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Guidance Note on Designing and Implementing Early Childhood Parenting Programs

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Glossary

Beneficiaries refers to a person or group that receives money, advantages, help, etc. from something; can often be considered as individuals, as groups of people, or as entities designed to receive benefits or advantages from something or someone. (Cambridge University Press). For this purpose, in this note parents and caregivers are considered as beneficiaries directly, and children as beneficiaries indirectly.

Caregiver refers to "a person who is very closely attached to the child and responsible for their daily care and support. Primary caregivers include parents, families and other people who are directly responsible for the child at home. They also include carers outside the home, such as people working in organized day care" (World Health Organization 2022).

Dosage refers to the combination of program duration and intensity of activities.

Duration refers to the total amount of time it takes to finish a project, task, or program, which can be measured in hours, days, weeks, months or/and year.

Intensity refers to the magnitude of a quantity per unit; in this note concerning elements of parenting programs, it refers to the number of program beneficiaries receiving the intervention.

Intervention is a combination of elements and strategies designed to produce changes, where the aim is usually to improve behavior, practices, or attitudes.

Parenting programs are defined as a set of activities or services aimed at improving how parents' approach and execute their role as parents, specifically their parenting knowledge, attitudes, skills, behaviors, and practices (Britto et al. 2017; UNICEF 2020).

Quality refers to «the minimum standards that managers and teams must maintain in what and how they do programs and the impact, effectiveness, efficiency, sustainability, accountability and transparency of outputs and processes achieved in all phases of programming and in all sectors of program implementation» (Manghani 2011).

Parents traditionally refers to people who either beget or bring forth offspring or to those who bring up and care for them. In this guidance note, parents are defined not only by their familial relationship but also by their functional relationship with a child, and therefore the term includes nonbiological caregivers such as grandparents, extended family, and kinship (Britto and Engle 2015).

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Parenting Programs: A Guidance Note

Evidence-based parenting programs are interventions aimed at improving behaviors, parental practices, skills, and knowledge to promote healthy child development, through support and education from professionals or paraprofessionals working directly with the child's caregiver.

The objective of this guidance note is to provide digestible information about parenting programs to World Bank teams and government partners so they may optimize the design and implementation of parenting programs. The main aim is to make this guidance note relevant to any sector, such as education, health, and social protection. Although the primary target audiences are World Bank teams and government partners, we hope other practitioners will find this guidance note useful as well.

- Parenting programs' content is driven by both the objective and the local context.
- Context analysis defines the targeted communities and provides an understanding of their cultural norms and attitudes toward parenting.
- Parenting programs should target both parents and nonparental caregivers to bolster community- level change.
- Community members should be involved in deciding the programs' delivery modality.
- It is best to combine different delivery modalities based on need; while group-based programs are more cost effective, in-person and home-based modalities allow individualized support.
- Parenting programs should be delivered over a sufficient duration, with regular meetings (ideally weekly or biweekly) that last between 60 and 90 minutes.
- Workforce training should occur on a minimum of two weeks (full time five day per week).
- Provide delivery agents and supervisors with on-the-job training and coaching by professionals.
- Monitoring and evaluation of parenting programs should be based on a clear program theory of change and with indicators used at all levels (for activity, product, result, and outcome).
- Strong government commitment through policy and allocated resources is needed to support parenting programs.

- Partnerships with influencers within the community and local organizations can help to enhance buy-in and effectiveness.

Introduction

About three-quarters of children living in low-and middle-income countries did not receive minimally adequate nurturing care in their first three years of life (McCoy et al. 2022). Lack of access to nurturing care for children in the early years places them at risk of not reaching their development potential (Daelmans et al. 2021). Research shows that parenting interventions for children during the first three years of life can be effective in improving early childhood development (ECD) outcomes and enhancing parenting outcomes across low-, middle-, and high-income countries (Jeong et al. 2021). In this sense, promoting evidence-based parenting programs is essential to enhance child development by improving parental behavior, skills, and knowledge through training and support.

There is a considerable amount of research and evidence on parenting programs that has been produced over the past decade. However, it is still necessary to summarize and translate this information into actionable guidance. Thus, this guidance note aims to distill the extensive research on parenting programs into a guidance note with practical recommendations for World Bank teams and government partners.

