

# STANDARDS FOR ECD PARENTING PROGRAMMES

IN LOW AND MIDDLE  
INCOME COUNTRIES



## PREFACE

The aim of this document is to guide practitioners interested in early childhood development through a set of recommended standards for parenting programmes. This document was created in response to the demand from programme implementers and constructed as part of the broader Early Childhood Development (ECD) global agenda to strengthen parenting as families strive to do the best for their children, also in humanitarian crises. The document builds upon several bodies of evidence and published systematic review studies on parenting including A Systematic Review of Parenting Programmes for Young Children in Low and Middle Income Countries and the ECD series From Science to Scale published by The Lancet in October 2016.<sup>1,2</sup>

In the 21st century, the function of parenting is being influenced by several factors including macro-economic, social and demographic changes such as urbanization, migration and displacement, and the evolution of traditional social networks. Furthermore, the structure of families, and within them the persons who take on the function of caregiving, is also changing. Given these new challenges, there is a need to provide families with support that resonates with the dynamic contexts in which they reside. The standards serve to surface examples of diverse good practices of what programmes could offer to parents. The standards recognize culturally-relevant programming that is sensitive to diverse parenting practices across regions and countries with varying environmental conditions, including family and social structures, moral values, and religious beliefs.

Despite a growing body of neuroscientific evidence to enhance our understanding of the importance of parenting in shaping children's experiences in their early years, gaps remain in the application of this evidence to programming.

While there are many parenting support programmes (see mapping of parenting programmes),<sup>3</sup> not all of them achieve expected impact and outcomes for children and families. This document attempts to address some of the quality challenges by presenting a set of programme standards built on evidence.

The standards cover a range of good practices that programmes could offer to parents and key caregivers. The standards recognize the imperative of culturally relevant programming sensitive to the diversity in parenting practices across regions.

These standards provide statements of expectations of what programmes should offer to parents and, in doing so, support them in raising their children. The nine standards cover four distinct areas: content (standards 1, 2, and 3), target population (standards 4 and 5), context (standards 6 and 7), and systems (standards 8 and 9). The standards presented in this document may not address all programming challenges, however, they aspire to be a tool for increasing quality in parenting programmes.

## ACKNOWLEDGEMENTS

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# INTRODUCTION

## 1.1 **What is parenting?**

**Parenting can be understood as interactions, behaviours, emotions, knowledge, beliefs, attitudes and practices associated with the provision of nurturing care.**<sup>4</sup> It is the entrusted and abiding task of parents to prepare their offspring for the physical, psychosocial, and economic conditions in which they will eventually fare and flourish. Amidst the many influences on child development, parents are critical to children's development, adjustment and success.<sup>5</sup> Children engage with their parents and caregivers, and this engagement and relationship shapes their development as they observe, imitate and emulate, as they are exposed to various opportunities, and as they interact physically, socially and emotionally with those around them.

**The term 'parenting' or 'parent' is not limited to biological parents, but extends to any guardian or caregiver providing consistent care to the child.** Those caregivers include fathers, mothers, siblings, grandparents and other relatives, as well as child care providers who play a significant role in caring for infants and young children. For ease of reference, in this document we shall be using the terms "parents", "parents and caregivers" and "parenting" as the function of parenting refers to all the above.

## 1.2 **Why parenting programmes?**

The human brain develops faster after conception and through the first three years than at any other time in life. Parents and caregivers provide the experience children need through nurturing and responsive relationships by giving them opportunities to learn in safe, supportive environments, and providing them with appropriate nutrition and health. Children form secure attachments through positive interactions dependent on the responsiveness of the parents.

Early experiences, including responsive and positive interactions with adults, parents and caregivers, are critical for children's development, growth, and health. Parents play a critical role in facilitating early experiences through the provision of **nurturing care, defined as care which ensures health, nutrition, responsive caregiving, safety and security, social-emotional well-being, and early learning.**<sup>6</sup> A wide body of research on infant and childhood development shows that nurturing, responsive and stimulating interactions between young children and their parents and caregivers positively and permanently strengthens the ability to learn with the possibility of changing brain function for life.

**Nurturing care ensures health, nutrition, responsive caregiving, safety and security, and early learning.**

**In some ways, parents determine the life course of a child, as parenting is twice as predictive of a child's success in early learning as a family's socioeconomic status.**<sup>7</sup> The implications, then, of unresponsive and harmful parenting are severe. Poor parenting can alter brain chemistry and architecture in ways that reverse positive development, not just for the immediate generation, but subsequent generations as well.<sup>8</sup> A parent and caregiver's ability to responsively care for a young child may be influenced by a number of factors such as a lack of resources to invest in nurturing care (e.g., playthings for early learning or sufficient food), distress and poor physical and mental health that might reduce a parent's capacity to respond to their child's cues, or inadequate knowledge about children's development.

**Parenting programmes are operationally defined as interventions or services aimed at supporting parenting interactions, behaviours, knowledge, beliefs, attitudes, and practices.**<sup>9</sup> Parenting programmes help parents and caregivers to better understand why parenting matters (especially with respect to early development and the function of caregiving), and the critical role they play for the youngest children to develop through a unique period of life when interactions and stimulation set the foundation of well-being. Ideally, parenting programmes should address the range of parenting needs and dimensions, by including content that addresses health, nutrition, stimulation and protection. Parenting programmes can especially support vulnerable families who benefit the most from these interventions. These programmes should be developed to empower parents and caregivers to continue to build on their own good practices and enable them to adopt others that will improve children's health, development, learning and well-being.

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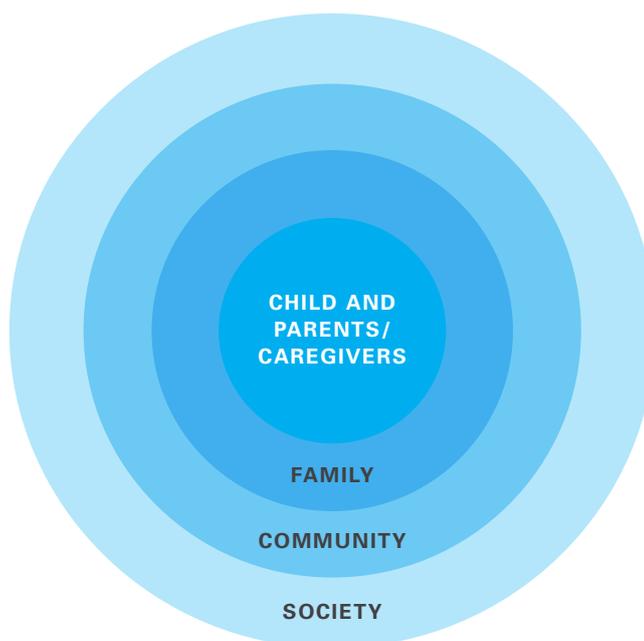
### 1.3 **Ecological Framework: The child within a broader environment**

Parenting and the development of young children does not take place in a vacuum. Context is an important determinant of parenting and includes the relationships in households. There are many factors that influence parenting ranging from the outer most macro-system level of society to the individual micro-system level of human biology. The macro-system refers to the cultural values and practices that define a society, such as its form of economy, political structure, traditions, and laws. The more meso-levels of influence include the communities within which families reside with its local norms and resources available. At the most micro-level are the relationships between children and their parents or caregivers. These relationships and bonds are fostered when caregivers and infants and children interact with one another.

