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Family Education as a Preventive Strategy: Lessons from North Macedonia

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Abstract

This study explores the need for family education in North Macedonia through qualitative analysis of focus groups with professionals from social work centers and child protection institutions. Findings reveal a consistent recognition of family education as a vital preventive tool for strengthening parental capacities and safeguarding child well-being. However, practice remains dominated by reactive, crisis-oriented interventions, with families often entering the system only after conflicts have escalated. Professionals emphasized that voluntary participation fosters motivation and collaboration, while institutionally referred families frequently show resistance and minimal engagement. Across all institutions, systemic weaknesses were identified: insufficient prevention, fragmented inter-institutional cooperation, overwhelming caseloads, and widespread professional burnout. Children were highlighted as secondary victims of chronic parental conflict, underscoring the urgent need for early, structured educational programs. The study concludes that family education must be institutionalized as a universal, continuous, and mandatory service, integrated into schools, pre-marital preparation, and parental support programs. Strengthening prevention, investing in human resources, and supporting professionals are essential for building a sustainable system that protects families and promotes child development. These findings align with regional and international recommendations, situating North Macedonia within broader Southeast European challenges of reactive social protection systems.

Keywords: family education, prevention, social work, child well-being, burnout

1. Introduction

The family is the basic unit of society, the primary environment in which the child's development takes place, and the context in which the individual's emotional, social, and cognitive capacities are formed. In conditions of rapid socio-economic changes, migrations, economic insecurity, changing gender roles, increased pressure from social networks, and post-pandemic effects, family relationships face numerous challenges that often lead to conflicts,

marital crises, divorces, and disruption of children's well-being (Bronfenbrenner & Morris, 2006; Avirovic et al., 2021; Radulović et al., 2024).

Family education is a systematic, preventive, and developmental process aimed at strengthening family members' knowledge, skills, and capacities to effectively address everyday challenges, improve communication, manage conflict, build parenting skills, and develop emotional intelligence. Unlike family counseling, which is reactive and interventionist, family education acts proactively – before a crisis occurs (Council of Europe, 2006).

In the Republic of North Macedonia, the system of social protection and support for families has traditionally been oriented towards reactive measures. Social work centers most often intervene only when problems have escalated, resulting in higher costs, lower effectiveness, and a significant burden on professional workers (Ministry of Labor and Social Policy, 2019; UNICEF North Macedonia, 2018). Despite the existence of national strategies for deinstitutionalization and social inclusion, preventive and educational programs for families remain underdeveloped, fragmented, and largely dependent on project funding.

International research shows that investment in family education brings significant long-term benefits: reduced high-conflict divorce rates, improved parenting skills, reduced risk of domestic violence, and better psychosocial adjustment of children (Amato, 2010; Sanders et al., 2014). However, in the Western Balkan countries, including North Macedonia, there is a clear gap between the theoretical recognition of prevention's importance and its practical implementation.

1.1 Family Education as a Concept

Family education can be defined in many ways, depending on the purpose, content, and target group. In general, all definitions are based on three foundations:

1. Dealing with problems affecting families.
2. Preventing problems before they escalate.
3. Developing the potential of individuals and families.

In other words, family education is a process designed to strengthen and enrich individual and family well-being. The key words that describe it are prevention, education, and cooperation. It works towards preventing problems before they occur, rather than waiting for them to develop and cause suffering.

Family education includes:

- Education: acquiring knowledge and skills for partner relationships, parenting, communication, and conflict management.
- Counseling: supporting families facing crises.
- Therapy: intervention in families with chronic problems, carried out by psychologists and family therapists.
- State strategy: policies and laws that regulate marriage, divorce, parenting, and social protection, to create systemic support for families (Hawkins, 2015).

Research shows that families with frequent conflicts have an increased risk of psychological disorders, but only a small proportion seek professional help (Hunter & Commerford, 2015). Therefore, education is a starting point – it is preventive, universal, and accessible to all.

1.2 Comparative Analysis of International Experiences

In North Macedonia and the region, family education is marginalized and is most often implemented through short-term project programs. Social protection systems operate predominantly reactively, with a limited focus on prevention (UNICEF 2023; Mustafa & Gerovska-Mitev, 2022). Social work centers are overloaded and often function as a "last resort" for resolving family problems, without a clear division of responsibilities with the education and health systems (UNICEF North Macedonia, 2018).

