

# Parent Support Workforce Needs Assessment Tool



# ACKNOWLEDGEMENTS

The **Parent Support Workforce Needs Assessment Tool** was developed by a team at Results for Development and the International Step by Step Association under the Early Childhood Workforce Initiative. The team is grateful for feedback from Laura Ochoa Foschini (Bernard van Leer Foundation), Given Daka (Africa Early Childhood Network), Fabiola Lara (Independent Consultant), Siva Prasad Behara (ChildFund International). We are grateful for insights shared by Melissa Kelly (World Bank), Radhika Mitter (UNICEF), Joshua Jeong (Harvard School of Public Health), Selamawit Tadesse (Catholic Relief Services), and participants in an online learning exchange.

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# BACKGROUND

Parents have the most important influence on the development and learning of babies and young children<sup>1</sup>. Parenting interventions are social and behavioral programs intended to improve caregivers' knowledge, attitudes, practices, and skills to promote optimal early childhood development (ECD). Parenting interventions can focus on psychosocial stimulation (e.g., shared book reading), attachment and parental sensitivity, positive discipline and behavior management, maltreatment prevention, parental mental health, and child health and nutrition (e.g., immunization, breastfeeding, nutrition supplementation). Science shows that parenting interventions for families with children during the first three years of life effectively improve ECD and caregiving outcomes across low-, middle-, and high-income countries.<sup>2</sup> Since the primary focus of parenting interventions is to support parents and improve the caregiving environment, the quality of the parent support workforce is a critical element of program quality.

## About Parent Support Personnel

Personnel from a range of sectors (e.g., health, education, social welfare) work in parenting programs. These programs are delivered across a range of sectors and in various modalities including in facilities (e.g., health clinics) and community settings (e.g., early childhood centers, schools, community meeting places), as well as through in-person and remote means. The workforce includes informal workers or paraprofessionals—community health volunteers, community health workers, home visitors, and child development agents. These workers, usually female, are often local community members and village elders and may receive training, and in some cases, a small stipend for carrying out their responsibilities. Parenting programs can also involve professionals such as doctors, nurses, social workers, and early education teachers. The level of education of the workforce also tends to vary from secondary schooling, a bachelor's degree

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<sup>1</sup> Bornstein, M. H. (Ed.). (2022). *Parenting: Selected Writings of Marc H. Bornstein*. Routledge.

<sup>2</sup> Jeong, J., Franchett, E. E., Ramos de Oliveira, C. V., Rehmani, K., & Yousafzai, A. K. (2021). Parenting interventions to promote early child development in the first three years of life: A global systematic review and meta-analysis. *PLoS Medicine*, 18(5), e1003602–e1003602. <https://doi.org/10.1371/journal.pmed.1003602>

to a master's degree. While local community members tend to have lower educational qualifications, the professional workforce cadre is more likely to have advanced degrees.

The workforce also takes on different types of activities to support delivery of parenting programs. They conduct group and individual sessions to provide live demonstrations (e.g., using manipulatives), didactic instruction (e.g., delivering messages on child development), and opportunities for practice (e.g., role plays) to support development of parenting skills and practices. They can also provide further individualized support such as counseling, observing parent-child interactions, referrals to specialized services, and offering feedback and encouragement.

Evidence suggests that a structured curriculum and manuals can support the fidelity of programs (Yousafzai & Aboud, 2014); however, the use and design of these materials can vary across programs. While some programs provide personnel with detailed scripts to accompany a structured curriculum with weekly lesson plans, others might be more flexible with discussion topics based on beneficiaries' needs and interests (Britto et al., 2015). The curriculum can also be adapted to different cultural contexts. For example, UNICEF's Care for Child Development package has been implemented across 54 low-and-middle income countries (LMICs) and has been adapted in different ways across various contexts. The materials (e.g., counseling cards) are translated in different languages, and in some contexts, activities may be adapted to include local examples. A structured curriculum with guidance on delivering different activities may also be provided to the workforce in some contexts (Ahun et al., 2023).

In addition to curricular materials, the workforce also requires training and ongoing support. Well-trained and supervised personnel are key to delivering high-quality sessions, achieving targeted outcomes, and maintaining intervention fidelity (Radner et al., 2018; Cavallera et al., 2018). A systematic review of parenting programs in low-and-middle income countries found that recruiting a trained and supervised workforce was a cost-effective approach to deliver parenting programs (Britto et al., 2015). Pre-service training, in-service training (e.g., refresher trainings), and supportive supervision are all key elements of support. The duration of trainings can vary based on program requirements and can be offered part-time or full-time based on personnel's existing schedules and responsibilities. A meta-analysis of 21 stimulation and responsive caregiving interventions across 12 LMICs found that training sessions range from 3 days to 3 weeks in duration (Zhang et al., 2021). The same review also reported that training staff can include trained

graduates in associated fields (e.g., nutrition, psychology), trained paraprofessionals, trained ECD professions, and research staff with support from local implementing partners. Training and supervision can also be offered in-person or remotely (e.g., over messaging services like WhatsApp or video conferencing services like Zoom).

Trainings should address the content personnel are expected to deliver as well as the competences they require to effectively engage with parents. For instance, findings from a review of responsive caregiving and early learning programs suggest in addition to training on the program curriculum, delivery agents also require training in soft skills (e.g., interpersonal and communication skills), strategies for managing workload and administrative tasks, and problem-solving abilities (Kohli-Lynch et al., 2020). Zhang et al (2021) highlight the provision of technical training content on parenting practices such as play, stimulation, and responsive feeding. Britto et al (2015) further suggest that trainings should equip personnel with techniques they need to deliver sessions (e.g., live demonstrations, didactic instruction).

Incorporating active training strategies such as role-plays, demonstrations, and opportunities for practice and feedback are more effective than didactic instruction (Aboud & Prado, 2018; Ahun et al., 2023). For example, as part of the Maternal and Child Survival program in Ghana, early stimulation and responsive caregiving messages were integrated into routine health services. To equip the community health workforce, a cascade training model was adopted. Trainings were designed to build the capacity of the workforce with the necessary knowledge and skills to effectively implement and integrate stimulation and responsive parenting messages in their regular health and nutrition activities. Further, the workforce also received a detailed toolkit which included a step-by-step manual to conduct group sessions, as well as brochures and flip charts with key messages. (MCSP, 2019)

In addition to training sessions, ongoing support is also critical to develop the workforce. Supervision plays a significant role in maintaining the quality of parenting programs (Lansford et al., 2022). Aboud and Prado (2018) recommend that supervisors have higher levels of education, a deeper understanding of early childhood development, and more experience than the personnel they supervise. For example, supervisors of the Reach Up and Learn parenting program in India were expected to have social science degrees and experience working with children (Grantham-McGregor et al., 2020). The role of supervisors includes supporting the quality of the program,

sharing resources to support implementation, creating a culture of collaboration amongst their supervisees, and engaging in collaborative problem solving (Stern et al., 2018 as cited in Lansford et al., 2022). This role can be performed through observing parenting sessions, providing constructive feedback, conducting proficiency evaluations, and facilitating regular supervisory meetings (Yousafzai & Aboud, 2014; Kohli-Lynch et al., 2020; Zhang et al., 2021). A review of implementation processes for interventions that integrate nutrition and psychosocial stimulation found that common supervision strategies included face to face meetings, text messages, short bulletins with key messages, and checklists (Yousafzai & Aboud, 2014). Evidence further suggests that facilitating peer-to-peer learning is also valuable to frontline service providers (Kohli-Lynch et al., 2020; Yousafzai & Aboud, 2014). For supervision to be effective, the ratio of supervisors to frontline service providers should be manageable; sufficient training should be provided to supervisors, and support materials such as a supervision manual and observation checklist should be made available (Aboud & Prado, 2018; Smith et al., 2018). For instance, the Pakistan Early Child Development Scale-up (PEDS) program examined the effects of integrating responsive caregiving and enhanced nutrition messages within the services provided by Lady Health Workers (LHWs) who are community health volunteers in Pakistan. In addition to providing training to the LHWs, six women from the local community with a Bachelor's degree were hired to provide supervision support. The supervisors were provided up to 3 months of training that covered content on ECD, early nutrition, and supervision skills. Each supervisor was assigned a group of 10 LHWs and were responsible to provide bi-monthly supervision sessions and on-the-job coaching (Yousafzai et al., 2018).

While training and ongoing support is an important factor in developing the workforce, supportive working conditions also play a critical role in ensuring that they can perform their services effectively. Currently, several challenges plague the working conditions of early childhood personnel including low pay and heavy workloads. Personnel delivering parenting programs (e.g., community health volunteers) often have other responsibilities. A review of 32 responsive caregiving and early learning programs found that recruiting pre-existing frontline workers to deliver programs created an increased burden and created additional challenges including change in focus and coordination. Further, low remuneration or employing voluntary services also brings up concerns of sustainability and human rights implications (Kohli-Lynch et al., 2020). These conditions can make retention challenging thereby leading to a high turnover rate and disruption in the continuity of services.