Parenting programmes focus mostly on the knowledge, beliefs, attitudes, and practices of parents and caregivers. In general, parents and caregivers have the best intentions for their children whatever environment they live in. While it is not possible for a parenting support programme to address all levels of influence, programmes should acknowledge and build upon what parents and other caregivers can provide, including positive social, cultural and local community traditions conducive to early development. These programmes should empower parents and caregivers in ways that would improve their care of and interaction with young children and enrich the immediate environment in which children live.

**FIGURE 1**

While it is not possible for a parenting support programme to address all levels of influence, programmes should acknowledge and build upon what parents and other caregivers can provide.



Four-year-old Orin, balancing on a narrow log bench, reaches out to take the outstretched hand of his father. © UNICEF/UN035780/LeMoyné



# STANDARDS

1

## ECD parenting programmes should support nurturing care because it contributes to holistic child development

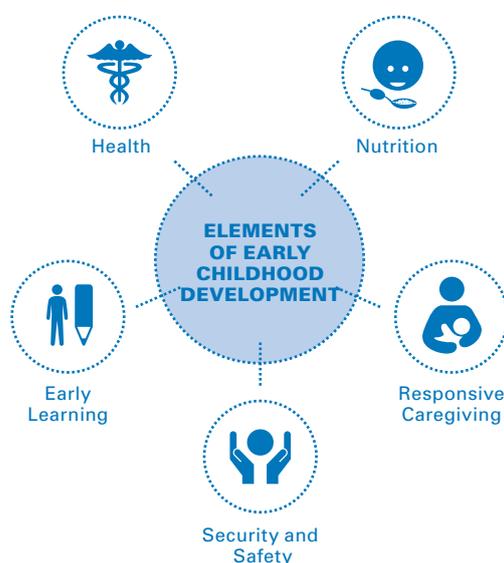
Parenting is not a sector. When parents interact with children it is not for their children to achieve one outcome, but to develop. Programmes should adapt to this reality of developmental complexity to support nurturing care.<sup>10</sup>

Every child has the right to be cared for. Children must get the best possible start in life. Their survival, protection and growth are the essential foundations of human development. All efforts are needed to fight infectious diseases, tackle major causes of malnutrition and nurture children in a safe environment that enables them to be physically healthy, mentally alert, emotionally secure, socially competent and able to learn.<sup>11</sup> The inputs a child needs to develop include adequate nutrition, health and hygiene, opportunities for learning, and protection from harm and pollution. Parents and caregivers have a responsibility to facilitate that diverse and multifaceted development and parenting programmes are designed to support them in that difficult task. To improve holistic outcomes for children, parenting programmes should cover five domains of nurturing care: caregiving, stimulation, support and responsiveness, structure, and socialization.<sup>12</sup>

**Caregiving** refers to the behaviours and practices of caregivers to provide nutrition, health care, and hygiene necessary for children's physical healthy survival, growth and development.<sup>13</sup>

**Stimulation** describes an external object or event that elicits a physiological and psychological response in the child. A stimulating environment and practices are important for children's brain development because they promote learning through the exploration of surroundings and through interactions with parents, caregivers and others. Stimulating activities include: language interaction (e.g., singing, talking, reading), interaction using learning materials and opportunities (e.g., books, pictures, toys), physical interaction (e.g., sports, playing games), and parents' behaviour, which serves as a model for children to imitate and emulate.

**FIGURE 2**  
Nurturing Care,  
Lancet Series, 2016  
Sectoral outcomes that  
may maximize early  
childhood development  
through parenting  
programmes.



**Support and responsiveness** are expressed through social and emotional relationships, the building of trust and attachment, and behavioural interactions such as hugging, holding, and loving physical contact that builds confidence and empathy. Responsive parenting includes prompt response to a child's behaviour that is appropriate to the child's needs and developmental phase.

**Structure** is associated with discipline, supervision, and protection of the child from harm, abuse, and neglect. These parenting interactions are expressed through positive disciplinary practices and a safe, secure, and consistent environment protecting children from violence.

**Socialization** relates to parenting that promotes the development of values, attitudes towards life, and identity. It is often an expression of cultural, social, and religious morals and expectations.

**Chile** Crece Contigo (CCC or Chile Grows with You) is a program with a holistic approach that provides opportunities for early stimulation and development. A range of early childhood services are offered to parents through CCC, including home visits from the health sector with a violence prevention component that specifically targets vulnerable children.<sup>14</sup>

The BabyWASH (Water, Sanitation, and Health) initiative focuses on the integration of WASH, Nutrition, and Maternal, Newborn, and Child Health programming. For instance, in the Suaahara Program in **Nepal**, holistic five-year programming aims to improve the health and nutritional status of women and children through the provision of services to the most vulnerable parents in Nepal. The program resulted in improved household health, nutrition behaviors, and reduced stunting of children under two.<sup>15</sup>

The Integrated Child Development Services programme in **India** uses a child development holistic approach in providing ECD services to improve child care, early stimulation and learning, health and nutrition, water and sanitation targeted at young children and mothers. The programme supports those mothers through provision of services to help them nurture their children. The holistic approach for this program increases the impact on children's health and nutrition outcomes.<sup>16</sup>

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**RECOMMENDATION**

It is recommended that ECD parenting programmes take into consideration the holistic development of children. A holistic approach implies the coordination of multiple sectors as well as the support to parents and caregivers in their parenting function.

2

## ECD parenting programmes should build on a theory of change that leads to the desired results

Parenting programmes should build on a theory of change that provides the pathway of change from addressing risks in target populations to achieving programme objectives, through the programme dose and delivery mechanisms. Theories of change are a complex methodology for planning that require analysis of a particular context, define goals and then map backwards to identify ways to address problems and the resources needed to achieve results. In this standard we elaborate further on those two components, programme dose and delivery mechanisms.