In Germany, family education is systematically integrated into national family policy strategies. There are mandatory courses on parenting, premarital preparation, and divorce support, which are funded by the state and available to all citizens. Cooperation between schools, health institutions, and social services is formalized and continuous (Radulović & Avirovikj Bundalevska, 2022).

The Netherlands has a strong preventive focus. Parent education programs are developed specifically for early childhood, and a large portion of the services is available through digital platforms, making education universal and easily accessible (Vanneste et al., 2022).

Sweden is an example of universal and systemically supported family education. The national COPE program has been implemented at the state level and has proven effects: reducing behavioral problems in children by 30–50%, reducing parental stress, and strengthening parental capacities (Thorell, 2009; Högström et al., 2016; Stattin et al., 2015). Family education is a concept that unites prevention, education, and cooperation. However, although it is key to strengthening family capacities in North Macedonia and the Western Balkans, it is limited and project-based, while in Western European countries, it is systemically integrated. The gap is significant and underscores the need for a national family education strategy.

Research: The Need for Family Education in the Republic of North Macedonia

2. Methodology

This paper is part of a broader research project, The Need for Family Education in the Republic of North Macedonia, which aims to give a voice to those who face the reality of family problems in the country on a daily basis.

The objectives of the research are:

- To explore the experiences, attitudes, and recommendations of experts who work with families;
- To identify the most common family problems and the role of family education in overcoming them;
- To assess effective methods, barriers, and resources for implementing family education;
- To provide specific recommendations for improving policies and practices in the Republic of North Macedonia.

2.1 Participants and Sampling

The research is qualitative and based on focus groups conducted in accordance with the "Protocol for Focus Groups with Experts on Family Education". Five focus groups (about 30 participants in total) were conducted with experts from the SOS Child Village (5, 16.7%) and the Centers for Social Work (CSW) in Skopje (7, 23.3%), Veles (6, 20%), Shtip (6, 20%), and Prilep (6, 20%). Participants were recruited through purposive sampling based on their professional experience in working with children, families, couples, and vulnerable populations, including social workers (12, 40%), psychologists (8, 26,7%), pedagogues (5, 16,7%), lawyers (4, 13,3%), and special educators and rehabilitators (1, 3,3%). Regarding

gender distribution, the majority of participants were female (n = 27), while three participants were male. This distribution reflects the gender structure typically present within social welfare and family support services in North Macedonia. Table 1 presents the demographic and professional characteristics of the sample.

Table 1. Demographic and professional characteristics of the sample

Professional Profile	SOS Child Village	CSW Skopje	CSW Veles	CSW Shtip	CSW Prilep	Total	
	N					N	%
Social Workers	2	3	3	2	2	12	40
Psychologists	2	2	1	1	2	8	26.7
Pedagogues	1	1	1	1	1	5	16.7
Lawyers	0	1	1	1	1	4	13.3
Special Educator and Rehabilitation	0	0	0	1	0	1	3.3
Total	**5 (16.7%)**	**7 (23.3%)**	**6 (20%)**	**6 (20%)**	**6 (20%)**	**30**	**100**

2.2 Data Collection

The focus groups were semi-structured and lasted from 60 to 90 minutes. Each session was divided into the following thematic sections according to the protocol:

- Section 1: Introductory questions – Introduction, years of experience in the current institution, motivation for work, understanding of the concept of family education, and experience with it.
- Section 2: The most common family problems – The most common reasons for addressing counseling centers, differences according to demographic groups, and efficiency of existing programs.
- Section 3: The most effective methods – Forms and methods of work (individual counseling, group workshops, online sessions, etc.), their efficiency, adaptation to different groups of users, and main challenges.
- Section 4: Need for Family Education – The importance of family education in RNM, barriers to family involvement, opportunities for contributing to problem solving, attitudes towards mandatories at certain stages (before marriage, before parenthood, in crisis, after divorce).
- Section 5: Resources, barriers, and cooperation – Available resources, missing resources, assessment of inter-institutional cooperation, and suggestions for improvement.
- Section 6: Concluding questions – Additional comments and suggestions for improving the family education system.