Creating conditions to maintain workforce motivation is vital for program quality and staff retention. In addition to better pay, personnel may be motivated by non-monetary incentives such as personal satisfaction, elevated status in the community, capacity building opportunities, and visibly seeing benefits to children's lives (Kohli-Lynch et al., 2020; Cavallera et al., 2018). Acknowledging the importance of a motivated workforce to support the scaling of early childhood programs, Cavallera et al (2018) also highlight that strategies such as over-recruitment (i.e., hiring more staff than initially needed) can serve as a buffer for anticipated attrition.

## About the Parent Support Workforce Needs Assessment Tool

The Parent Support Workforce Needs Assessment Tool aims to help officials within Ministries and government agencies reflect on the ways in which they can support personnel delivering parent support programs for pregnant mothers and caregivers with children under 3. The tool is relevant for programs embedded in primary healthcare as well as those that are delivered across other sectors, including social/child protection, nutrition, and education. Drawing inspiration from the [Pre-Primary Sub-sector Analysis Tool](#) and the [Early Childhood Workforce Initiative's Home Visiting Workforce Needs Assessment Tool](#), the Parent Support Workforce Needs Assessment Tool is intended for countries with parent support<sup>3</sup> programs at either the sub-national or national levels.

### *Scope of the Tool*

The scope of this tool includes parent support facilitators, community health workers, nurses, social workers, and other frontline providers who work directly with young children and their families, as well as supervisors and trainers, working to deliver programs primarily in community settings and/or in health clinics. Drawing on a literature review and feedback from early childhood researchers and practitioners, the key areas of focus for the tool are summarized in Figure 1 below. Considering their influence on the role of frontline workers, the tool reflects the overall environment in which the parent support program operates as well as how it is designed and

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<sup>3</sup> We are using the terms “parent support” to refer to programs that work with parents and caregivers of children ages 0 to 3.



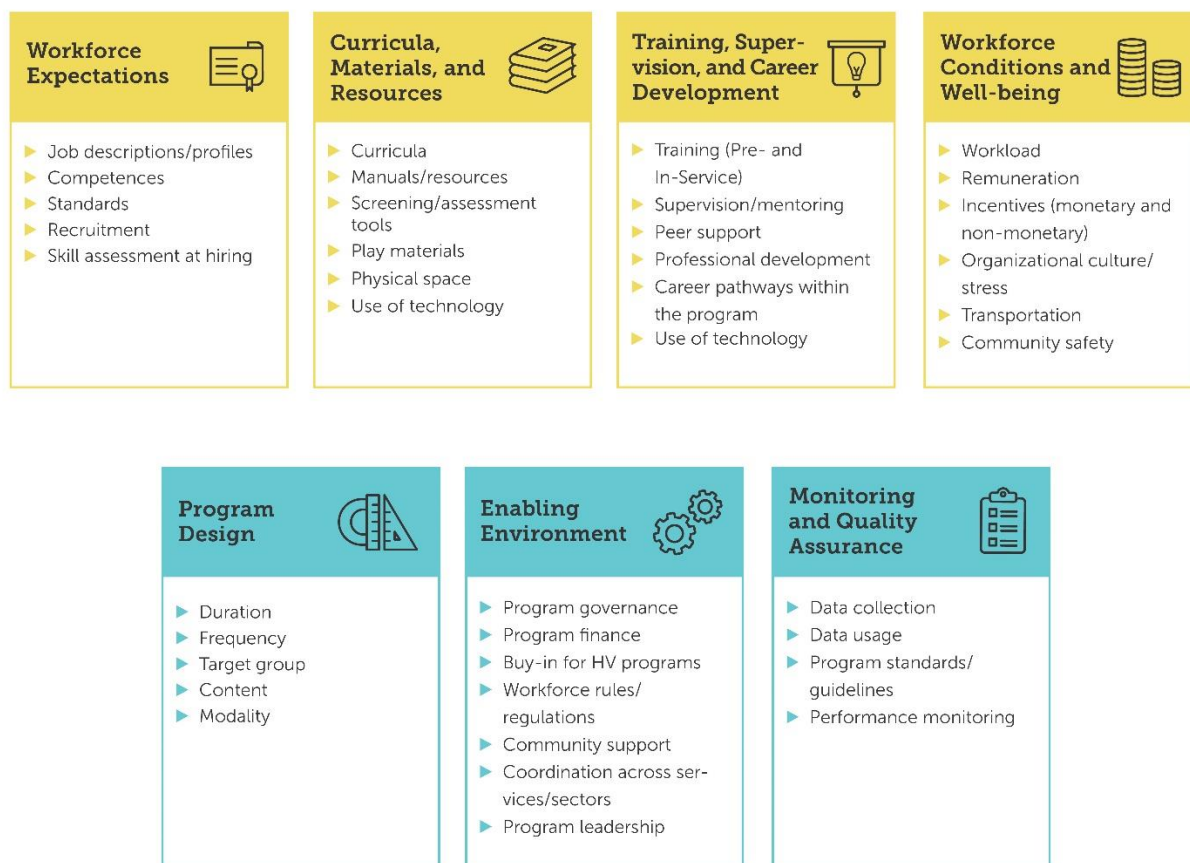
executed. Additionally, the tool addresses the support that frontline personnel receive since it impacts the way in which they carry out their tasks on a day-to-day basis and ultimately influences their relationship with families.

**Figure 1: Supporting and Strengthening the Parent Support Workforce**



The Parent Support Workforce Needs Assessment Tool includes 7 areas corresponding to these areas of focus. The main topics covered in each of these areas are included in Figure 2 below.

**Figure 2: Areas for the Parent Support Workforce Needs Assessment Tool**



### *How the Tool can be used*

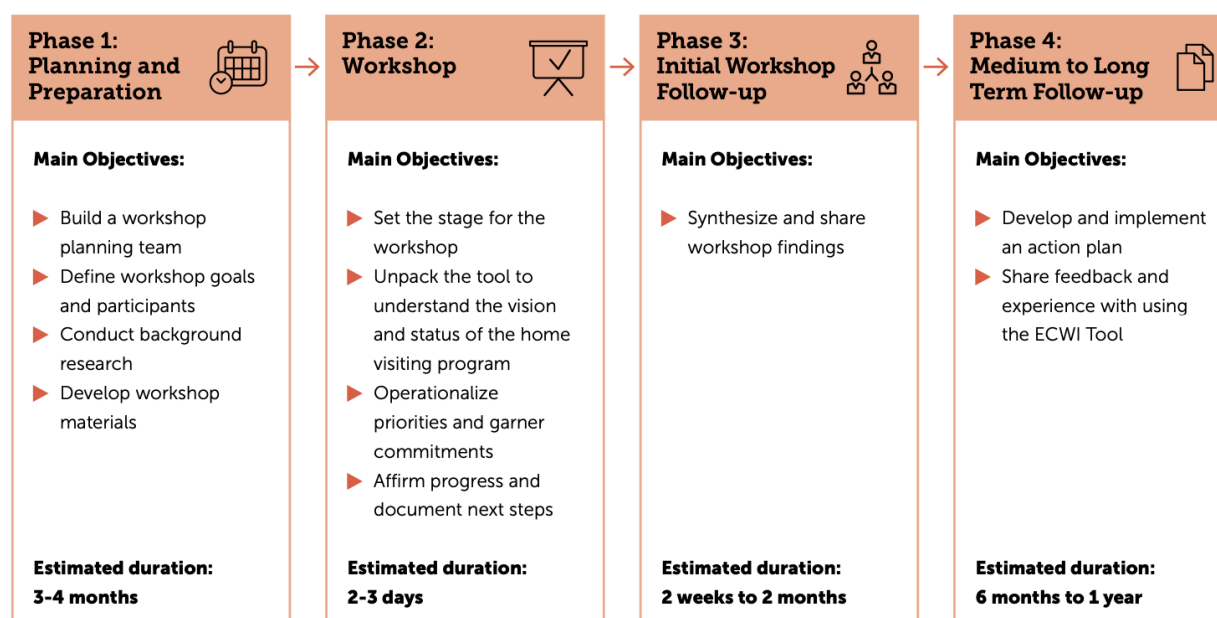
This Tool aims to help policymakers:

- Understand current workforce development policies and practices.
- Identify areas of strength and gaps.
- Prioritize areas for government attention.
- Have increased communication and knowledge exchange across stakeholders and sectors.

The Tool is primarily designed to support Ministries/government agencies interested in stock-taking or identifying new priorities/plans which address the parent support workforce. While the Tool can be used in different ways, it is envisioned that key stakeholders will come together in a participatory workshop to reflect on the current situation of their parent support program(s), identify gaps in the system, and prioritize areas for attention related to supporting and strengthening the workforce.

Building on previous experience in application of the [Home Visiting Workforce Needs Assessment Tool](#) (lessons from which are synthesized in Box 1), Figure 3 articulates an approach centering on a participatory workshop for dialogue and exchange among key stakeholders. To maximize a participatory workshop involving a wide range of stakeholders, there is value in building a core team which identifies objectives for the Tool application and synthesizes findings from the workshop to develop and implement an action plan.

**Figure 3: Recommended Process for Tool application**



### Box 1: Lessons from Application of Home Visiting Workforce Needs Assessment Tool

In 2019, the R4D and ISSA teams piloted the Home Visiting Workforce Needs Assessment Tool in Sofia, Bulgaria, in cooperation with the UNICEF Country Office and the Ministry of Health, and in Siaya County, Kenya, in cooperation with the Ministry of Health and the Government of Siaya County. Experiences and lessons learned from the pilots demonstrate the Tool's ability to provide guidance to policymakers in planning efforts to improve workforce capacity at the sub-national and national levels.