**2.1 PROGRAMME DOSE** is comprised of three elements: **frequency** (how often); **intensity** (what is the length and depth of the sessions); and **duration** (how long the programme lasts). **Programme dose should be determined and adjusted with respect to the expected outcomes of the theory of change of the specific parenting programme.** The programme dose should also be customized by taking into consideration the reality of available resources and circumstances of each particular programme context.

For programmes that aim to build awareness, the programme dose is typically lighter than programmes that aim to change behaviour. Further within the behaviour change category of programmes, dose also depends on the type of behaviour to be influenced. For example, taking your child for routine medical check-ups is a behaviour that is required every so often, whereas breastfeeding, for a child the same age, is a much more frequent practice occurring multiple times on a daily basis. To achieve behaviour change for these two types of behaviours the dose of the programme would be different, with the first type of parenting programmes with a lighter programme dose compared to the latter. Certain programmes with a small dose might reach a large number of people through mass media and achieve successful outcomes around targeted knowledge with concise messaging. For example, awareness of handwashing prior to meals has been influenced by community theatre and small media such as posters.

**Higher frequency yields better results, especially at the beginning of any parenting programme with more sessions to start the programme that taper off as the programme progresses.** Programme intensity is another crucial element in determining programme dose. It is important to underline that changing child outcomes through parenting requires the most intense dose. This means the effect of the dose needs to be significant enough on the parents to then be transferred to the child. Another strategy with respect to programme intensity, in order to obtain successful outcomes, is to offer adequate follow-up time to allow parents and caregivers to put into practice what they have learned with an opportunity in the next session for a “show and tell” to motivate parents to maintain best practices. Parents and caregivers might attend with their children enhancing programme intensity.<sup>17</sup> Booster sessions that extend programme duration have proven helpful to reinforce and remind parents about the content of the programme after it ends.

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The Early Childhood Home Visiting Intervention in **Jamaica** demonstrated success in a 24-month programme (duration) with weekly home visits (frequency) and other programme strategies to influence children's cognitive development.<sup>18</sup> Psychosocial stimulation and nutrition intervention in The Jamaican Early Childhood Home Visiting Intervention indicates that the programme frequency needs to be at least once a week.<sup>19</sup> While the Roving Caregivers Program in **St. Lucia** targeting vulnerable families was delivered at an even higher frequency of twice per week.<sup>20</sup>

In the case of the Responsive Feeding Programme, in **Bangladesh**, when the programme targeted only parents, results indicated improvement in child weight and maternal feeding practices, but not in child cognitive and language development. However, when the programme involved also children (increased intensity), the language ability of the children improved significantly.<sup>21</sup>

In the case of the Turkish Early Enrichment Program (TEEP), which was adapted to rural **Vietnam** targeting vulnerable and disadvantaged populations, more consistent impact was noted when the programme was implemented over a two-year period (duration).<sup>22, 23</sup>

The Integrating a Parenting Intervention with Routine Primary Health Care: A Cluster Randomized Trial in **Jamaica, Antigua, and Saint Lucia** looked at health and nutrition combined with psychosocial stimulation that included five contacts (frequency) with parents over two years (duration). Significant positive outcomes for parents and children were likely to be a combination of appropriate dosage, content and quality.<sup>24, 25</sup>

Dose, in general, needs to be established while taking into consideration the availability of parents and caregivers. For example, offering programmes at night or on weekends could help participation rates either in centre-based or home-visit programmes. A comprehensive assessment of either parents' or caregivers' availability, on one hand, and flexible solutions adapted to the parents' and caregivers' lives on the other, could increase participation as an effective means to achieving outcomes. Some programme participants might have seasonal jobs, they might live far away from the centres where sessions take place or in locations which are not easily accessible for home visits. Some people will only be able to attend sessions that are not too long or too frequent.

There are several challenges associated to determine programme dose. Unfortunately there is still insufficient evidence about dosage to make definite recommendations. The theory of change of a programme will help to establish these elements, which is a consistent challenge.<sup>26</sup>

**2.2 MODALITIES** of delivery should be selected based on: a) Alignment to the needs and characteristics of the parents, caregivers and children; b) Desired outcomes; c) Requirements of the content; and d) Availability of human, technical and financial resources.<sup>27</sup>

Parenting programmes can be delivered through different modalities such as face-to-face, group, individual, self-instruction or via the media. They can also be delivered at home through home visits or in centres such as ECD centres or hospital facilities. Each modality has advantages and disadvantages:

- a.** Research indicates that group sessions are practical, particularly in cases where the need for convenience for the target audience is taken into consideration. Participation can be increased by offering child care while parents are in attendance, transport services for rural families, and programmes at convenient locations and times.<sup>28</sup>
- b.** While both group and individual modalities are beneficial in promoting child development, some modalities lend themselves better to specific outcomes. Group modalities are a more common approach to parenting programmes aimed at promoting child protection through reducing harsh discipline and violence against children, as group norms and attitudes influence disciplinary practices. However, in the case of promoting breastfeeding practices and health outcomes, home visits were found to be more effective.
- c.** Home visiting usually targets children at risk of poor child outcomes while centre-based programmes are more universal in their approach. Specific issues are therefore better addressed through home visiting sessions. Home delivery is often effective, perhaps because these programmes tend to be delivered to individual families rather than to groups so messages can be targeted to meet the specific needs of individual families. Nevertheless, home-based programmes are also more costly than group or facility-based modalities of delivery.

While one modality of delivery does not bear the same result in all environments, evidence points to the importance of using more than one modality of delivery for the same programme at the same time and to the importance of combining home visiting with group sessions.<sup>29</sup> Generally, delivery modalities are dependent on the existing environment and often take a mixed approach such as home visits twice a month with a group session once a month.