At the beginning of each focus group, informed consent was obtained, the purpose of the research was explained, and anonymity and confidentiality were guaranteed. Participants were informed that they could withdraw at any time. The sessions were conducted face-to-face (with the option of online participation) and were recorded with prior consent. A co-moderator took detailed notes.

The research was conducted in accordance with ethical standards for working with human participants, with particular emphasis on the sensitivity and confidentiality of client cases as described by participants.

a. Data Saturation

Data collection continued until a data situation was established, i.e., repetition of themes and patterns, and until the focus group did not identify new challenges. Participants from different institutions were highly consistent in highlighting common challenges, and the repetition of these challenges across the five focus groups indicated that saturation had been reached.

2.4 Data Analysis

All recordings were transcribed verbatim and then analyzed using thematic analysis (Braun & Clarke, 2006). The process included: familiarization with the data, generation of initial codes, theme search, revision and definition of themes, and comparative analysis across institutions. A high degree of inter-analyst confidentiality was ensured through independent analysis and joint discussion by the authors.

Coding was conducted using an inductive approach, i.e., the codes emerged from participants' narratives rather than from any predetermined theoretical categories. The codes were then subsequently grouped into broader categories and overarching themes. We used comparative analysis to identify common patterns and specific experiences of the institutions. Frequency indicators are based on recurrence across all five focus groups: Very High (identified in all focus groups and by multiple participants), High (identified in most focus groups), and Moderate (identified in several focus groups).

2.5 Reliability and Trustworthiness

In order to increase the reliability of the findings, several strategies were applied:

(1) Triangulation of data by including experts from different profiles, as well as from different institutions. This enabled comparison of data from different perspectives.

(2) Throughout the entire research process, coding decisions and the analytical process were documented. We continuously compared new themes with the participants' original statements to ensure appropriate interpretation of the data.

(3) In order to ensure the transferability of the research, a detailed description of the participants, the institutions they come from, and the research procedures was made, which will allow for the assessment of the applicability of the results in different contexts.

The research was conducted in accordance with the criteria for credibility, reliability, confirmability, and transferability proposed by Lincoln and Guba (1985), ensuring methodological rigor throughout the entire research process.

3. Results

The qualitative thematic analysis of the data from the five focus groups showed a high degree of consistency of the findings across different institutions and regions. The results are grouped into five main thematic areas.

3.1 Understanding the Concept of Family Education and its Position in Practice

All participants clearly distinguish family education from family counseling. They define family education as a preventive, long-term, and developmental process aimed at strengthening parental capacities, communication skills, emotional regulation, and functional family

relationships. In contrast, counseling is experienced as a reactive intervention applied when the problem is already present and has escalated (Table 2).

Despite this clear conceptual understanding, family education is marginalized in practice. Crisis interventions dominate in social work centers, while Children's Village shows a stronger preventive and educational approach, but even there, it is limited by resources and systemic frameworks.

Qualitative thematic analysis of data from the five focus groups showed a high degree of consistency of findings across different institutions and regions.

Table 2. Results regarding understanding family education

Theme	Subtheme	Main Codes	Frequency	Representative Quote
Understanding Family Education	Family education as prevention	prevention, parental skills, communication, early intervention, knowledge	Very High	"Family education should be preventive – to give parents knowledge on how to communicate and recognize problems on time."
	Difference between education and counseling	prevention, counseling, intervention, crisis response	Very High	"Education is preventive, while counseling is intervention when the problem already exists."

3.2 Most common Family Problems and late Intervention

The most frequently cited problems are:

- Chronic partner and marital conflicts;
- Marital crises and divorce proceedings (especially high-conflict divorces);
- Post-divorce tensions and manipulation of children;
- Domestic violence (psychological, physical, and economic);
- Difficulties in parental functioning and children's behavior (aggression, anxiety, withdrawal, poor academic performance).

Professionals point out that families most often turn to institutions at a late stage, when conflicts are already long-lasting and entrenched. This late intervention significantly complicates the process and reduces its effect (Table 3).