The pilot workshops included representatives from across the programs (e.g., program managers, supervisors, program leaders, frontline workers), relevant sectors (e.g. nutrition,

education, health, social and child protection), and levels of government (e.g. sub-national, national) and provided opportunities for building shared understanding among stakeholders while also supporting the identification of solutions for policy and practice. At the end of the workshops, participants noted that the Tool and workshop:

- Pushed them to think holistically about Bulgaria and Siaya County's home visiting system.
- Empowered frontline workers to constructively voice their needs and concerns to senior policy officials.
- Improved their understanding of their role and the overall complexity of the system.
- Helped to start the process of identifying actions to address challenges emerging from the workshop.
- Encouraged them to prioritize group reflection and discussion as a part of policy planning and program improvement processes.

In Kenya, the Tool, its implementation process, and the findings have contributed to the following at the County level:

- Design of program tools such as observational checklists for supervisors to assess the quality of home visits
- Inputs to draft health bills which articulate resources and support for frontline workers
- Financial commitments for supplies for frontline workers

*Excerpted from the Early Childhood Workforce Initiative's [Home Visiting Workforce Needs Assessment Tool User Guide](#).*

### *Seven Areas of the Tool*

Each area of the Tool (provided below) is organized around a series of goals and measures followed by guiding questions. It is envisioned that key stakeholders within participating countries will come together in a workshop format to reflect on these guiding questions to prioritize areas for attention related to supporting and strengthening the parent support workforce.

## Area 1: Workforce Expectations

*Providing parent support personnel<sup>4</sup> with accurate information on what they can expect in their roles not only ensures that all prospective personnel are held to the same hiring standards but can also promote career progression. The following questions allow you to reflect on how clearly your program describes the tasks parent support personnel can expect to take in their positions, the manner in which competencies and standards are used to inform training and professional development, and the processes used to recruit and hire qualified candidates.*

### Goals:

1. The program clearly describes what parent support personnel can expect in their roles.
2. The program has clearly defined competencies and standards, which are used to inform training and professional development, and monitoring and mentoring processes.
3. The program has comprehensive processes and actions in place to recruit and hire qualified candidates.



**Goal 1: The program clearly describes what parent support personnel can expect in their roles.**

### **Measure 1: The program has clear job descriptions for parent support facilitators and supervisors.<sup>5</sup>**

- ☐ Do the job descriptions for frontline workers and supervisors meet the needs of the program and account for any gaps in the existing workforce's skill set?
- ☐ Do the job descriptions accurately describe the main objectives of the program and duties and responsibilities of program personnel?
- ☐ Do the job descriptions clearly outline the compensation and benefits that program personnel will receive for their work?

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<sup>4</sup> We use the term "parenting personnel" when referring to both parent support facilitators and their supervisors.

<sup>5</sup> While the specific responsibilities of a supervisor may vary across contexts, we use this term to refer to those individuals who have authority over parent support facilitators, monitor their performance, and provide feedback, guidance and support regarding their day-to-day work with children and families.

- ☐ Are job descriptions adequately disseminated and shared with personnel?



**Goal 2: The program has clearly defined competencies and standards, which are used to inform training and professional development, and monitoring and mentoring.**

**Measure 1: The program clearly outlines competencies and standards for parent support personnel.**

- ☐ Does the program clearly outline the requirements parent support facilitators and supervisors must meet to assume a role? Does the program outline:
  - ☐ Education requirements?
  - ☐ Work experience requirements?
  - ☐ Any additional requirements (e.g., minimum age, gender, standing in the community, relevant life experience, language skills)?
- ☐ Does the program clearly state expectations for what parent support facilitators and supervisors should be able to know and do?
  - ☐ Does the program clearly outline any relevant knowledge (e.g., child development, parenting skills/approaches, community outreach) needed to carry out the work?
  - ☐ Does the program clearly outline any relevant skills and attributes (e.g., leadership, teamwork, communication, reading/writing, ability to observe, provide feedback and coaching) needed to carry out the work?

**Measure 2: Competencies and standards are closely aligned with training and professional development, monitoring and mentoring, and licensing and certification processes.**

- ☐ Are competencies and standards aligned with the training and professional development opportunities offered by the program?
- ☐ Are competencies and standards aligned with measures (e.g., monitoring checklists) used to assess personnel performance?
- ☐ Are competencies and standards aligned with any appropriate licensing and certification requirements that could help facilitate career advancement?
- ☐ Are competencies and standards used across implementation sites to ensure alignment and portability of training and qualifications for parent support facilitators across programs/locations?



**Goal 3: The program has comprehensive processes in place to recruit and hire qualified candidates.**

**Measure 1: The program employs diverse approaches to recruit qualified candidates to work as parent support facilitators and supervisors.**

- ☐ Does the program recruit candidates with appropriate qualifications for parent support facilitator and supervisor roles?
- ☐ Does the program recruit candidates from different backgrounds (e.g., socioeconomic, linguistic, religious, ethnic, cultural)?
- ☐ Does the program recruit candidates from other relevant programs (e.g., community health worker programs)?
- ☐ Does the program make an effort to recruit candidates that reflect the community that they will serve?
- ☐ Are the program's expectations and requirements aligned with backgrounds of prospective workers?
  - ☐ If not, are there efforts to revise expectations and requirements where appropriate, or are there mechanisms in place to increase the training / experience of potential applicants?

**Measure 2: The program has measures in place to assess the fit of prospective parent support personnel for work within the program.**

- ☐ Does the program have staff time dedicated to recruitment efforts?
- ☐ Do program staff interview candidates during the recruitment process?
  - ☐ Are interviews conducted by personnel knowledgeable about parent support?
- ☐ Do the program staff administer skills assessments (e.g., reading or writing assessments, role plays) to candidates during the recruitment process?
  - ☐ Do these assessments accurately reflect the tasks that frontline personnel will perform in their roles?
  - ☐ Do these assessments align with competencies for the roles?
  - ☐ Do these assessments vary based on the position (e.g., parent support facilitator or supervisor) to which a candidate is applying?
- ☐ Does the program conduct background checks for prospective personnel?
- ☐ Does the program review references from trusted sources (e.g., previous employers, community leaders)?

## Area 2: Curricula, Materials & Resources

*Providing parent support facilitators with adequate curricula, materials, and resources is not only an important way of delivering important content to families, but also empowers those with limited training and experience in early childhood development. The following questions provide an opportunity for you to reflect on the accessibility and quality of curricula, materials, and resources that your program provides to parent support facilitators and the families with whom they work.*

### Goals:

1. Parent support facilitators have curricula that support them to carry out their work.
2. Parent support facilitators have materials and manipulatives that help them carry out their work.
3. Parent support facilitators have tools and resources to conduct screenings and assessments and ensure appropriate follow-up.
4. Parent support facilitators have a physical space conducive to providing support to parents and families.



**Goal 1:** Parent support facilitators have curricula that support them to carry out their work.

**Measure 1: The program provides parent support facilitators with guidance on how to carry out sessions with parents and families.**

- ☐ Is there a structured curriculum<sup>6</sup> for the program which parenting personnel are expected to follow?
  - ☐ Is the curriculum explored in pre-service training? Are there training activities around it?
  - ☐ Is the curriculum explored during supervision?
  - ☐ Is the language in the curriculum adapted to the learning level of parent support personnel?
  - ☐ If adopted from other programs, was the curriculum translated to different languages and contextually validated before being used in visits with families?

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<sup>6</sup> We define the curriculum as the overall topics and goals addressed in the program.



- ☐ Is there a manual<sup>7</sup> available to parent support facilitators?
  - ☐ Does the manual provide parent support facilitators with session-by-session guidance?
  - ☐ Is the manual explored in pre-service training? Are there training activities around it?
  - ☐ Is the language in the manual adapted to the learning level of parent support facilitators?
  - ☐ Does the manual include graphics that illustrate how frontline personnel should conduct sessions?
  - ☐ Does the manual include tips for how to engage with families at the outset to gain their trust?
  - ☐ Does the manual include tips for how to respect and value families with diverse beliefs, needs, and cultures?
  - ☐ Does the manual include tips for how to conduct sessions virtually or in conjunction with radio/TV (if applicable)?
  - ☐ Does the manual include guidance on how to conduct group sessions (if applicable)?
- ☐ Do parent support facilitators have the freedom to adapt the curriculum and session content to the needs of families?
  - ☐ Do the curriculum and manual differentiate support for children by age and or developmental level?
  - ☐ Does the curriculum allow parent support facilitators to select topics/ activities based on the needs, development, or age of the child? Or the needs and circumstances of the family?
- ☐ Do parent support facilitators utilize the curriculum and manual on a regular basis?
- ☐ Do parent support facilitators receive guidance on how to conduct referrals?
- ☐ Do parent support facilitators receive guidance on how to assess/monitor family well-being and identify potential vulnerability factors?
  - ☐ Do parent support facilitators receive guidance on how to address vulnerability, trauma, abuse/neglect, and other risks?
- ☐ Do parent support facilitators receive guidance on how to facilitate group sessions?
- ☐ Do parent support facilitators receive guidance on how to manage crisis situations (e.g., natural disasters, health outbreaks)?