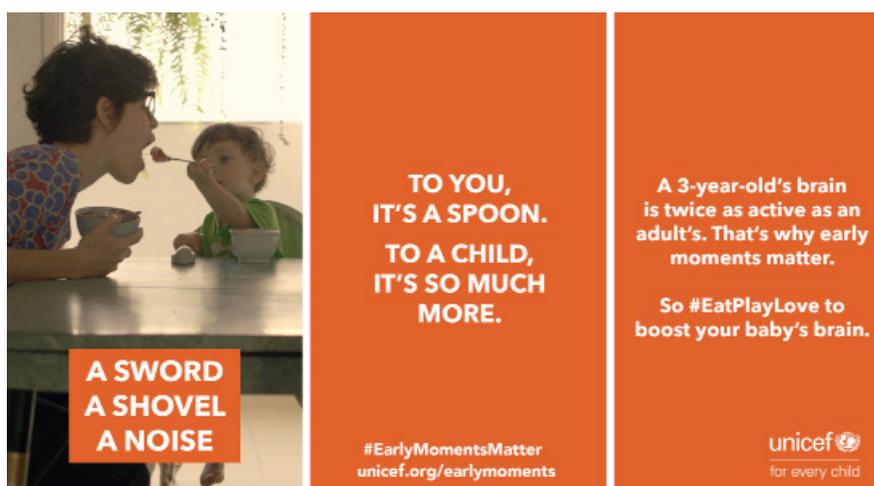
How the programme is delivered refers to the means of intervention. This includes presentation, hands-on practice, problem solving, lectures, use of multimedia, role play, and other tools. As mentioned previously, it is more effective to use more than one method to deliver the content (multiple modalities) to model and offer opportunities for participants to practice the target behaviour. Common strategies to deliver messages include demonstrations using didactic approaches or technology. Group settings may be effective in increasing knowledge, but may be less effective in actual practice. Lectures, brochures, and videos might improve parents' knowledge without changing their parenting practices or behaviours, which will ultimately improve outcomes for children. Parenting programmes

**Parenting programmes that engage both parents by including fathers and mothers in child rearing has been impactful on child development, well-being, and family functioning.**

are generally more effective when they are delivered using active rather than passive learning techniques such as role-playing situations or actual interactions with children.

Evidence points to the fact that an intergenerational approach, where parents and children attend sessions together, if appropriate, leads to greater impact. During training sessions programme facilitators can model how to play with children, demonstrate feeding techniques, demonstrate problem solving in discipline situations, and provide other hands-on experiences in real-life situations. **Parenting programmes that engage both parents by including fathers and mothers in child rearing has been impactful on child development, well-being, and family functioning.** This is significant in promoting positive disciplining.<sup>30</sup> Psychosocial stimulation studies showed that programmes that require direct interaction with children are successful in improving children's information processing skills, language skills, and social and emotional well-being.<sup>31</sup> Strategies associated with improving both child and parent outcomes include training parents how to interact positively with their children on a daily basis in real-life everyday scenarios, modelling newly learned skills for parents with their own child, and giving parents the opportunity to role play with a peer or trainer.

Communication campaigns can be a modality of delivering parenting programmes. The #EarlyMomentsMatter digital campaign targets policy makers and parents with messages on the importance of nurturing care for children under three years old.



In the Infant Sleep Position Programme in **Brazil**, mothers received individualized instruction provided by hospital staff and medical students in addition to instruction through demonstrations with a baby doll on how to position infants when asleep to reduce the incidence of Sudden Infant Death Syndrome.<sup>32</sup>

**RECOMMENDATION**

It is recommended that programmes pay special attention to constructing a strong theory of change based on a detailed analysis of the context of intervention. Programmes must match objectives and results with an implementation plan which includes programme dose and the multi-modalities of intervention. Evidence supports the selection of more than one delivery modality with participatory methodologies.

## ECD parenting programmes should tailor their content to the child's developmental stage

Parenting programmes should reflect and respond to the varying developmental needs of children at different moments in life and also the needs of their caregivers. The children's environment should match their developmental stage in order to provide the nutrition, stimulation and protection required at that time. Whether in the home or a formal preschool setting, the quality of a child's environment is associated with developmental outcomes.<sup>33</sup>

Development is a process of unfolding skills and abilities. As children grow and develop, they progressively acquire new competencies that allow for increasing autonomy. Little by little, children become more social, express a wide range of emotions, are able to cooperate with friends and take turns, and show some problem-solving skills. With each day, a child's repertoire of competencies leads her or him to increasing independence. Research suggests the importance of matching the intervention to the age of the child. The emphasis in parenting programmes shifts significantly for parenting new-borns and infants and parenting for toddlers and pre-schoolers.<sup>34, 35</sup> While

most children develop following a similar pattern or sequence of stages, the rate, character and quality of development vary from child to child. This is due to their individual nature as well as their gender, living conditions, family organization, care arrangements and access to services provided by government and civil society.<sup>36</sup> Therefore, parenting programmes should provide content that is developmentally appropriate for the age and stage of the child, recognizing the potential range.

Parents are more likely to accept and understand the content of the parenting programme if it

resonates with the parenting functions they are performing at the time. For example, a parent of a new-born is less likely to be interested in behaviours to engage a pre-schooler compared to practices about interacting with their infants to respond to their needs.

Research shows that early interventions have greater impact. Results of parenting programmes are stronger for children who were exposed to interventions when they were younger.<sup>37</sup> **The earlier the better. When a child's brain fails to get what it expects and needs, especially early in life during the most sensitive and rapid periods of development, the amount of effort required to set it back on track later in life is considerable and optimal outcomes are far less likely. The extent and severity of problems in later life linked with early deprivations can be remediated through early interventions.**<sup>38</sup> For example, programs designed to promote breastfeeding should ideally start with women while they are still pregnant and then continue to provide support after the birth of the child.

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**The earlier the better. When a child's brain fails to get what it expects and needs, especially early in life during the most sensitive and rapid periods of development, the amount of effort required to set it back on track later in life is considerable and optimal outcomes are far less likely. The extent and severity of problems in later life linked with early deprivations can be remediated through early interventions**

In **Cuba**, the Educa a tu Hijo (Educate your child) programme offers a range of ECD services for parents and caregivers including parenting programmes adapted to care throughout the life cycle (prenatal, 0-2, 3-6 years). The programme is also adapted to families with children with disabilities and affected by different circumstances such as prolonged hospitalization or incarceration.<sup>40</sup>

In **Mexico**, the Oportunidades (Opportunities) conditional cash transfer programme with a parenting component shows that children in families who enrolled early or had an 18-month lead, compared to children in families who enrolled later, did better on a range of holistic child outcomes.<sup>41</sup>

In **Turkey**, the premise behind the Mother Child Education Program (MOCEP) is that early developmental needs of children must be met and supported by their immediate environment, and parents play an important role as “first educators”. MOCEP was developed for families with children 3 to 6 years of age. The program demonstrated sustained benefits in children’s cognitive development, school achievement, school attainment, socioemotional development, and social integration. Mothers and families also benefited from the program in terms of better family relationships and increased intra-family status for women.<sup>42</sup>

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**RECOMMENDATION**

It is recommended that parenting programmes start as early as possible, even before birth to achieve best outcomes, and be adapted not only to the context, but to the needs of the child at her or his specific developmental stage.