Table 3. Results regarding family problems and late intervention

Theme	Subtheme	Main Codes	Frequency	Representative Quote
Family Problems and Late Intervention	Marital conflict and divorce	conflict, divorce, custody, communication, post-divorce tension	Very High	"Families usually come when the conflict has already escalated and lasted for years."
	Child-related difficulties	aggression, withdrawal, anxiety, poor academic performance	High	"When we look deeper into behavioural problems, the cause is almost always within the family context."
	Domestic violence	violence, victim protection, crisis intervention, risk	High	"Violence is becoming increasingly common and often overlaps with other family problems."

3.3 Differences between Voluntarily and Institutionally Referred Families

This is one of the strongest and most consistent findings across all groups: Voluntarily involved families – high motivation, openness to change, good cooperation, and more sustainable positive results. Experts note that when families voluntarily approach, the course of counseling proceeds without obstacles, continuously, and the results are always visible. In contrast, when there are cases of institutionally referred families, they show resistance, distrust, defensiveness, minimal engagement, and often formal presence. Such families are difficult to work with, and the likelihood of success is much lower. This difference directly affects the duration, costs, and success of the intervention (Table 4).

Table 4. Results regarding family motivation and engagement

Theme	Subtheme	Main Codes	Frequency	Representative Quote
Family Motivation and Engagement	Voluntary participation	motivation, cooperation, openness, trust	Very High	"Families who come voluntarily are much more open and motivated for change."
	Institutional referral	resistance, distrust, formal participation, defensiveness	Very High	"They attend because they have to, not because they want to work on the problem."

3.4 Resources, Barriers, and System Overload

Participants from social work centers point to an extreme workload (in some cases, 500–600 active cases per professional), the dominance of administrative tasks, a lack of time for quality work, limited premises and material resources, and a lack of educational materials and digital tools (Table 5).

Possible barriers to greater family involvement include:

- Stigma and fear of judgment from the environment;
- Distrust of institutions;
- Low information and awareness;
- Cultural and traditional attitudes;
- Unavailability of services (time, location, price).

Table 5: Results regarding system resources and barriers

Theme	Subtheme	Main Codes	Frequency	Representative Quote
System Resources and Barriers	Excessive workload	case overload, administrative burden, lack of time	Very High	"We work with 500–600 cases, making quality work impossible."
	Limited resources	insufficient staff, materials, facilities, digital tools	High	"There is not enough staff, not enough time, and expectations remain high."
	Family participation barriers	stigma, fear of judgement, low awareness, cultural attitudes	High	"Many families are afraid of being judged if they seek help."

3.5 Professional Burnout and Inter-Institutional Cooperation

Professional fatigue and burnout are present in almost all participants. It is emphasized that fatigue does not arise primarily from working with beneficiaries, but from systemic factors: overload, lack of supervision, low salary, and a sense of powerlessness (Table 6).

Inter-institutional cooperation (with schools, healthcare, the judiciary, and the police) is assessed as formal, fragmented, and dependent on personal contacts, leading to inconsistencies and prolonged cases (Table 6).

Table 6: Results regarding professional well-being and Inter-institutional cooperation

Theme	Subtheme	Main Codes	Frequency	Representative Quote
Professional Wellbeing	Burnout and emotional exhaustion	burnout, fatigue, frustration, emotional burden	Very High	"Burnout is real and present among many colleagues, but it is rarely discussed."
	Lack of support	supervision, psychological support, professional support	High	"There is almost no psychological support for professionals working with difficult cases."
Inter-institutional Cooperation	Fragmented cooperation	poor coordination, formal cooperation, responsibility shifting	Very High	"Cooperation exists, but it is mostly formal and depends on personal contacts."
	Lack of integrated systems	poor communication, lack of feedback, disconnected services	High	"Each institution sees only one part of the picture."

4. Discussion

The results of this research clearly confirm a gap between theory and practice in family support in North Macedonia. Professionals conceptually recognize family education as a key preventive tool, but the reactive model dominates – a situation that is consistent with criticisms of contemporary social systems in Southeast Europe (UNICEF 2023; Mustafa & Gerovska-Mitev, 2022).

According to the ecological theory of development (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2006), the well-being of the child depends on the interaction of multiple systems. Focusing only on the microsystem (the family in crisis) without interventions at the meso- and exosystem levels (schools, community, policies) results in limited effects. This accurately describes the Macedonian context.