**Goal 2: Parent support facilitators have materials and manipulatives that help them carry out their work.**

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<sup>7</sup> We define the manual as the source that provides parent support personnel with practical guidance on how to achieve the topics and goals of the parenting program.

**Measure 1: The program provides facilitators with materials and manipulatives needed for service provision.**

- ☐ Does the program provide parent support facilitators with materials, such as shareable handouts, videos, etc., which serve as tools for learning during sessions?
  - ☐ Are the materials aligned with the program's topics and pertinent to child and family well-being (e.g., related to topics such as child health and nutrition, responsive caregiving, early learning, and security and safety)?
  - ☐ Are the materials inclusive of other services to support the child and family's well-being (e.g., related to other health and social welfare programs, playgroups)?
  - ☐ Are the materials available in the primary language spoken in the household?
  - ☐ Are the materials visually appealing and presented at a level understandable to families?
  - ☐ Do the images used in the material reflect the population served?
- ☐ Does the program provide parent support facilitators with manipulatives intended to stimulate engagement, such as games or children's books, to use in their interactions with families?
  - ☐ Is there a diversity of manipulatives to cater to families' needs (e.g., materials for different age groups, to support cognitive/linguistic development, to promote attachment)?
  - ☐ Does the program encourage activities using common household objects (e.g., kitchen supplies, recycled canisters) or locally sourced items (e.g., sticks, bottlecaps, cloth, etc.)? If so, do parent support facilitators receive guidance and support to make their own materials?
  - ☐ If sessions are delivered virtually, are there provisions in place to share manipulatives with families?
- ☐ Do parent support facilitators utilize these materials and manipulatives on a regular basis?
- ☐ Are there efforts to ensure that parent support facilitators have replenished materials and manipulatives on a regular basis?
- ☐ Can families keep the materials and manipulatives provided/created by the program?

**Measure 2: Parent support facilitators receive guidance on how to support families in using the materials and manipulatives provided.**

- ☐ Are these materials and manipulatives incorporated in the manual/curricula?
- ☐ Do parent support facilitators receive guidance on how to effectively incorporate materials and manipulatives in sessions?
  - ☐ Do they receive training and supervision on how to use these materials and manipulatives?
  - ☐ Do they receive guidance on how to provide feedback on how families are using the manipulatives provided?
  - ☐ Do they receive guidance on providing feedback to families in using manipulatives when sessions are offered virtually?



**Goal 3: Parent support facilitators have tools and resources to conduct screenings and assessments and ensure appropriate follow-up.**

**Measure 1: The program provides parent support facilitators with screening and assessment tools that pertain to child and family well-being.**

- ☐ Does the program provide parent support facilitators with the tools (e.g., checklists) needed to perform screenings and assessments? Are the tools:
  - ☐ Relevant to health and development; mental health and wellness; and safety and security?
  - ☐ Available and valid for different age groups?
  - ☐ Evidence-based? If so, are they updated periodically to reflect any advances made to the evidence base on early childhood development?
  - ☐ Low-cost and easy to administer and interpret?
  - ☐ Appropriate and validated for the culture, language, and social context where they will be used?
  - ☐ Designed to engage the caregiver and get their point of view?
- ☐ Do parent support facilitators receive guidance on how and when to use these tools and ensure appropriate follow-up?
  - ☐ Are there efforts to ensure that parent support facilitators know how to provide feedback to caregivers and facilitate follow-ups (e.g., making community referrals)?
  - ☐ Do parent support facilitators consult with other team members or supervisors before providing feedback and making referrals?
  - ☐ Do parent support facilitators use developmental screening both as a mechanism for making referrals and as a learning opportunity to provide developmental guidance to caregivers?
- ☐ Are assessments and screenings appropriately spaced across visits so that families are not overwhelmed by too much information gathering at any one point in time?



**Goal 4: Parent support facilitators have appropriate access to physical space and technology to enable them to conduct sessions.**

**Measure 1: Parent support facilitators have access to physical space where they can effectively provide support to parents and families in individual and group sessions.**

- ☐ Do parent support facilitators have regular access to private space where they can work with parents one-on-one where needed?
- ☐ Is the physical space where individual and group sessions take place conducive to role play?
  - ☐ Is the space clean and free of any harmful objects?

- ☐ Is there space where children and adults can freely play and is it conducive to demonstration activities?
- ☐ Is the physical space where individual and group sessions take place easily accessible?
  - ☐ Is the space in a central location?
  - ☐ Is the space safe for parents and young children to access?
- ☐ Are there toys, books, counseling cards, and other play materials within reach of families and parent support facilitators in individual and group sessions?
  - ☐ Do parent support facilitators clean toys or other materials in between sessions with families?
  - ☐ For group sessions, are there sufficient toys, books, and other materials for use across families?

**Measure 2: Parent support facilitators have access to devices and connectivity to conduct virtual sessions.**

- ☐ Are connectivity and device requirements for conducting sessions relevant to the level of existing access among parent support facilitators?
- ☐ Are there provisions to support parent support facilitators with the required equipment and internet connectivity to provide virtual sessions?
- ☐ Are digital platforms utilized for conducting virtual sessions user-friendly?
  - ☐ Do parent support facilitators receive training in using digital programs?
  - ☐ Are there dedicated staff who are available to provide support to parent support facilitators if they encounter technology issues?

## Area 3: Training, Supervision, and Career Development

*Since many personnel who support parents and families enter their roles with little background and previous experience in child development and parent support strategies, training (both pre- and in-service) and supervision are critical to imparting a core set of knowledge and skills and ensuring mechanisms for ongoing support. Career development opportunities are also essential for providing incentives for parent support personnel to remain in their roles and for developing a strong workforce. The following questions provide an opportunity for you to reflect on the accessibility and relevance of existing training and supervision for parent support facilitators*

### Goals:

1. Parent support facilitators have adequate opportunities prior to entry to develop the skills and knowledge needed to support families.
2. Parent support facilitators have adequate opportunities while in their roles to develop the skills and knowledge needed to support families and grow their careers.
3. Supervisors have adequate opportunities to develop the skills and knowledge needed to support parent support facilitators and families, and grow their careers.
4. Digital technologies are appropriately and effectively utilized to support workforce learning and professional development.



**Goal 1:** Parent support facilitators have adequate opportunities prior to entry to develop the skills and knowledge needed to support families.

*and supervisors in your program, along with career advancement opportunities.*

### **Measure 1: Pre-service training<sup>8</sup> is widely available and accessible.**

- ☐ Are pre-service training opportunities available and accessible to incoming parent support facilitators?
  - ☐ Are training opportunities offered free of charge? If not, are scholarships available?

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<sup>8</sup> We are using the term pre-service training to refer to initial preparation programs at college and universities, those available through private providers, and training offered by a parent support program prior to an individual's entry into a role.

- ☐ Are training opportunities held in locations and at times that make it easy for prospective parent support facilitators to access them?
- ☐ If transportation and accommodation are barriers for prospective parent support facilitators in attending trainings, are there stipends available to cover such costs?
- ☐ Do prospective parent support facilitators with limited formal qualifications have opportunities to enter pre-service training?
  - ☐ If they do not meet job requirements, can prospective parent support facilitators with limited formal qualifications become eligible for pre-service training after gaining relevant work or volunteer experience or attending introductory training sessions?
- ☐ Do parent support facilitators receive paid time off to participate in required training if it occurs after hiring?

**Measure 2: Pre-service training adequately focuses on the knowledge and skills most relevant for the day-to-day roles of parent support facilitators, utilizing adult learning principles to maximize transfer of skills and knowledge.**

- ☐ Do pre-service training opportunities cover knowledge and skills most relevant to the day-to-day roles of parent support facilitators?<sup>9</sup>
  - ☐ Do pre-service training opportunities cover knowledge and skills needed to deliver virtual sessions?
- ☐ Are pre-service training opportunities aligned with competencies for the parent support facilitator role?
- ☐ Are pre-service training opportunities tailored to the learning level of parent support facilitators?
- ☐ Do pre-service training opportunities cover the rationale for the program to ensure buy-in for the work?
- ☐ Do pre-service training opportunities incorporate opportunities for parent support facilitators to apply skills learned (e.g., role play, mock interactions with parents)?
  - ☐ Do prospective parent support facilitators have opportunities to shadow those currently in the role during pre-service training?
- ☐ Are pre-service offerings regularly updated based on the needs and challenges of parent support facilitators?
  - ☐ Do parent support facilitators have opportunities to provide feedback on their experiences in pre-service training once they have assumed their roles?

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<sup>9</sup> Depending on the content of the program, key topics may include: conducting developmental screening, child health and development, promotion of nurturing care and psycho-social stimulation, communicating with caregivers, working with families from different backgrounds (e.g., socioeconomic, linguistic, religious, ethnic, cultural), accessing community resources, parent mental and behavioral health, social support, economic support, and intimate partner violence.

- ☐ Is there a process in place to certify pre-service training which meets relevant criteria?