This document is divided into four sections. Following this Introduction, the second section presents the quality framework while developing and implementing parenting programs, which is the core aspect of this guidance note. The quality elements we propose, while they are neither standardized nor universal, we regard as critical items: (1) content of parenting programs, (2) delivery modality, (3) dosage, (4) workforce, and (5) monitoring and evaluation. Context analysis as well as policy and partnerships are added as critical steps to support the key items in the quality framework. Within each quality element of the framework, we illustrate common approaches or best practices, as well as examples from evaluated parenting programs in different contexts. We have consciously excluded costs and resource maximization from the key elements, as further explained in the policy and partnership section. The final section of this guidance note presents our conclusion and recommendations.

Quality Framework for Parenting Programs

The proposed quality framework outlines best or commonly agreed practices for designing and implementing evidence-based parenting programs. There is not yet consensus on a standardized or universal set of quality elements, but these are being considered as core elements or critical steps to follow to ensure a quality program.[1]

This section organizes key aspects into three categories: *Enabling Environments*, *Key Elements*, and *Quality Assurance*.

Enabling Environments, which provide the foundation for developing relevant, feasible, and sustainable programs, include Context Analysis, discussed next as the first step, and Policies and Partnerships, which are discussed at the end of the paper as the last but not least consideration for scaling up and sustainability. Key Elements include practical considerations for the design and implementation of parenting programs, such as Content, Delivery Modality, Dosage, and Workforce. Lastly, Quality Assurance encompasses the Monitoring and Evaluation component to ensure program efficacy (see Box 1).

Box 1. Summary of elements in the quality framework			
Enabling Environment			
Context analysis Understanding and considering the specific context within which parenting programs will be implemented is crucial for their success. This involves tailoring the content, delivery, and frequency of the programs to the specific needs and constraints of the target population, considering cultural norms and attitudes toward parenting.		**Policy and partnership** Strong government commitment through policy and allocated resources is needed to support parenting programs. Partnerships should be developed with influencers within the community.	
Key Elements			
Content should be evidence-based, culturally sensitive, and tailored to the identified issue and program objectives. Content should also build on the existing knowledge and skills of parents, while also challenging them to adopt new practices that are beneficial for child development.	**Delivery modality** should be carefully considered and tailored to the specific context, resources and needs of the target population. This is worthwhile to ensure that it is accessible, culturally relevant, and effectively supports the learning and engagement of parents and caregivers.	**Dosage** should be intensive and long enough to achieve the program's goals, while also being flexible and adaptable to the needs and context of the target population. Weekly group meetings lasting 60–90 minutes are recommended.	**Workforce** - adequate training, supervision, and support are needed for community workers and volunteers. The different types of workforces needed should be considered, as well as the various incentives and workforce engagement strategies, to ensure the effective delivery of parenting programs.
Quality Assurance			
Monitoring and evaluation of parenting programs should be done based on a clear program theory of change and indicators used at all levels (activity, product, result, and outcome).			

[1.] To develop the quality framework, we applied the following steps: consultations, search, and screening. We consulted with different stakeholders and experts including the Early Years Fellowship Coordination team, experts Dr. Jorge Cuartas and Dr. Joshua Jeong, World Bank staff working on parenting programs, and ECD experts. We searched and considered articles published from the year 2000 onward. We also considered other literature that was published in the 1990s based on its relevance to evidence-based parenting.

Quality Framework for Parenting Program

Box 2. Summary of Essential Questions for Context Analysis

Key questions within a context analysis may include these:
- What are the primary objectives of the program in terms of childhood development outcomes?
- Who are the primary beneficiaries of the program? Is the program designed to support individuals (such as mothers, fathers, or grandparents) or families, or is it aimed at an institutional level (e.g., government agencies)?
- What is the geographic focus or location of the program?
- How is the concept of parenting perceived within the community? What cultural beliefs and values shape the community's definition of good parenting?
- What are the main obstacles that hinder the practice of effective parenting within the community? Are there any social, economic, or cultural factors that contribute to these barriers?
- What opportunities exist or could be created to promote positive parenting practices within the community? Are there any existing community resources or strengths that could be leveraged to support good parenting?

Source: Bornstein et al. 2022

Context Analysis

The quality framework should be implemented after a comprehensive context analysis. This guidance note defines context analysis as an in-depth assessment that employs a blend of quantitative and qualitative methodologies to gain insights into the target community's needs, cultural norms, attitudes towards parenting, obstacles to embracing positive parenting practices, and potential opportunities for engagement. The note will later elaborate on policies and partnerships, which are crucial for the effective execution of parenting programs. This section delves into the significance of performing a thorough context analysis, outlining methods to accurately assess the environment. Subsequently, it emphasizes the necessity of embracing appropriate policies and forging alliances with key individuals and entities in the community, all of which are instrumental in driving positive change at the local level.

