacted to the experience at the village and the benefits they received. Results confirmed very good acceptance of the service by families, improved self-confidence of parents particularly with very young children, and showed that caregivers were particularly pleased to discover new ways to interact with their children and to establish new relationships with other parents.

The survey yielded mixed results when educators were asked about the extent to which caregivers with different education

TABLE.1 UN VILLAGGIO PER CRESCERE. MAIN RESULTS OF EVALUATION EFFORTS (METHODS IN BRACKETS)

Dimension assessed	(Migliorini et al., 2024)	(Fortunati et al., 2024)	(Alushaj et al., 2025)
Parental self-efficacy	Improved (internal control: low vs high attendance)		Improved (external matched control: difference in differences)
Other parental benefits	Improved knowledge of child development (before-after, parental perception)		Improved self-confidence (educators' perception)
Home learning environment	Improved reading and singing (before-after, parental perceptions)		Improved reading and singing (external matched control: difference-in-differences)
Use of community services	Improved use of the family clinic and public library (before-after, parental perceptions)		Improved use of family clinic and public library (before-after, parental perception)
Families' social network	Improved (parental before-after, self-perceptions)		Improved (parental before- after, self-perceptions)
Pedagogical quality		Adequate quality of environment, materials and activities	
Access & community networking of VpC	Broader community network (site visits independent observers)	Inclusive of migrant background and children with disabilities	Participation skewed towards higher education level (socio-demographic analysis of participants)

level benefitted from the programme: while a few acknowledged better results with better educated caregivers, most did not see differences based on SES and a few observed that low SES mothers were even more ready to follow their advice about how to interact with their children (Castagnetti et al., 2025). It was also observed that the families' social mix often created by the programme was beneficial, with caregivers reciprocally motivating.



TRANSFORMATIVE EVALUATION AND CONTINUOUS PROFESSIONAL DEVELOPMENT

Given the novelty of the approach aimed at establishing a supportive dialogue with parents rather than an interaction entirely focused on children, great effort was made to provide all front-line workers with updated knowledge about factors influencing ECD.

There was a particular focus on the role played by interactions with caregivers and by the quality of the home environment. There was also a focus on strengthening educators' ability to communicate with caregivers through a supportive, non-judgmental approach. Attention was paid to the potential of the activities proposed at the Village to enhance caregivers' sensitivity and responsiveness rather than on the technicalities of the activity.

Tools, such as checklists, were proposed to promote reflective self-assessment of communication skills and the PICCOLO instrument (Roggman, 2013) was introduced to guide a shared educator-caregiver assessment of caregiver's interaction with the child, based on short video recordings of caregivers-child interaction. Currently, the potential of PICCOLO in improving caregiver-child interaction is being assessed through a randomised control trial.

VpC national coordinators hold monthly online meetings with educators to share experiences and address common problems, and peer-to-peer exchange between VpC teams is encouraged. The

purpose is to create a learning community around an experience of early parenting support which is relatively new and therefore needs continuous support, also to inform progress in preservice training of educators (Barbieri et al. 2021).

ACHIEVEMENTS, CONSTRAINTS AND LIMITATIONS

The main strength of VpC programme, consistently emerging by evaluations, as well as by feedback by parents, front-line workers and the involved communities is its effectiveness in improving parental self-efficacy with a relatively low investment by families (participation to ten two-hour sessions). The programme was also cost effective, with the estimated cost per child per year being less than 1000 euros. Parents particularly appreciate the fact that the Villages allow them to discover how to spend some quality time with their children in simple activities that they can replicate at home, to share fears and expectations with other parents to improve their social ties and to make better use of community services.

The programme had to tackle several threats including turnover of front-line workers, instability of municipal administrations with consequent efforts to redefine the agreements necessary for the sustainability of key programme components such as spaces or personnel. However, all these difficulties were predictable, and non-depending on the design of the programme.

The main weakness is to be found in the difficulties of reaching all families in the community. Although the programme gives priority to underserved communities, the distribution of the families attending the programme with sufficient intensity was, in most VpC, skewed towards those with an average education level higher than that expected for the community. Therefore, the benefits of the programme were for the less deprived part of the community. This effect is well known (Merton, 1968) and not surprising, particularly for services, such VpC, that cannot rely on a universal entry point and are demand driven. It can only be prevented by early and universal contact with all families, starting with the prenatal and perinatal services, which represent an ideal entry point for ECD programmes (Engle et al., 2012).

The results of the VpC programme, together with new evidence on the effectiveness of parenting support (Jeong et al., 2021) and on requirements for successful implementation of parenting support interventions (Ahun

et al., 2024) has contributed to build greater awareness on the importance of investing in the first 1000 days by supporting parents. All this reflected at country level in improved perspectives for the programme.

PERSPECTIVES FOR GOING TO THE SYSTEM

While scaling up the VpC programme, CSB kept working to promote a cross-sector approach to parenting support having either the education, the social or the health sector as an entry point (Tamburlini, 2025). Thanks to the favorable outcome of a tender issued by the Italian Ministry Labour and Social Policies, CSB is now in charge, in association with Save the Children Italy, of tutoring country-wide implementation of a programme to support families in the first 1000 days, with focus on the most vulnerable. It is expected to cover about one sixth of the entire country's population.

The programme includes the establishment of about 80 new Village-like services. It also includes a home visiting component conceived as a universal proportionate approach. This component is crucial to maximise the promotion/preventive effect, since many risks materialise and adverse events occur in families previously not identifiable as at risk. This will be achieved through an early universal and thus non-stigmatising contact, aimed at building a trust relationship, which is typically harder to achieve for vulnerable population groups such as those with a recent migrant background or involved with social services.

If the programme, which can rely on public resources until 2030, will yield the expected results and will prove to be implementable across the variety of contexts for which it has been proposed, the intent is to move towards its recognition as an essential level of performance, that is it say, according to Italy's legislation, as a universally claimable right.

The main challenge is to achieve multi-sector engagement, particularly by the health, social and education sectors, which is necessary to set up a multiprofessional home visiting service to address vulnerabilities and risks which, for both parents and children, are typically closely interlinked across the economic, social, health and education dimensions (UNICEF, 2024). To address this issue, CSB is currently working with a number of local administrations to promote coordinated cross-sector policies for the first years of life. A number of municipal administrations have already created 1000 days or 0-6 years coordination mechanisms among their relevant departments, often with involvement of non-profit entities.

CONCLUSIONS

The VPC programme was designed to offer to new parents opportunities for being accompanied and supported in their parental experience and for strengthening their parenting skills. The ambition was to develop, test and scale-up a model of low-threshold, community-based service to respond to increasing needs of parenting support in the early years. Over eight years the programme went through a series of evaluation efforts which, besides consistently confirming its effectiveness, allowed the identification of requirements that need to be met to ensure a broader and more equitable distribution of its benefits, the most important being an early and universal contact with new parents/parents-to-be. Consequently, the programme has laid the groundwork for a country-wide broader governmental parenting support programme which combines the VpC approach with a universal progressive home visiting component.

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