**TABLE 1**  
Recommendations  
from the Care for  
Child Development  
package on  
parent's play and  
communication  
modalities.<sup>39</sup>

CHILD'S AGE	PARENTING INTERVENTIONS
<p><b>Newborn, birth up to 1 week</b></p> 	<p><b>PLAY:</b> Provide ways for baby to see, hear, touch, and move arms and legs freely. Gently soothe, stroke and hold child. Skin to skin contact is good.</p> <p><b>COMMUNICATE:</b> Even a newborn baby can see your face and hear your voice. Look into baby's eyes and talk to baby. Breastfeeding is a good time for this.</p>
<p><b>1 week up to 6 months</b></p> 	<p><b>PLAY:</b> Provide ways for child to see, hear, feel, move freely, and touch. Slowly move colourful things for child to see and reach for. <b>Sample toys:</b> rattle, big ring on a string.</p> <p><b>COMMUNICATE:</b> Smile, laugh and talk with the child. Get a conversation going by copying child's sounds or gestures.</p>
<p><b>6 months up to 9 months</b></p> 	<p><b>PLAY:</b> Give child clean, safe household things to handle, bang, and drop. <b>Sample toys:</b> containers with lids, metal pot and spoon.</p> <p><b>COMMUNICATE:</b> Respond to child's sounds and interests. Call child's name and see child respond.</p>
<p><b>9 months up to 12 months</b></p> 	<p><b>PLAY:</b> Hide child's favourite toy under a cloth or box. See if the child can find it. Play peek-a-boo. <b>Sample toy:</b> doll with face.</p> <p><b>COMMUNICATE:</b> Tell child the names of things and people. Show child how to say things with hands, like waving bye.</p>
<p><b>12 months up to 2 years</b></p> 	<p><b>PLAY:</b> Give child things to stack up and to put into containers and take out. <b>Sample toys:</b> stacking and nesting objects, containers and clothes clips.</p> <p><b>COMMUNICATE:</b> Ask your child simple questions. Respond to your child's attempts to talk. Show and talk about nature, pictures and the things around them.</p>
<p><b>2 years and older</b></p> 	<p><b>PLAY:</b> Help child count, name and compare things. Make simple toys for child. <b>Sample toys:</b> objects of different colours and shapes to sort and stick, chalk board, puzzles, and books with pictures.</p> <p><b>COMMUNICATE:</b> Encourage child to talk and answer your child's questions. Teach child stories, songs and games. Talk about pictures or books.</p>

4

## ECD parenting programmes should serve vulnerable children and their families

Parenting programmes offer significant benefits to vulnerable and marginalized populations such as families in poverty, with disabilities, affected by HIV/AIDS, in humanitarian response settings, and others. Therefore, parenting programmes should be inclusive and should serve the most at-risk families. Children in any of these situations, especially those with disabilities, need appropriate consideration and programmes designed to meet their needs accordingly. Situational analysis or formative research tends to be helpful in tailoring programme content to incorporate indigenous knowledge and beliefs, attitudes, and practices of the parents and caregivers, while identifying the ones most in need.

The Roving Caregivers Programme in **Saint Lucia** and the 17-year follow up of the Jamaican psychosocial stimulation plus supplementation study were intensive programmes targeting vulnerable families with children 0 to 3 years old.<sup>44</sup>

<sup>45</sup> Participation in both programmes resulted in greater cognitive abilities and interpersonal skills in children.

In **Bangladesh**, the Outreach of Children with Cerebral Palsy was a home-based program researched through a randomized controlled trial (RCT) that revealed best functional outcomes when mothers learned to adapt to the child's disability. Adaptation to the child's disability required support from the spouse, family, and community.<sup>46</sup>

Many families living with HIV are under pressure to cope with the impact of the pandemic and find it difficult to meet the developmental needs of their children. Community prevention of mother to child transmission (PMTCT) projects provide a platform for implementing early childhood development programming. Mentor Mothers and Mother Support Groups in **Tanzania** have helped to strengthen links between the community and health facilities, improved use of comprehensive PMTCT services, as well as aided in improving parenting practices.<sup>47</sup>

### RECOMMENDATION

It is recommended that parenting programmes include the most vulnerable, marginalized and disadvantaged children and their families to achieve higher effectiveness.

5

## ECD parenting programmes should involve all parents and key caregivers engaged in the function of parenting

Parenting programmes should involve all parents and caregivers so that messaging about the function of parenting is cohesive and coherent within the household. Furthermore, in a growing number of countries, with rapid urbanization, young children are sometimes being left behind and cared for by grandparents or other members of the extended family. In other instances of public health emergencies and epidemics, young children are often in the care of extended family members, and even non-blood related caregivers. Given this range in key caregivers and family composition, parenting programmes should include all adult caregivers, beyond the biological parents.

Most children are cared for by more than one adult, and maybe even by older children, with whom the child establishes attachments. If the goal is to change not just parents' knowledge, beliefs and attitudes, but also parents' practices and children's outcomes, the parenting programme must engage all key caregivers. Changing one of the parent's or caregiver's practices may not be enough to create conducive environments for the positive development of children. Parenting programmes should treat families as systems that include multiple members. They should also pay attention to the well-being of parents and caregivers.

Unfortunately, there is a lack of examples of parenting programmes engaging all members of the family. The majority of ECD parenting programme evaluations show that the programmes focus on mothers alone. A very small number of programmes have engaged fathers and an even smaller number focused on other family members.<sup>48</sup> This situation reveals the lack of understanding of the benefits of co-parenting, where more than one parent exercises the function of parenting. **Parenting support programmes should not frame the father's role as just helping the mother, but rather as playing a central role in the function of parenting.**

**Parenting support programmes should not frame the father's role as just helping the mother, but rather as playing a central role in the function of parenting**



Alishia, 3 years old, laughs with her mother, Keisha Gentle, and her brother, 17-year-old Andrew, as they lift her up over a puddle on a sidewalk in Belize City. © UNICEF/UN033879/LeMoyne

Programmes should make it clear that a father's positive involvement directly benefits children. There is a growing body of evidence that confirms a father's early active and engaged participation in their children's lives has positive effects. Playful interaction between fathers and children is associated with positive socio-emotional skills such as self-regulation and empathy with peers and others. Engaged fathers can encourage greater career and economic success in their children through lowering of depression, fear, and self-doubt. Findings from programme evaluations demonstrate stronger effects on both child and parenting behaviours when fathers are involved in the programme.<sup>49</sup> Fathers and other family members can be incorporated into parenting programmes in a variety of ways.