Systems family theory (Minuchin, 1974; Bowen, 1978) explains why late interventions have little effect – dysfunctional relational patterns are already entrenched. The child as a secondary victim of chronic parental conflict is well documented in the literature (Amato, 2010; Kelly & Emery, 2003; Cummings & Davies, 2010).

The difference in motivation between voluntary and institutionally referred families is explained through the theory of planned behavior (Ajzen, 1991). Forced interventions often create resistance, while voluntary ones encourage intrinsic motivation.

Professional burnout is a systemic phenomenon that is explained by the model of job demands and resources (Demerouti et al., 2001; Maslach et al., 2001). Overload and resource constraints directly increase the risk of burnout (Pazer 2025).

In a regional context, similar problems have been identified in Croatia, Serbia, and Bosnia and Herzegovina (Basic 2024; Zubic, 2025). In contrast, in Western European countries (Sweden, Germany, the Netherlands), programs such as Triple P, Incredible Years, and Nurse-Family Partnership have been systematically implemented with proven effects (Sanders et al., 2014). In a national context, strategic documents recognize the importance of the family, but the operationalization of preventive services remains weak (MLSP, 2018, 2019, 2021; Radulovic et al., 2024). This research confirms this gap and offers an empirical basis for change.

5. Conclusion and Recommendations

Family education in the Republic of North Macedonia is an inaccessible yet highly needed preventive strategy that can significantly strengthen family capacities, reduce family crises, and improve the psychosocial well-being of children. The results of the focus groups clearly show that professionals recognize its value, but the social protection system still functions predominantly reactively.

Key findings indicate that family education must move from a marginal, project-based activity to an institutionalized, universal, and continuous service. There is a clear difference in effectiveness between voluntarily and institutionally referred families, and children are the most vulnerable category.

Key recommendations for policy and practice:

- Institutionalization of family education with mandatory modules in key life stages (premarital, parental, crisis, and post-divorce).
- Integration into the education system (kindergartens, primary and secondary schools).
- Strengthening human resources – reducing caseloads, supervision, and support for professionals.
- Establishing functional protocols for inter-institutional cooperation.
- Developing monitoring and evaluation of programs.

Based on the study's findings, we propose a concrete plan for phased implementation of family education through three steps: (1) Development and capacity building, (2) Pilot Implementation, and (3) National Scale-up and integration, with defined activities, resources, and monitoring indicators (Figure 1). We believe that the phased implementation will contribute to long-term positive results: improved parental competencies, increased family resilience, improved child well-being, reduced family conflict and family violence, and higher satisfaction with family support services.

Investing in family education is not just a social policy, but an investment in the future of society. The transition from a reactive to a proactive model is a necessary condition for building a more resilient and harmonious society in the Republic of North Macedonia.