**Goal 2: Parent support facilitators have adequate opportunities while in their roles to develop the skills and knowledge needed to support families and grow their careers.**

**Measure 1: In-service training is widely available and accessible, and adequately focuses on the knowledge and skills most relevant for the day-to-day roles of parent support facilitators.**

- ☐ Are in-service training opportunities available and accessible to all parent support facilitators (e.g., offered on a regular basis, at a low cost or free of charge, held in easily accessible locations or offered virtually)?
  - ☐ If transportation is a barrier for parent support facilitators in attending trainings, are there stipends available to cover such costs?
  - ☐ If training is mostly online, are there opportunities for in-person interactions and support?
  - ☐ Are parent support facilitators able to leave work to participate in these opportunities? Do they receive paid time off to participate?
- ☐ Are in-service training opportunities responsive to and reflective of the roles and responsibilities of parent support facilitators?<sup>10</sup>
  - ☐ Are topics relevant to their day-to-day roles?
  - ☐ Do in-service training opportunities include guidance on conducting virtual sessions?
  - ☐ Do parent support facilitators have the option to select training opportunities based on their particular needs?
  - ☐ Does in-service training align with the competencies for their roles?
  - ☐ Does in-service training offer opportunities for parent support facilitators to apply skills learned (e.g., role play, mock group sessions)?
  - ☐ Does in-service training provide the opportunity for parent support facilitators to interact with peers and share challenges, experiences and lessons?

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<sup>10</sup> Depending on the content of the parenting program, key topics may include: conducting developmental screening, child health and development, promotion of nurturing care and psycho-social stimulation, communicating with caregivers, working with families from different backgrounds (e.g., socioeconomic, linguistic, religious, ethnic, cultural), accessing community resources, parent mental and behavioral health, social support, economic support, and intimate partner violence.

- ☐ Do in-service training opportunities cover the rationale for the program to ensure buy-in for the work?
- ☐ Are trainers knowledgeable about the processes and content of parenting sessions, including home visits as a delivery strategy?
  - ☐ Do trainers have previous experience working in similar roles as parent support facilitators?
  - ☐ Do trainers have opportunities to learn how to best impart new knowledge and skills to parent support facilitators?
- ☐ Do parent support facilitators have opportunities to provide feedback on their experiences in in-service training?
  - ☐ If so, are in-service offerings regularly updated based on their needs and challenges?
- ☐ Is there a process in place to certify in-service training which meets relevant criteria?

**Measure 2: Parent support facilitators receive regular and relevant professional support from trained supervisors.**

- ☐ Are parent support facilitators assigned to supervisors?
  - ☐ If not, do they receive support from others (e.g., mentor, peers)?
  - ☐ Do supervisors meet with parent support facilitators individually, frequently, and on a regular basis?
  - ☐ Is the ratio of supervisors to parent support facilitators reasonable?
  - ☐ Do supervisors facilitate group supervision opportunities that promote peer learning and sharing among parent support facilitators?
- ☐ Are supervisors knowledgeable about the processes and content of parenting sessions?
  - ☐ Do supervisors have previous experience working in similar roles as parent support facilitators?
  - ☐ Do supervisors (or other staff) have technical knowledge on topics related to promoting responsive caregiving?
- ☐ Do supervisors address the needs most relevant to frontline workers?
  - ☐ Are there opportunities in supervisory sessions for parent support facilitators to reflect on their work and challenges they are facing?
  - ☐ Are supervisors available to address emergent issues with families?
  - ☐ Do supervisors accompany visitors to their sessions and provide feedback on their work?
  - ☐ Are there opportunities for parent support facilitators to watch or listen to recordings of their own sessions to aid in their reflection on their work?
  - ☐ Do supervisors have checklists/manuals available to be able to systematically reflect on what is happening in a session?
- ☐ Do parent support facilitators participate in a formal performance assessment process where accomplishments and areas for improvement are identified, documented, and discussed with their supervisor?



- ☐ Is this feedback considered in decisions about contract extensions, promotions, and pay increases?
- ☐ Does the program clearly outline performance expectations for parent support facilitators?
- ☐ Do supervisors collect feedback from a range of sources including parents and parent associations?

**Measure 3: Parent support facilitators have appropriate opportunities and incentives for career development and advancement.**

- ☐ Are parent support facilitators eligible for pay increases and promotions based on performance, length of time working with the program, or completion of additional training?
- ☐ Are career pathways defined within the program?
  - ☐ Are there regular opportunities for high-performing parent support facilitators and supervisors to advance to different positions within the program?
  - ☐ Does the program recruit and hire supervisory personnel from within the ranks of the program?



**Goal 3: Supervisors have adequate opportunities to develop the skills and knowledge needed to support parent support facilitators and families, and grow their careers.**

**Measure 1: Supervisors have sufficient opportunities to gain knowledge and skills to support their work with parent support facilitators.**

- ☐ Are (pre- and in-service) training opportunities available and accessible to supervisors? (e.g., offered on a regular basis, at a low cost or free of charge, held in easily accessible locations or offered virtually, updated regularly based on needs and challenges, etc.)
  - ☐ If training is mostly online, are there opportunities for in-person interactions and support?
  - ☐ If transportation is a barrier for supervisors in attending trainings, are there stipends available to cover such costs?
  - ☐ Are supervisors able to leave work to participate in these opportunities? Do they receive paid time off to participate?
- ☐ Are training opportunities focused on important components of supervision (e.g., assigning roles and responsibilities, providing feedback, interpersonal relations, adult learning, organizational culture)?
- ☐ Do supervisors have the option to select training opportunities based on their particular needs?
- ☐ Do training opportunities incorporate opportunities for supervisors to apply skills learned (e.g., role play, mock sessions, or supervision)?

**Measure 2: Supervisors receive regular and relevant support from program leaders<sup>11</sup>.**

- ☐ Are supervisors assigned to program leaders, managers, or mentors who can offer support and guidance?
  - ☐ Do supervisors meet with an assigned program leader individually, frequently, and on a regular basis?
- ☐ Do supervisors have the opportunity to interact with peers and share challenges, experiences and lessons?
- ☐ Do supervisors participate in a formal performance assessment process where accomplishments and areas for improvement are identified, documented, and discussed with their assigned program leader?
  - ☐ Is this feedback considered in decisions about contract extensions, promotions, and pay increases?
  - ☐ Does the program clearly outline performance expectations for supervisors?
  - ☐ Do parent support facilitators provide input in supervisor performance assessments?

**Measure 3: Supervisors have appropriate opportunities and incentives for career development and advancement.**

- ☐ Are supervisors eligible for pay increases and promotions?
- ☐ Are career pathways defined within the program?
  - ☐ Are there regular opportunities for high-performing supervisors to advance to different positions within the program?
  - ☐ Does the program recruit and hire program leaders from within the ranks of the program?



**Goal 4: Digital technologies are appropriately and effectively utilized to support workforce learning and professional development.**

**Measure 1: Connectivity and device requirements make technology usage accessible among parent support personnel.**

- ☐ Are connectivity and device requirements relevant to the level of existing access among parent support facilitators?
  - ☐ Are there provisions made for ensuring that parent support facilitators have the required equipment and internet connectivity to engage in learning and professional development sessions?

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<sup>11</sup> We define “program leaders” as those managing the program at a government or non-government agency.

**Measure 2: Pre- and in-service training appropriately and effectively use technology to increase access and quality of opportunities. (If pre- and/or in-service training opportunities rely on digital technologies:)**

- ☐ Are digital platforms user-friendly?
  - ☐ Have parent support facilitators been included in the design of digital trainings?
  - ☐ Have programs been tested by parent support facilitators before full roll-out?
- ☐ Have parent support facilitators received support in using digital technologies to complete training?
- ☐ Are digital programs regularly updated to ensure relevance of content and incorporate feedback from target users?

## Area 4: Workforce Conditions and Well-being

***Poor working conditions can lead to recruitment challenges, high turnover, and low job satisfaction among parent support personnel which can in turn compromise the quality of service provision. Given the importance of ensuring adequate working conditions, the questions below help you reflect on compensation, mechanisms for recognizing the workforce, workload, and organizational culture in your program.***

### **Goals:**

1. Parent support personnel are adequately compensated and receive incentives that increase their job satisfaction.
2. Parent support facilitators have manageable workloads and measures are in place to minimize their stress levels.
3. The program promotes a supportive and collaborative organizational culture that prioritizes the safety of parent support facilitators.



**Goal 1: Parent support personnel are adequately compensated and receive incentives that increase their job satisfaction.**

### **Measure 1: Parent support personnel have job security.**

- ☐ Does the program provide parent support personnel with longer term (e.g., longer than six months) or permanent contracts (instead of fixed term)?
- ☐ Are there policies in place for personnel hiring/ dismissal procedures?
  - ☐ Are these policies equitable and fair to all parent support personnel?
  - ☐ Are these policies clearly communicated to parent support personnel?
  - ☐ Are there mechanisms for worker grievances and resolution regarding hiring/ dismissal practices, working hours, and other working conditions?

### **Measure 2: Parent support personnel receive competitive pay and benefits and reimbursement for costs if they are volunteers.**

- ☐ Are parent support facilitators and supervisors remunerated for their work?
  - ☐ Do they receive a predetermined amount of compensation on a fixed basis (e.g., weekly, bimonthly, monthly)?
  - ☐ Do they receive payments on time without delays?
  - ☐ Does the amount of compensation reflect the time and effort it takes to carry out their work?
  - ☐ Does the compensation match those of peers in similar settings (e.g., other health workers or workers with the same level of education, pre-primary workforce)?