The Father's Club in **Haiti** consisted of regular meetings among fathers to discuss their involvement in childcare to improve the fathers' knowledge, skills and performance in early childhood care. Fathers also attended health education sessions with input from the nurse or village health agent where several practices such as exclusive breastfeeding for six months, immunizing children, providing adequate fluids and seeking appropriate health care when the child is sick were discussed. The presence of a fathers' club was associated with increased vaccination status, growth monitoring, and vitamin A supplementation.<sup>50</sup>

The Mother and Father Support Programme in **Turkey** targeted low-income immigrants.<sup>51</sup> The programme was a 13-week group-based intervention (2.5 hours per week) that was limited to 15 fathers. The sessions were designed to promote socialization among fathers by having them share their problems and experiences with each other. By the end of the programme, attitudes became less traditional and less authoritarian, and they used more open forms of communication with their families.

In **Jordan**, the Better Parenting Programme explicitly targeted fathers in addition to mothers.<sup>52</sup> This programme has been brought to scale with good results, with more than 200 centres nationwide implementing the programme.

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## RECOMMENDATION

It is recommended that parenting programmes identify all key caregivers, independently of the gender, age and family relation with the children. Parenting support programmes should engage those key caregivers from the inception to better achieve positive results for children. Co-parenting is a beneficial approach for parents, children and the family as a whole and might help to overcome biases against fathers or other key caregivers.

6

## ECD parenting programmes should adapt to context and culture and build upon positive parenting practices

**Supporting parents and caregivers requires sensitive understanding of their circumstances.**

Parenting programmes should adapt to the reality in which young children live, building upon and strengthening existing positive knowledge and beliefs as well as attitudes and practices, and increasing support to parents with new skills. **Supporting parents and caregivers requires sensitive understanding of their circumstances.** Therefore, parenting programmes should engage with parents in a sensitive and respectful manner in the inception and implementation phases. To promote uptake, ownership and sustainability of the programme, it is important to consult parents and use local context to determine content.

Ultimately, parenting programmes are designed to empower parents and achieve positive outcomes for children. There is a need to understand what promotes effective, sensitive and responsive child rearing and caring practices in the specific cultural context in order to design responsive parenting support programmes which build upon families' strengths and values. Parenting programmes should be flexible and build on the existing concept of family in the community where the programme is implemented. Successful programmes are based on mutual respect and acknowledge differences in traditions and rituals. **Parents tend to be more receptive when they are part of the learning process and are acknowledged as an important source of information.** Building safe relationships between the programme facilitators and parents and caregivers to encourage non-didactic collaboration is essential.

The programme should maintain standards and appropriate content principles. For example, cultural practices that are not conducive to child development such as corporal punishment, lack of communication with the youngest children, or belittling of the importance of play might be analysed in the programme curriculum as obstacles that need to be addressed. Negative practices can be replaced by positive and effective ways of achieving holistic child development. The inclusion of scientific rationale behind knowledge and beliefs as well as attitudes and practices might be a tool to promote sustainable nurturing care practices.

**Parents tend to be more receptive when they are part of the learning process and are acknowledged as an important source of information.**

A study of the Parenting Programme Sajag, in Chattisgarh, **India**, found that contextualized and need-based materials and strategies are important for influencing child care practices at the family level. A common understanding among all the relevant stakeholders and development of human resources at different levels has been crucial for a successful child development programme.<sup>53</sup>

For some programmes and in some settings, thinking creatively about who is best suited to deliver the programme can improve effectiveness. The Better Parenting Programme in **Jordan** wanted to target fathers, but was having a difficult time reaching them. Imams were recruited to deliver the programme to fathers during Friday prayer services, which was an effective means of reaching fathers both because the men were in attendance already and because the Imams were respected by the fathers.<sup>54</sup>

A hand-hygiene programme in **Bangladesh** succeeded in behavioural changes associated with hand washing practices, because it took into account local customs (e.g., the sanitizer used did not contain alcohol, respecting Muslim traditions). The evaluation showed that waterless hand sanitizer was readily adopted by the community and reduced hand contamination as much as soap.<sup>55</sup>

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**RECOMMENDATION**

It is recommended that parenting programmes carefully assess the context and culture where the programme is going to be implemented, as well as the needs of families in order to increase relevance. A participatory approach will help the programme to build upon existing cultural and parenting strengths, support ownership in a respectful and effective manner, and humbly acknowledge and support parents.

## 7

## ECD parenting programmes should integrate into existing delivery platforms

It is a good practice to integrate parenting programmes into existing delivery platforms that are already reaching parents and caregivers. The integration of interventions for early childhood development into existing platforms for service delivery is an effective and efficient way to reach large numbers of families and children.<sup>56, 57</sup> In this way, parenting programmes can become an incremental investment which can reach more families over time.

The quality of existing delivery platforms might affect the success or failure of parenting programmes and, therefore, need to be assessed carefully. Benefits of integrating parenting programmes into existing delivery platforms are:

- Time and cost saving by building on existing resources and infrastructure;
- Greater chance of ensuring a holistic child approach by meeting diverse needs of families;
- Reduced training needs as personnel are familiar with certain components of existing programmes;
- Access to existing curriculum and training materials for programme providers;
- Use of existing educational materials for families;
- Reassurance that the programme has the potential to deliver intended results.