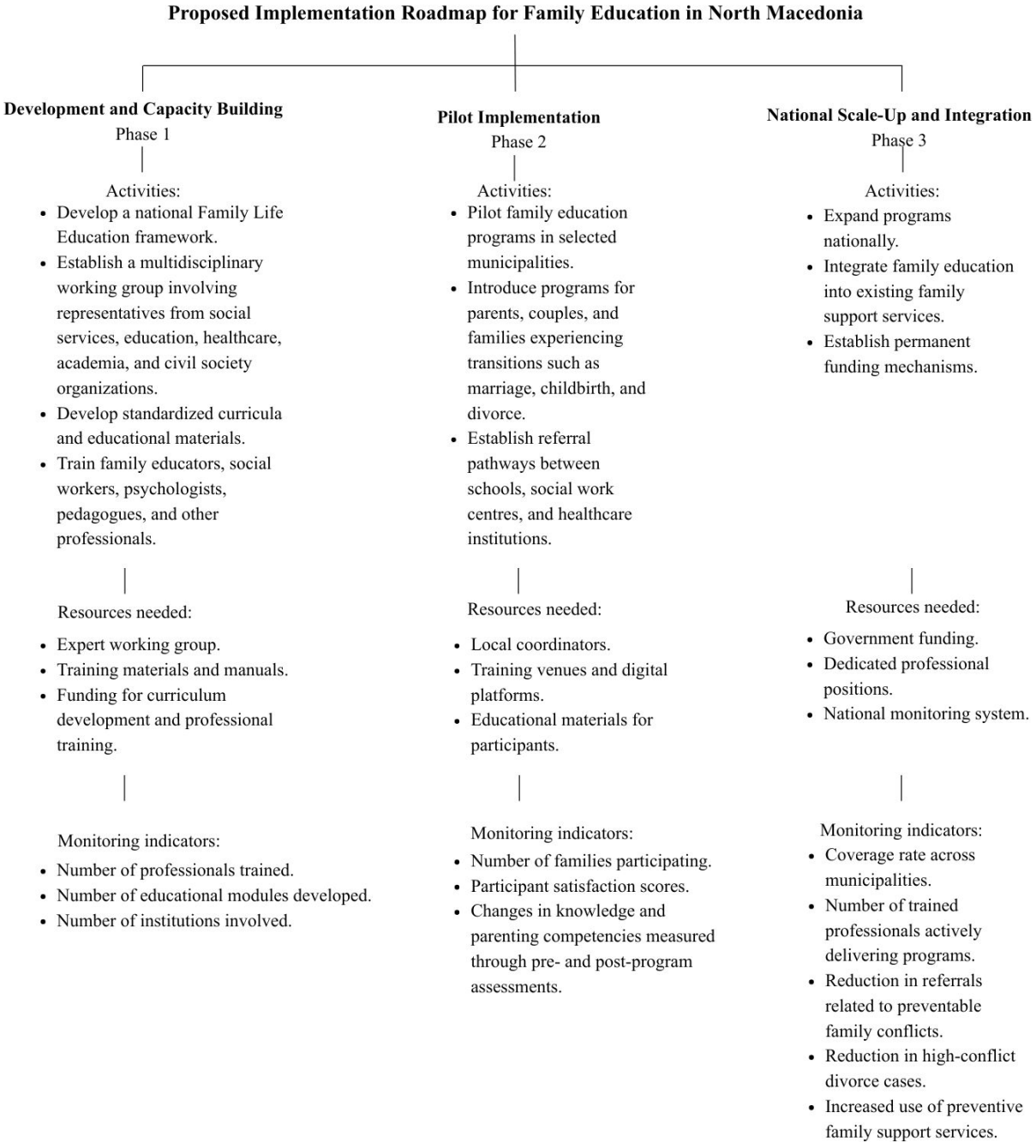

Figure 1: Proposed Implementation Roadmap for Family Education in North Macedonia

Study Limitation

This study has limitations stemming from its qualitative approach and focuses solely on professionals. Future research should include a family perspective and evaluation of pilot programs.

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References

Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179–211. https://doi.org/10.1016/0749-5978(91)90020-T

Amato, P. R. (2010). Research on Divorce: Continuing Trends and New Developments. *Journal of Marriage and Family*, 72(3), 650–666. https://doi.org/10.1111/j.1741-3737.2010.00723.x

Avirovic, B. I., Radulovic, M., & Angelka Keskinova. (2021). Family Support in the Republic of North Macedonia. Postmodernism Problems, 11(2), 157–169. https://doi.org/10.46324/pmp2102157

Bašić, S. (2024). Social work in a post-war dystopia: A case study of Bosnia and Herzegovina. *Journal of Human Rights and Social Work, 9*, 410–417. https://doi.org/10.1007/s41134-024-00333-z

Bowen, M. (1978). *Family therapy in clinical practice*. Jason Aronson.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Bronfenbrenner, U. (1979). *The ecology of human development*. Harvard University Press.

Bronfenbrenner, U., & Morris, P. A. (2007). The Bioecological Model of Human Development. *Handbook of Child Psychology*, 1(1). https://doi.org/10.1002/9780470147658.chpsy0114

Council of Europe. (2006). *Recommendation Rec(2006)19 on policy to support positive parenting*. Strasbourg.

Cummings, E. M., & Davies, P. T. (2010). *Marital conflict and children*. Guilford Press.

Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands–resources model. *Journal of Applied Psychology*, 86(3), 499–512. https://doi.org/10.1037/0021-9010.86.3.499.