- ☐ Does compensation vary based on education and/or the number of years of experience a frontline worker has?
- ☐ Are there opportunities for pay increases based on criteria such as performance and the length of time spent working with the program?
- ☐ Is pay for parent support personnel institutionalized in policy to ensure sustainability in the face of political changes?
- ☐ If parent support facilitators are unpaid/volunteers, does the program cover all out-of-pocket expenses (e.g., transportation, costs of materials or training)?
- ☐ Do parent support personnel receive paid time off and regular breaks?

**Measure 3: There are opportunities for parent support personnel to receive recognition for their work.**

- ☐ Are there regular opportunities to recognize (e.g., bonuses, awards, public recognition of achievement) parent support personnel for their work?
  - ☐ Does the program clearly explain how parent support personnel can receive these incentives?
  - ☐ Are there criteria available for supervisors to determine how personnel can receive these incentives?
  - ☐ Do supervisors readily use available incentives?

**Measure 4: There are opportunities for unpaid workers/volunteers to receive recognition for their work.**

- ☐ If the program relies on volunteers, are there opportunities to recognize (e.g., in-kind contributions) them for their work?
- ☐ Does the program provide volunteers with a pathway in which to transition from volunteers to paid (e.g., stipend or salaried) staff?
- ☐ Do volunteers receive time off and regular breaks?

**Measure 5: There is a strategy in place to address worker turnover.**

- ☐ Are data on turnover of parent support personnel available (i.e., % of workers leaving their roles on an annual basis)?
- ☐ Is information gathered on the reasons that parent support personnel leave the profession?
  - ☐ Are there efforts (e.g., environmental scans, market analyses, compensation reviews) in place to address known challenges to retaining parent support personnel?



**Goal 2: Parent support facilitators have manageable workloads and measures are in place to minimize their stress levels.**

**Measure 1: Parent support facilitators are efficiently able to manage their workloads and minimize their stress levels.**

- ☐ Are the responsibilities and number of work hours stipulated in the job description for parent support facilitators reasonable?
  - ☐ If so, do the responsibilities and number of work hours align with what occurs in practice?
- ☐ Do parent support facilitators have manageable workloads?
  - ☐ Are there policies in place that stipulate caseloads for parent support facilitators?
    - ☐ If so, are these caseloads reasonable?
  - ☐ Do parent support facilitators have a reasonable amount of administrative duties (e.g., filling out paperwork)?
  - ☐ Do parent support facilitators work a reasonable number of hours each day?
  - ☐ Are there measures in place (i.e., additional recruitment) to ensure that parent support facilitators don't become overburdened when enrollment rates increase?
  - ☐ Are there measures in place to address potential demands of working non-traditional hours, such as weekend or evening sessions (e.g., supplemental compensation, extra time off, flexible work schedules)?
  - ☐ Do they receive adequate support from their supervisors in managing their workloads?
  - ☐ Are there mechanisms to address workload or other challenges related to their working conditions?

**Measure 2: Supervisors are efficiently able to manage their workloads as well as the workloads of their supervisees and assist them with reducing stress.**

- ☐ Do the responsibilities and number of work hours stipulated in the job description for supervisors align with what occurs in practice?
- ☐ Do supervisors have manageable workloads?
  - ☐ Are supervisors responsible for a reasonable number of supervisees?
  - ☐ Do supervisors have a reasonable amount of administrative duties (e.g., filling out paper work and conducting community outreach)?
  - ☐ Do supervisors receive pre-and in-service training on how to best provide technical assistance and ongoing support to frontline workers in individual and group settings related to managing their workloads and stress?
  - ☐ Do supervisors work a reasonable number of hours each day?
  - ☐ Are there measures in place (e.g., additional recruitment) to ensure that supervisors don't become overburdened when program's enrollment rates increase?
  - ☐ Are there measures in place to address potential demands of working non-traditional hours, such as weekend or evening visits (e.g., supplemental compensation, extra time off, flexible work schedules)?
  - ☐ Do supervisors receive adequate support from program leadership in managing their workloads?

- ☐ Are there mechanisms to address workload or other challenges related to their working conditions?



**Goal 3: The program promotes a supportive and collaborative organizational culture that prioritizes the safety of parent support facilitators.**

**Measure 1: The program promotes an organizational culture that encourages constructive feedback.**

- ☐ Do parent support facilitators have opportunities to provide feedback to their supervisors?
- ☐ Do supervisors have opportunities to provide feedback to program leaders and on the program at large?
- ☐ Does the program promote a positive workplace culture<sup>12</sup>?
  - ☐ Does the program encourage peer support among parent support facilitators?
  - ☐ Does the program promote open and supportive communication among parent support facilitators?

**Measure 2: The program promotes overall workforce well-being.**

- ☐ Do supervisors offer parent support facilitators opportunities to express any mental health concerns or burnout that are affecting their well-being and/or performance?
  - ☐ Do supervisors inquire how parent support facilitators' day-to-day work is influencing their overall well-being?
- ☐ Do supervisors refer parent support facilitators to mental health services if needed?
  - ☐ Do parent support facilitators have opportunities to receive mental health support from peers?
  - ☐ Do parent support facilitators have opportunities to receive anonymous support (e.g., hotlines)?
- ☐ Do parent support facilitators have the opportunity to take on flexible schedules (e.g., remote work, part-time schedule, hours aligned with family/childcare needs) if compatible with the program design/objectives?

**Measure 3: The program values community health and safety and takes measures to ensure the health and safety of its parent support personnel.**

- ☐ Do parent support facilitators have access to personal protective equipment to protect them from contracting infection while on the job?

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<sup>12</sup> We define a positive workplace culture to be one that is conducive to productivity by encouraging collaboration, open communication, and constructive feedback among parent support facilitators and supervisors.

- If outreach through home visits is required, are safety measures in place to help parent support facilitators and supervisors conduct sessions?
  - Are there mechanisms for parent support facilitators and supervisors to express safety concerns and guidelines/ protocol for how to address them?



## Area 5: Program Design

*How parent support personnel carry out their roles depends greatly on the design of a program. While some aspects of program design do not directly involve the workforce, they influence how the workforce supports families and their overall well-being. The following questions provide an opportunity for you to reflect on key aspects of your program's design including its target population, intensity of services, and content.*

### Goals:

1. The parent support program has a clear focus in terms of which children and families to serve and disseminates information on the program to targeted groups for enrollment.
2. The program has a theory of change that clearly defines the outcomes of the program and mechanisms for achieving these outcomes.
3. The program's content and dosage are appropriately designed to achieve the intended outcomes.



**Goal 1:** The parent support program has a clear focus in terms of which children and families to serve and disseminates information on the program to targeted groups for enrollment.

### **Measure 1: The program has a clear target population of children and families to reach.**

- ☐ Does the program have clear guidance on which children and families it aims to serve (e.g., universal, targeted)?
  - ☐ Does the program define the primary caregivers it will engage?
  - ☐ If mothers are the primary caregivers, does the program also have guidance on how to engage or support fathers and other caregivers?
  - ☐ If the program works with both male and female caregivers, does it provide guidance on how to engage and support mixed groups?
- ☐ If targeted parent support services are offered:
  - ☐ Does the program conduct a needs assessment to determine its target population?
  - ☐ Does the program outline eligibility criteria for families, including around indicators of vulnerability ?<sup>13</sup>

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<sup>13</sup> Vulnerability criteria could include: income level, children with special needs, young and/or single mothers, families with a history of child mistreatment, substance abuse, domestic violence, mental health needs, or HIV status, refugee or crisis-affected populations, minorities or other

- ☐ Does the program have a clear understanding of the size of its target population? Does the program have a strategy to project any changes to the target population size over time?
- ☐ Does the program have the capacity to reach members of its target population (e.g., adequate number of parent support facilitators to maintain service ratios and other quality standards)?
- ☐ Does the program review eligibility criteria on a regular basis to ensure that it reflects updated data and population needs?

**Measure 2: The program uses a variety of methods to inform and enroll target families into the program.**

- ☐ Does the program disseminate information about the program and services offered to reach diverse families across the geographic scope of interest (i.e., local community, region, country) through trusted and accessible channels (e.g., health centers, religious centers, community centers, local markets, radio programs)?
- ☐ Does the program work to remove barriers that might limit enrollment of vulnerable populations (e.g., translated materials, multiple enrollment locations)?
- ☐ Do parent support personnel receive training on how to conduct outreach to enroll families in the program(s)?
  - ☐ Do parent support personnel receive training and ongoing monitoring on how to apply eligibility criteria when conducting outreach to enroll families in the program?
  - ☐ Do parent support facilitators receive training on how to interact with prospective families in clinic settings to encourage their engagement with the program?
- ☐ Are referring providers (e.g., nurses, pediatricians, social workers?) aware of the program, its benefits, and how to enroll families?
  - ☐ Do referring providers receive information on the program and what it does?
  - ☐ Do referring providers receive training as well as reminders on how to refer families to programs?



**Goal 2: The program has a theory of change that clearly defines the outcomes of the program and mechanisms for achieving these outcomes.**

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marginalized populations, military families with deployed caregivers, and/or referrals from other health and social welfare programs.