Several factors may warrant the implementation of a parenting program. For instance, elevated child malnutrition and rising infant mortality rates may prompt a thorough investigation to identify underlying causes. Should such an inquiry reveal a pattern of inadequate parenting practices or a lack of parental engagement with health services critical to child well-being, these findings could underscore the need for a parenting program. While these indicators are significant, they may also be symptomatic of broader issues. A comprehensive needs assessment can be undertaken by analyzing secondary data pertinent to child development across various sectors, such as health, education, and social protection. Additionally, a formative study may be valuable to gather primary data on the determinants of parenting behaviors within the targeted region (UNICEF 2021).

The following are steps to conduct a context analysis for a parenting program:

Define the scope: Clearly outline the objectives of the parenting program and the specific needs it aims to address (Bornstein et al. 2022). Determine the geographic area and the population that will be served by the parenting program.

Gather secondary data: Collect existing data from reliable sources on child development, health, education, and social protection within the targeted area. This includes reviewing previous studies, reports, and statistics related to parenting practices and child well-being.

Conduct a formative study: Carry out primary research to collect data directly from the target population. This could involve surveys, interviews, focus groups, or observations to understand current parenting practices,

challenges, and resources available. Engage with stakeholders such as parents, caregivers, community leaders, health professionals, educators, and social workers. Understanding cultural norms and attitudes towards parenting will help assess how community members view their roles as parents and inform what type of design is needed to help them achieve childhood development outcomes (Lansford et al. 2022).

Analyze data: Analyze both secondary and primary data to identify gaps in services, resources, and knowledge among parents. Look for patterns and trends that could inform the design of the parenting program.

Validate data and prioritize needs: Engage local childhood development experts within government and local organizations to help validate findings and prioritize needs. Needs can be prioritized based on what is most critical to the target community and where the parenting program can have the greatest impact.

Develop a program plan: Use the findings from the needs assessment to define the parenting program's theory of change and results framework (will be discussed in more detail in the monitoring and evaluation section). This should include specific goals, activities, resources required, and a plan for implementation and evaluation. At this stage the quality framework can be implemented to define the content, delivery modality, dosage, workforce and monitoring and evaluation plan for the parenting program.

Key Items: Quality Framework

CONTENT

Understanding the concept of parenting is crucial for defining a program's content, which must align with its objectives and the challenges identified in the context analysis. While there are numerous early childhood development (ECD) domains and topics, not all interactions or activities between a parent and child qualify as parenting.

The following should be considered when designing the content of parenting programs:

- Parenting involves specific activities that support child development, requiring interaction between parent and child (via play, communication, relationship building).
- Content should encompass activities that foster parent-child relationships and involve other caregivers.

- Common objectives for parents include early stimulation, health/nutrition/WASH (water, sanitation, and hygiene), and safety.
- It is important to differentiate between community-based programs that benefit children and parenting programs which support parents involve much more than just providing information. Parenting programs actively support parents and caregivers to strengthen their relationship with their children.

Content should be characterized by evidence-based practices and designed to strengthen the parent-child relationship and support a nurturing home environment for children's emotional and social growth (Cuartas et al. 2022; Black et al. 2015; Bornstein et al. 2022; Jeong et al. 2021; in-person non-structured interview with Jeong, March 15, 2024).

- Even when using content from a successful and evaluated program, a context analysis and adaptation are needed to ensure that the content aligns with the current community needs.

Box 3 presents a list of common evidence-based topics and themes in parenting programs. However, the content is always driven by the objective and the contextualized challenge that needs to be improved.

Parenting programs should also give consideration to caregivers' specific well-being and the adversities they face while parenting:

- Parenting involves navigating various experiences and adversities such as financial hardship, health crises, and relationship issues.
- Parenting programs aim to prepare parents to manage adversities effectively by providing necessary tools and resources.
- Changing the practices of only one caregiver may not suffice for altering household-wide practices.
- Support is crucial for nonparental caregivers when parents are absent due to work, migration, divorce, violence, death, war, or displacement.
- Parenting programs should target both parents and other caregivers, as childcare often involves grandparents or other family members (Evans and Stansbery 1998; Arriagada et al. 2018).