Hawkins, A. J. (2015). *A comprehensive framework for marriage education*. Office of Planning, Research, and Evaluation, U.S. Department of Health and Human Services.

Högström, J., Olofsson, V., Özdemir, M., Enebrink, P., & Stattin, H. (2017). Two-Year Findings from a National Effectiveness Trial: Effectiveness of Behavioral and Non-Behavioral Parenting Programs. *Journal of Abnormal Child Psychology*, 45(3), 527–542. https://doi.org/10.1007/s10802-016-0178-0

Hunter, C., & Commerford, J. (2015). *Relationship education and counselling: Recent research findings*. CFCA Paper No. 33. Australian Institute of Family Studies.

Kelly, J. B., & Emery, R. E. (2003). Children's adjustment following divorce: Risk and resilience perspectives. *Family Relations*, 52(4), 352–362. https://doi.org/10.1111/j.1741-3729.2003.00352.x

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage Publications.

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job Burnout. *Annual Review of Psychology*, 52(1), 397–422. https://doi.org/10.1146/annurev.psych.52.1.397

Minuchin, S. (1974). Families and family therapy. Harvard University Press.

Mustafa, A., & Gerovska-Mitev, M. (2022). Social protection expenditure and redistribution in the Western Balkans. *Journal of International and Comparative Social Policy, 38*(2), 135–152. https://doi.org/10.1017/ics.2022.1

Pazer. (2025, May). Burnout among social workers: Structural causes, coping strategies,and organizational interventions. *International Journal of Arts and Humanities, 7*(1), 583–587. https://doi.org/10.33545/26648652.2025.v7.i1h.233

Radulović, M., & Avirovikj Bundalevska, I. (2022). Families in the global world: A comparative analysis of families in Germany and the Republic of North Macedonia. *Annuaire de la Faculté de Philosophie*, 75, 555–566. https://doi.org/10.37510/godzbo227555ab

Radulovic, M., Avirovic Bundalevska, I., & Keskinova, A. (2024). Transforming family landscape in North Macedonia: A comparative study of census data from 2002 to 2021. *Proceedings of the Eleventh International Scientific Conference "Social Changes in the Global World"* (pp. 432–440). University Goce Delchev – Stip. https://doi.org/10.46763/SCGW24432r

Radulović, M., Keskinova, A., & Avirovic Bundalevska, I. (2024). Changes in the structure of the Macedonian family (research on young people's perceptions of their family of origin). *Visions – International Journal of Social Sciences*, 42, 217–230. https://repository.ukim.mk/?utm_source=copilot.com

Sanders, M. R., Kirby, J. N., Tellegen, C. L., & Day, J. J. (2014). The Triple P-Positive Parenting Program: a Systematic Review and meta-analysis of a multi-level System of Parenting Support. *Clinical Psychology Review*, 34(4), 337–357. https://doi.org/10.1016/j.cpr.2014.04.003

Stattin, H., Enebrink, P., Özdemir, M., & Giannotta, F. (2015). A national evaluation of parenting programs in Sweden: The short-term effects using an RCT effectiveness design. *Journal of consulting and clinical psychology*, 83(6), 1069–1084. https://doi.org/10.1037/a0039328

Thorell, L. B. (2009). The Community Parent Education Program (COPE): Treatment Effects in a Clinical and a Community-based Sample. *Clinical Child Psychology and Psychiatry*, 14(3), 373–387. https://doi.org/10.1177/1359104509104047

UNICEF North Macedonia. (2018). *Child-focused social protection systems*. Skopje.

UNICEF North Macedonia. (2023, April 20). *Evaluation of UNICEF interventions supporting the social protection reform in North Macedonia: Inception report (Final draft).* Prepared by Zehra Kacapor-Dzihic, Blerta Perolli-Shehu, Erisa Yzeiraj Pereira, Maja Gerovska Mitev, & Sophia Dunn. Konterra Group. Retrieved from

Vanneste, Y., Lanting, C. I., & Detmar, S. B. (2022, July). The preventive child and youth healthcare service in the Netherlands: The state of the art and challenges ahead. *International Journal of Environmental Research and Public Health, 19*(14), 8736. https://doi.org/10.3390/ijerph19148736