**Measure 1: The program has a theory of change<sup>14</sup> that defines the program’s intended outcomes.**

- ☐ Does the program have a theory of change that informs the design of the program?
  - ☐ To what extent are the outcomes of the program focused on child and family well-being?<sup>15</sup>
  - ☐ Does the program clearly identify both intermediate and long-term outcomes for the children and families it serves?
- ☐ Do the program leaders regularly revisit their theory of change to ensure their assumptions, services, and outcomes are still valid?
- ☐ If the program is a pilot, do program leaders revisit the theory of change and plans for expansion?
- ☐ Do the program leaders consult with a wide range of stakeholders including community leaders and parent support personnel when developing and revising the theory of change?

**Measure 2: The program has clearly defined mechanisms (i.e., services and activities) for achieving its outcomes.**

- ☐ Is there alignment between the services provided by the program and the theory of change?
  - ☐ Are there clear (e.g., logical, well-articulated) pathways between the services provided and the program’s intermediate and long-term outcomes?



**Goal 3: The program’s content and dosage are appropriately designed to achieve the intended outcomes.**

**Measure 1: The program covers topics relevant for supporting child and family well-being.**

- ☐ Do the program topics address all of the components of the Nurturing Care Framework?<sup>16</sup>

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<sup>14</sup> We define the theory of change as the logic of how the parent support program’s inputs, activities and services contribute to achieving its intended outcomes. A theory of change explains how the activities undertaken by an intervention (such as a project, program or policy) contribute to a chain of results that lead to the intended or observed impacts.

<sup>15</sup> We define “Child and Family Well-being” to include the child’s health and development, as well factors influencing caregivers’ ability to succeed in their caregiving role and provide nurturing care, which includes their physical and mental health and environmental security, among others.

<sup>16</sup> The Nurturing Care Framework defines five inter-related components of nurturing care: good health, adequate nutrition, safety and security, responsive caregiving, and opportunities for early learning. Source: World Health Organization [WHO], United Nations Children’s Fund [UNICEF], & World Bank Group. (2018). *Nurturing care for early childhood development: A framework for helping children survive and thrive to*

- ☐ If not, does the program ensure that families receive support on the remaining components and topics through other services (e.g., coordinate or establish service-level partnership agreements with other providers)?
- ☐ Do parent support facilitators have the flexibility to adjust the topics and content of sessions based on a family's expressed or observed needs?
  - ☐ If so, do frontline personnel receive guidance on how to make these adjustments?

**Measure 2: Multiple strategies are utilized to support child and family well-being.**

- ☐ Are child and family well-being addressed comprehensively through a range of approaches such as group sessions, home visits, and/or other strategies?
- ☐ Do parent support facilitators model supportive behaviors (e.g., responsive interactions<sup>17</sup>) with families during individual sessions and/or group sessions?
- ☐ Do parent support facilitators offer caregivers the opportunity to practice new skills and provide coaching on these skills in individual sessions and/or group sessions?
- ☐ Do parent support facilitators offer caregivers information or support in accessing relevant resources (e.g., birth registration, social care services, cash or in-kind transfers and social insurance, health and well-being programs, early learning services, developmental support, etc.)?

**Measure 3: The program is designed to engage with families over an extended period of time and with sufficient frequency to develop supportive relationships.**

- ☐ Does the program engage with families over a long enough time frame that they are able to develop a relationship with parent support facilitators?
  - ☐ Do services begin prenatally? If not, does the program coordinate with other services that may engage with the family during this period?
  - ☐ If sessions are not delivered regularly (e.g., weekly or monthly), are they aligned with expected developmental milestones or delivered regularly enough to identify potential delays?
- ☐ Are sessions (e.g., group meetings or home visits) offered with enough frequency that families are able to develop a relationship with parent support facilitators?
  - ☐ If the number of sessions varies over the course of participation in a program, are they timed such that they are more frequent at the outset?

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*transform health and human potential.*

<https://apps.who.int/iris/bitstream/handle/10665/272603/9789241514064-eng.pdf>

<sup>17</sup> Responsive Interactions for Learning: Helping Children Reach Their Potential, Retrieved from <https://blogs.iadb.org/desarrollo-infantil/en/responsive-interactions-for-learning-helping-children-reach-their-potential/>

- ☐ Do parent support facilitators have the flexibility to adjust the number of visits based on a family's observed or expressed needs?
- ☐ Do parent support facilitators keep in touch with families in-between sessions (or provide availability to do so) through calls, texting, or other locally-accessible means?
- ☐ If interactions with families are more ad hoc, are there strategies in place to refer them to more ongoing support?

**Measure 4: Parent support facilitators can substantively engage with families during sessions.**

- ☐ Do parent support facilitators have sufficient time to:
  - ☐ Provide quality care and service during interactions with families?
  - ☐ To cover the intended content?
  - ☐ To make the family feel comfortable and not rushed, and to address their concerns?
  - ☐ To assess/monitor the child's well-being and identify potential vulnerability factors?
  - ☐ To assess/monitor family well-being and identify potential vulnerability factors?
- ☐ Do parent support facilitators have sufficient time and opportunities to discuss potential vulnerability factors with their supervisor and arrange follow-up or referral services?
  - ☐ If so, do supervisors have the time and capacity to provide guidance to parent support facilitators?
  - ☐ Do supervisors have the time and capacity to engage with the family to provide appropriate follow-up or referral services, when needed?
- ☐ If sessions are offered virtually or in conjunction with radio/TV, are there mechanisms in place to ensure that families have access to required hardware and software needed?
  - ☐ If sessions are offered virtually or in conjunction with radio/TV, are there staff able to troubleshoot challenges with families in accessing hardware and software needed?

## Area 6: Enabling Environment

*The overall context in which a program operates influences the strength of its operations. This has implications for the types of personnel working in a program and how they are supported to carry out their work, and ultimately influences their performance. The following questions provide an opportunity for you to reflect on the overall context in which your program operates including related to how responsibilities are divided among levels of government, buy-in for the program, available funding, and the capacity of leadership.*

### Goals:

1. Responsibilities for program services are clear across sectors and levels of government and have buy-in from relevant actors.
2. The program has stable and adequate funding to support implementation of parent support services.
3. The program effectively supports referrals to other relevant government and non-government services.



**Goal 1:** Responsibilities for program services are clear across sectors and levels of government and have buy-in from relevant actors.

**Measure 1: There are clear roles and responsibilities and effective coordination for program planning and implementation across different sectors, levels of government<sup>18</sup>, and non-government agencies.**

- ☐ Is the allocation of roles, responsibilities, and tasks for different aspects of the program (e.g., training personnel, compensating personnel, and monitoring visits) among different levels of government and for non-government agencies clear?
  - ☐ Are there policies or plans in place to specify the roles/responsibilities of different levels of government (e.g., national, regional, local) and non-government agencies involved?
  - ☐ Are fiscal responsibilities across levels of government and for non-government agencies clear?

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<sup>18</sup> We define the different levels of government as local, national, or regional.

- ☐ Is there coordination across sectors, different levels of government, and non-government agencies?
  - ☐ Are there mechanisms in place for officials at different levels of government and non-government agencies to share information, updates, and make relevant decisions?
  - ☐ Does the program encourage inter-sectoral collaboration (e.g., across health, education, social protection) with clearly defined roles for each sector?

**Measure 2: There is wide support and buy-in for the program.**

- ☐ Do existing policies/plans institutionalize the program in policy planning processes?
  - ☐ Are there integrated (multisector) ECD policies that reference the program, or the types of services it provides, at the national or sub-national level?
  - ☐ Is the program incorporated in a relevant sector plan?
  - ☐ Is there legislation to ensure the program's sustainability over time?
- ☐ Do leaders at different levels of government and in various roles share a sense of ownership for the program and its success?
  - ☐ Are data on the program's purpose and impact regularly shared with leaders at the national, sub-national, and community levels?
  - ☐ Do leaders at the community level (e.g., health and social protection focal persons, community elders) encourage participation in the program?
- ☐ Does the general public value the program?
  - ☐ Has the program conducted any needs assessments (e.g., administering surveys) to determine public interest in investing in early childhood and parent support services?
  - ☐ Does the program make use of communications channels (e.g., television, radio, newspaper) to generate public support (e.g., disseminate information on the program, its purpose, its impact, and on the role of parent support facilitators)?



**Goal 2: The program has stable and adequate funding to support implementation of parent support services.**

**Measure 1: There are stable sources of funding at various levels of government.**

- ☐ Are there stable sources of funding for the program at various levels of government?

- ☐ Does the program rely on funding from external sources?<sup>19</sup>
  - ☐ If so, is there a plan in place to transition to internal sources in the medium-term (e.g., approx. 5 years)?
- ☐ Is funding for the program institutionalized through a line item in relevant budget(s)?
- ☐ Are there opportunities for sub-national levels of government to receive funding from higher levels of government based on need?
- ☐ Is funding for the program delivered between levels of government, different agencies, or partners efficiently and transparently?

**Measure 2: Program budgets reflect service needs.**

- ☐ Are budgets at various levels of governments based on actual costs and projections?
  - ☐ Are budgets across different levels of government/various agencies aligned?
  - ☐ Do budgets account for support for key areas of need including in-service training, materials/resources, compensation for personnel?
  - ☐ Is there a systematic collection and aggregation of direct and indirect costs to inform ongoing budgeting?
  - ☐ Does the budget account for resources that may be available from other programs and sub-sectors?
  - ☐ Are budgets revised on a regular basis to ensure that changing program needs/costs are accounted for?