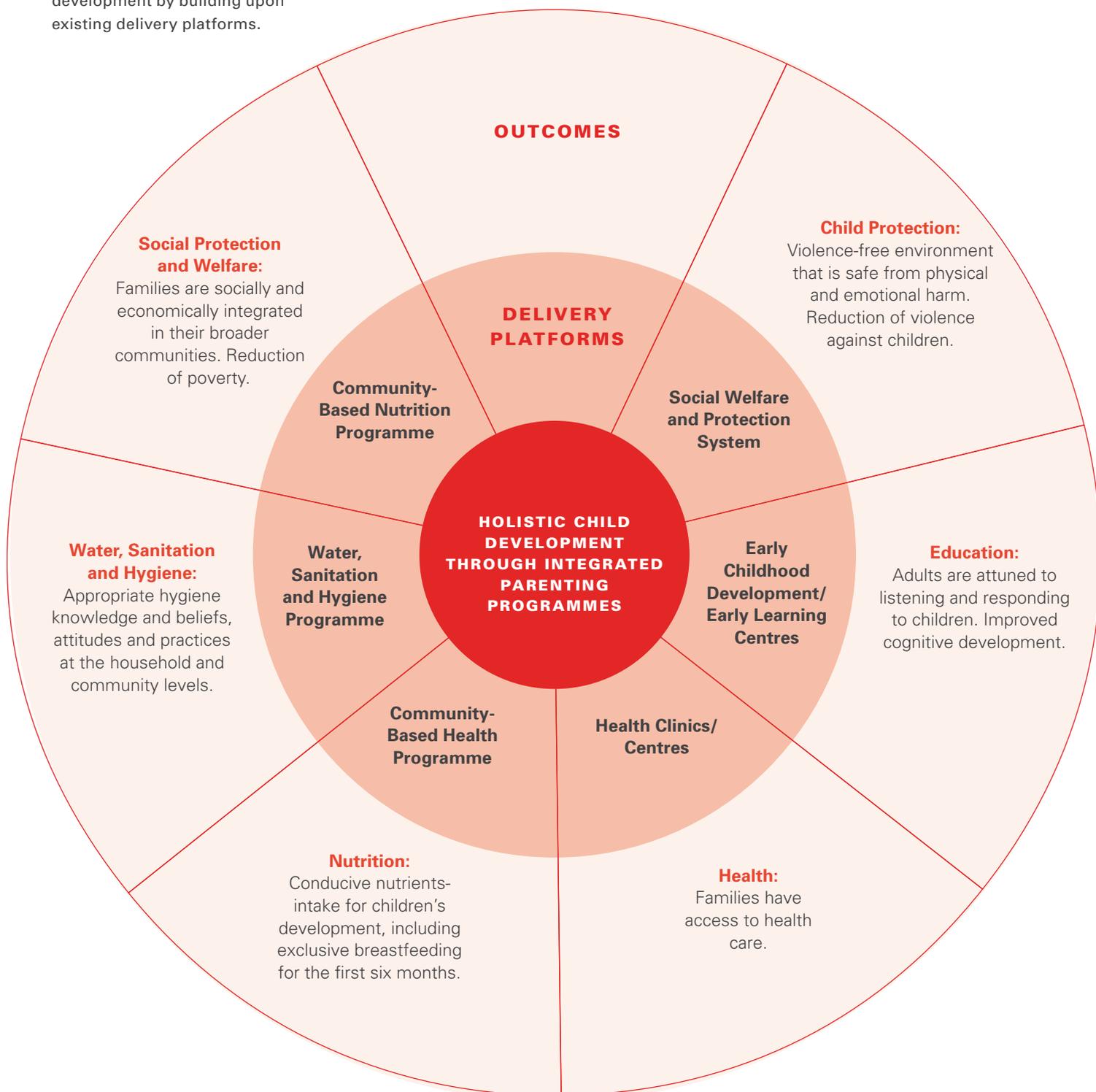
In **China**, integration was achieved using the World Health Organization (WHO)/UNICEF Care for Child Development programme, which offered an integrated package consisting of psychosocial stimulation in addition to the Integrated Management of Childhood Illness delivered through a health service platform.<sup>58</sup>

In **Egypt**, national Day Care Centres, which act as a delivery platform for integrating nutrition and education, have been proven effective for integration opportunities.<sup>59</sup>

In **South Africa**, the Philani Plus intervention program builds upon an existing home-visiting programme by integrating care activities to address intersecting challenges of HIV, alcohol use, and mental health. The intervention improves maternal and child health, nutrition, well-being, and overall outcomes.<sup>60</sup>

**FIGURE 3**

Parenting programmes aim to improve early childhood development by building upon existing delivery platforms.



**RECOMMENDATION**

It is recommended to leverage strengths of existing delivery platforms as much as possible to improve children's outcomes across several sectors, even though sometimes these platforms might also present challenges.

## **ECD parenting programmes should engage trained workforce and service providers**

The workforce involved in the delivery of parenting programmes should be well trained, knowledgeable about the programme and early childhood development science, and receive supportive supervision. **Training and supervision are essential regardless of who delivers the programme.** After training has ended, programme staff can benefit from peer support, mentoring, coaching, and ongoing training. Taking these steps can help programmes maintain continuity over time by keeping staff in tune with programme goals, reminding them about effective ways of meeting the goals, and ensuring they are able to handle any problems that occur in delivering the programme.

The workforce and service providers are key to the success of a parenting programme. They are the ones who deliver the programme and work in direct contact with the targeted parents and caregivers, their children, families and communities. Their work should be recognised and acknowledged appropriately. Mutual respect and good rapport between the parents, caregivers, and those who deliver the programme is crucial.

Parenting programmes are delivered by two groups of people: professionals, such as doctors, nurses, social workers and educators, or paraprofessionals, people who do not have the same credentials but who are, nonetheless, trained to deliver the programme. Programmes might be more effective when they are delivered by professionals. These individuals tend to be respected authority figures who are trusted by the community as experts in the well-being of children.<sup>61</sup> However, using professionals to deliver programmes can increase costs and may not be feasible if there are not enough of them available to meet the programme needs. Paraprofessionals, such as women in a community who can be trained to successfully deliver the programme, can be recruited from local populations, providing a cost-effective solution.

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**Training and supervision are essential regardless of who delivers the programme.**

A **Pakistan** Early Child Development Scale-up (PEDS) programme demonstrated that support provided to caregivers through Care for Child Development (CCD) is an effective method to provide a stimulating environment to children through play and communication. Lady Health Workers delivered the programme at the community level. On-the-job coaching, mentoring, modelling, and supportive supervision provided to Lady Health Workers were essential to the successful delivery of the program.<sup>62</sup>

The Promotion of Breastfeeding Intervention Trial (PROBIT) in the **Republic of Belarus** found that professionals were likely to be more effective in delivering health messages.

In other studies, paraprofessionals, such as local field workers, as in the case of the Child Nutrition Education Programme in **Peru**, were successful in delivering key messages.<sup>63</sup>

**South Africa** adapted Britain's Social Baby programme to improve mothers' sensitivity and responsiveness toward their infants following the WHO principles of psychosocial stimulation. Trained female community workers visited homes considered high risk for parenting problems to provide parenting support and guidance. The programme found a positive impact on caregiving knowledge and on the quality of mother-infant relationships. The programme was unsuccessful, however, in alleviating maternal depression. The programme employed trained paraprofessionals, suggesting that addressing maternal depression may require more highly trained professionals.<sup>64,65,66</sup>

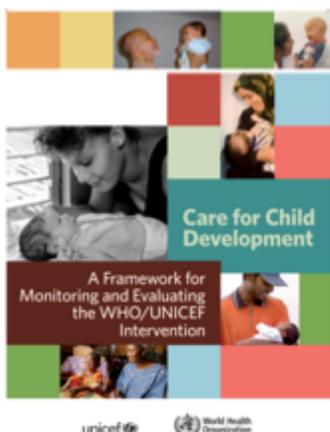
Having the right trainers and service providers plays a crucial role in programme success. Therefore, capacity building of service providers is a key factor in strengthening effectiveness. In training situations, personal traits of the trainers such as interpersonal sensitivity, confidence, skills at leading small groups, and personal emotional health influence effective delivery of the programme. Service providers should have the ability to deliver the programme and maintain fidelity effectively.