**Measure 3: Program leaders (at government or non-government agencies) have the tools and resources needed to align the budget with the program's goals.**

- ☐ Do program leaders (i.e., those managing the program at a government or non-governmental agency) have the necessary management and financial skills to develop program budgets and allocate program resources to achieve service goals?
- ☐ Do program leaders have the management skills (e.g., communication and strategic thinking skills), together with the programmatic experience (e.g., knowledge of the program and parent support practices), to ensure that budgets are aligned with the program model and its intended service goals?
- ☐ Do program leaders have the financial planning skills to effectively manage program budgets?

**Measure 4: Program funds are used for their intended purpose.**

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<sup>19</sup> We define “external sources” as funding from outside of national or local government, which could be domestic (e.g., private companies, local NGOs) or international (e.g., bilateral or multilateral agencies, private foundations) in origin.



- ☐ Does the program provide periodic updates (e.g., monthly, quarterly, etc.) on spending? By budget category?
- ☐ Does the program hold periodic reviews (e.g., monthly, quarterly, etc.) or other mechanisms to ensure that program funds are efficiently distributed and used for their intended purpose?



**Goal 3: The program effectively supports referrals to other relevant government and non-government services.**

**Measure 1: The program makes effective referrals at the service delivery level.**

- ☐ Does the program have a strong referral system in place?
  - ☐ Does the program have a way of knowing all the services a child/family may be receiving?
    - ☐ If so, are there efforts to align these services?
  - ☐ Does the program have a means of knowing that the services being referred to are well equipped (e.g., well-trained personnel, enough resources, enough workers to serve families)?
  - ☐ Do parent support personnel have access to up-to-date information on services offered through other programs/agencies (e.g., immunizations, cash transfer programs) so that they can make relevant referrals?
  - ☐ Do program curricula and training materials for parent support facilitators include current information on other support services for families?
    - ☐ If so, are parent support facilitators trained to make connections with other services and assist families in following through on these referrals?
  - ☐ Does the program periodically follow up with families after referrals have been made to ensure services are appropriate and well-received and to solicit any feedback?
  - ☐ Do parent support facilitators have opportunities to provide feedback on the current referral system?
  - ☐ Is current information about the services offered through the parent support program disseminated to other relevant government and non-government agencies to facilitate referrals across services?
    - ☐ Do program leaders and/or other personnel disseminate information on the services it offers to other government/non-government entities?
    - ☐ Do program leaders and/or other personnel participate in relevant community planning groups, task forces, or advisory groups so that they are knowledgeable about community resources?
  - ☐ Do referring providers where the program operates (e.g., clinic/hospital settings) have regular interactions with parent support facilitators?

- ☐ Do referring providers and parent support facilitators have means of communicating regarding enrolled families and their needs?

## Area 7: Monitoring & Quality Assurance

*To understand the quality of services delivered and identify how best to improve services, monitoring and quality assurance mechanisms are needed. The following questions provide an opportunity for you to reflect on the manner in which comprehensive monitoring and quality assurance systems are upheld in your program, the capacity in which they are implemented, and the way in which they are used to ensure the sustainability of the program.*

### Goals:

1. There is a monitoring and quality assurance system with clear standards and data collection procedures.
2. There is sufficient capacity to implement the monitoring and quality assurance system.
3. Results of the monitoring and quality assurance system are used to guide personnel support and professional development along with human resource planning.



**Goal 1:** There is a monitoring and quality assurance system with clear standards and data collection procedures.

### **Measure 1: The purpose of monitoring quality and types of data to collect are clear.**

- ☐ Are the overall purpose and scope of the monitoring system consistent with the program's theory of change?
- ☐ Are the overall purpose and scope for the monitoring system communicated to all levels of program personnel and other relevant stakeholders (e.g., parents)?
- ☐ Does the program collect data consistent with the theory of change?
  - ☐ Does the program collect implementation data (i.e., what parent support facilitators are doing) on a regular basis (e.g., weekly, bimonthly, monthly, etc.)?
  - ☐ Does the program collect outcome data (i.e., how children/ families are doing) on a regular basis (e.g., weekly, bimonthly, monthly, etc.)?

### **Measure 2: Well-defined program quality standards are in place.**

- ☐ Are there minimum standards for program quality?
  - ☐ If so, do these standards address topics relevant to structural and process quality such as: parent support facilitator and supervisor caseload, frequency and duration of visits, topics covered, and parent support facilitator interactions with children and parents?

- ☐ Have diverse stakeholders (e.g., parent support facilitators, supervisors, parents, program leaders, researchers) provided input during the process of developing these standards?
- ☐ Are the program quality standards communicated to all levels of program leaders and facilitators, as well as other relevant stakeholders (e.g., parents)?
- ☐ Are program standards regularly reviewed and revised to account for changing needs/circumstances?

**Measure 3: There are procedures in place to ensure the quality and efficiency of monitoring practices.**

- ☐ Are data collection processes and tools standardized to ensure that information collected across sites and levels is captured in similar ways and will have similar meanings?
- ☐ Is data collection redundancy eliminated to the extent possible?
- ☐ Does the data collected across various domains of quality (such as service quality; personnel performance; child outcomes, etc.), provide a broad, coordinated picture of quality?
- ☐ Does the program have a system in place (e.g., management information systems (MIS) that allows for the aggregation of data in a way that is helpful to the program, including program leaders and parent support personnel)?
- ☐ Does the program ensure that the data collection process does not place excessive burden on parent support facilitators?



**Goal 2: There is sufficient capacity to implement the monitoring and quality assurance system.**

**Measure 1: There is policy guidance regarding roles and responsibilities for monitoring and quality assurance.**

- ☐ Are the roles of parent support personnel (e.g., parent support facilitators and supervisors) and program leadership in monitoring and quality assurance clearly defined and communicated across the program?
- ☐ Are the types of skills needed (e.g., data collection; data analysis; data use/reflection) clearly stated in policy/program documents?
- ☐ Are these roles and responsibilities reviewed and updated as program needs/circumstances change?

**Measure 2: Relevant personnel involved in monitoring and quality assurance have the requisite expertise and skills.**

- ☐ Are all parent support personnel involved in monitoring and quality assurance trained and supported to monitor program standards and regulations, including relevant data collection processes?
  - ☐ Do they have the technical skills to understand the data and use it to support improvements?
- ☐ Are there enough personnel to monitor compliance with program quality standards and regulations?
- ☐ Are new personnel roles required for monitoring and quality assurance activities?
  - ☐ If so, are there plans to address these emerging needs?



**Goal 3: Results of the monitoring and quality assurance system are used to guide personnel support and professional development along with human resource planning.**

**Measure 1: Data on the quality of the parent support program are used to guide program improvement.**

- ☐ Are data on the implementation and impact of quality standards collected and examined to identify areas for improvement across the parent support program?
  - ☐ Do program leaders have the requisite skills and knowledge to interpret the data and ensure program improvements and efficiency?
- ☐ Is there a process for acknowledging program quality achievements and improvements (e.g., program accreditation or certificate, financial incentives, etc.) and/or addressing program quality shortcomings?
- ☐ Are the data collected on the program presented and communicated to all stakeholders (e.g., parent support facilitators, supervisors, policymakers, parents, etc.) in a user-friendly way?

**Measure 2: Monitoring data are used to support parent support facilitators and their professional development.**

- ☐ Does the program provide opportunities for parent support facilitators to access and reflect on the information collected from quality monitoring so that it helps to inform their practice?
- ☐ Are the necessary resources available to ensure that parent support facilitators receive support (e.g., coaching, training, materials) to address areas for improvement that are identified through monitoring processes?
- ☐ Are the results of monitoring used to guide professional development offerings for parent support personnel?

**Measure 3: Data from the monitoring and quality assurance system are used to inform human resource planning<sup>20</sup>.**

- ☐ Are data from the monitoring and quality assurance system collected and examined to inform human resource planning?
  - ☐ Do program leaders have the requisite skills and knowledge to interpret the data and make decisions related to human resource planning?
  - ☐ Does the program use the data to project the number of personnel that will be needed to fulfill service targets?
- ☐ Are the data on monitoring and quality assurance used to:
  - ☐ Track the number, skills, qualifications, and compensation levels of parent support personnel?
  - ☐ Make projections (e.g. assess future demand and supply) about the size, skills, qualifications, and compensation levels of the parent support personnel needed to reach or maintain target service ratios?
  - ☐ Track and address turnover?
  - ☐ Inform training and other professional development needs?
  - ☐ Inform recruitment and hiring practices?
  - ☐ Make projections about the services the target population needs?
- ☐ Do leaders at the community level (e.g. health and social protection focal persons, community elders) encourage participation in the program?
- ☐ Are data used to assess public support for the program?
  - ☐ Has the program conducted any needs assessments (e.g., administering surveys) to determine public interest in investing in early childhood and parent support services?

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<sup>20</sup> By this we mean a process by which parent support programs assess their current and future workforce needs in order to achieve their goals, and then establish plans to meet those needs.

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