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**RECOMMENDATION**

It is recommended that the workforce has access to ongoing support through coaching and mentoring to achieve quality programming. By providing ample opportunities for the workforce to practice and hone their skills while receiving timely feedback through supportive supervision, there is greater likelihood to enhance the quality of programming and generate intended child outcomes.

## ECD Parenting programmes should reflect continuous improvements through systematic monitoring and evaluation



**Monitoring and evaluation are important not only to determine whether programmes are meeting their intended goals, but also to pave the way for long-term sustainability.**

Parenting programmes should engage in an act-learn-reflect cycle with continuous monitoring during the programme implementation cycle. Monitoring and evaluation ensure the programme continues to be relevant to the parents, yields maximum results, and improves response in the course of implementation. They are also critical in order to provide transparency by making programme design elements and costing estimates available and to allow cross sharing of lessons learned. Therefore, each parenting programme should include a monitoring and reporting plan in order to keep the programme design in line with the reality of implementation. Knowing problems and implementing required changes enhances the effectiveness of the programme. The expected results and mechanism that will be used to achieve results should be detailed to track and gauge impact over the course of implementation.

Existing ECD monitoring and evaluation tools, such as the CCD package framework for monitoring and evaluating the WHO/UNICEF Intervention, could serve as a reference for creating and adapting a framework for a particular parenting programme implementation.<sup>67</sup>

Policymakers will be more likely to fund programmes that are demonstrated to be effective. **Therefore, monitoring and evaluation are important not only to determine whether programmes are meeting their intended goals, but also to pave the way for long-term sustainability.** Monitoring and evaluation can support evidence-based decision making and also improve the cost-effectiveness of programmes, because programmes or aspects of programmes that do not work can be dropped in favour of what does work.

### MONITORING

*Is the programme implementation process proceeding as planned? Is the workforce performance progressing as planned?* It is important to assess programme implementation processes for quality of inputs and track progress and adherence to the plan, quality standards, and achievement of expected targets. This includes participation and satisfaction of parents and children as well as other key actors in the programme implementation. Continuous monitoring of the workforce helps effective mentoring to ensure quality in session delivery as well as the quality of performance and capacity building plans. Monitoring also allows for timely course correction.

### EVALUATION

*Is the programme implementation process likely to yield improvements in the outcomes of children, parents and caregivers? What are the short- and long-term impacts?* This will require a closer look at the achievement of set milestones, the emergence of unintended outcomes, as well as an assessment of how the various factors seem to be interacting with each other. In the increasing effort to scale up parenting programmes, evaluations are necessary to measure child outcomes.

For continuous improvement, answers to these questions should inform the revision and adaptation of the programme to meet the needs of children, parents and caregivers. Monitoring and evaluation are processes that help to improve performance and achieve results. The goal is to improve current and future management of outputs, outcomes and impact. Monitoring and evaluation are mainly used to assess the performance of institutions and programmes set up by governments, international organizations and non-governmental organizations (NGO). Successful scaling up of parenting programmes depends on the information available on the impact of parenting programmes. All parenting programmes should attempt to combine evaluation activities into their ongoing efforts to improve parenting knowledge, beliefs as well as attitudes and practices and the well-being of children and families. However, in order to know objectively if the programme is making a difference, monitoring and evaluation strategies must be appropriate to measure the intended outcomes of programmes based on factors such as programme design and characteristics of the families and communities they serve.

Regarding metrics and study designs, the “Systematic Review of Parenting Programmes for Young Children in Low and Middle Income Countries” reveals that measures to assess the impact of programmes on the knowledge, beliefs, attitudes and practices of parents and caregivers rely primarily on self-reports, which present risks of biases. Impact evaluations should also report on bio-physiological impacts of programmes at the child level. Most reports on the physical effects of the programmes address anthropometric indicators, but should also include dimensions such as biomarkers of stress and attachment. Overtime longitudinal studies of ECD parenting programmes could improve monitoring outcomes linked with long-term health, social behaviours, adult productivity, and other sustainable impacts associated with social transformation. Difficulties in measuring child development through a particular parenting programme could be overcome through proto-indicators of child development, such as improvements of parenting practices that are predictors of positive child outcomes.

One example of a good monitoring and evaluation system is the longitudinal impact of one model psychosocial stimulation programme in **Turkey** which has received international attention. TEEP was designed to train mothers to develop their children’s cognitive abilities and improve parent-child interactions, but it developed during years of adapting and modifying its curriculum and approaches. The programme evolved to include fathers, the private sector and mass media in order to change societal beliefs, attitudes and behaviours and those of parents and caregivers.<sup>68</sup>

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## RECOMMENDATION

It is recommended that parenting programmes include a monitoring and evaluation plan that not only includes adjustment during implementation processes, but also proves the validity of the theory of change. Monitoring and evaluation can improve programming through evidence-based decision making and policy development. The expanded collection and use of research to strengthen child and family outcomes is especially needed in the context of low and middle income countries to effect change for the youngest children and their families, parents and caregivers on a larger scale.

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**“It is challenging, I learn new things every day. We are trying to be the best parents we can be for both of our children. You have to make sure you nurture them. You give them as much attention as you can give them. You read to them. Even if you didn’t get it when you were young, you give them as much love that you can give them.”**

– Alex Cain, A father from Belize.



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**“I feel very proud of my son. I’m sharing with my peers what he is doing and we’ve been learning about early childhood development on the radio and at the health centre.”**

– Kode Lo Gwapa, A grandfather from Uganda whose son has attended parenting program at a local health centre.

## CONCLUSION

Parents and caregivers play an irreplaceable role in the lives of their children. They help to shape the youngest souls and bodies through love and care, but they also need support. Practitioners must consciously tailor their work to the specific needs of individual families, with full regard for family diversity. To date, parenting programmes have been met with varying degrees of success in improving knowledge/beliefs, attitudes, and behaviours to enhance child development. Much more needs to be done. There is a compelling collective interest to ensure that children develop to their potential. These standards are ambitious and also acknowledge the difficulty in helping parents and caregivers. This document aims to improve results for children and families in low and middle income countries through quality programmes. Ultimately, these standards aspire to maximize the development of happier healthier children and support thriving new generations.

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