Quality Framework for Parenting Program

Box 3. List of Evidence-Based Content in Parenting Programs

1. *Child development*: Education on age-appropriate developmental milestones and how to support children's cognitive, emotional, and social growth
2. *Effective communication*: Techniques for improving communication with children, including how to listen actively and express love and expectations clearly
3. *Responsive caregiving*: Modelling and encouraging caregivers to make eye contact, smile, cuddle, and praise
4. *Positive discipline:* Strategies for guiding behavior in a constructive way, focusing on encouragement and setting limits rather than punishment
5. *Play and learning*: The role of play in child development and strategies for engaging children in educational and developmentally appropriate activities
6. *Parental self-care*: The importance of parents' well-being, including managing stress and maintaining a healthy lifestyle to better support their children
7. *Health and nutrition*: Guidance on providing a balanced diet, ensuring proper sleep, and promoting physical activity for children. Essential newborn care including kangaroo care for small babies, immunization of mother and child
8. *Safety**: Information on creating a safe environment for children both inside and outside the home, including accident prevention and emergency preparedness
9. *Building self-esteem**: Approaches to help children develop a positive self-image and confidence in their abilities
10. *School readiness**: Preparing children for the academic and social aspects of school and supporting their learning at home
11. *Managing transitions and change**: Helping children adapt to significant life changes such as starting school, moving to a new home, or adjusting to a new sibling
12. *Substance abuse prevention**: Educating parents on how to discuss substance use with their children and how to set a positive example
13. *Conflict resolution**: Skills for resolving family conflicts in a healthy way and fostering an environment of cooperation and respect
14. *Family-based parenting training**: To improve parenting skills and reduce behavior patterns in children that are associated with violence later in life, such as aggression and antisocial disorders

*Topics 8 through 14 are aimed at supporting parents and caregivers in managing adversity and promoting positive outcomes for children.

Quality Framework for Parenting Program

DELIVERY MODALITY

Following the context analysis that helped prioritize needs and define key content in parenting programs, the next crucial step is to determine the most effective delivery modality. There are key points to consider that should help one decide which delivery modality to use, which include existing community resources and systems, community needs, population risk profiles, and cultural context (Jeong 2024). This underscores the importance of aligning the chosen modality with the specific requirements and circumstances of the target audience (see Box 4.)

The following are some characteristics of delivery that are contingent upon the target population and the parenting issues the program aims to address.

In-Person Support and Home visits

In-person support: This face-to-face modality, held in various local settings, provides parents with direct, interactive, and personalized support, enabling them to better understand and confidently apply parenting strategies in their home environments. Settings can include community centers, waiting rooms in mother-and-child clinics, ECD centers, schools, or other local venues.

Home visiting: Parenting programs with home visits provide personalized guidance and enable parents to receive individualized support according to their specific circumstances and family dynamic. In comparison to group sessions, they are cost-intensive and challenging to scale. This is a significant consideration for program implementers and policymakers (in-person non-structured interview with Jeong, March 15, 2024).

In-person support and home visits for parenting programs include the following activities carried out by the frontline worker:

- *Individualized support*: Providing support to the specific needs and circumstances of each family
- *Discussion*: Having discussions with the parent focusing on the messages shared during the parenting sessions; reminding the parent/caregiver about the messages and practicing them with gestures and role play
- *Problem-solving*: Using the opportunity to help parents/caregivers and share best practices on specific challenges and issues they face in parenting
- *Goal setting*: Assisting parents in setting realistic and achievable goals for themselves and their children
- *Resource sharing*: Providing materials and resources that parents can use to support their child's development
- *Linking to and facilitating referrals to existing services*: Referring the parent/caregiver to other community resources as needed
- *Follow-up*: Scheduling subsequent visits to track progress and provide ongoing support
- *Feedback collection*: Gathering input from parents about the visit and the support provided to improve the program
- *Documentation*: Keeping detailed records of visits, progress, and any concerns

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Box 4. Summary of Best Practices for Delivery Modality of Parenting Programs

- Combine and diversify delivery modalities based on community needs.
- In-person delivery works best.
- Group-based sessions are more cost-effective when relevant to the objective of the parenting program.
- Sessions should have a clear goal and be structured.
- Sessions should be instructed with continuous feedback and modeling between peers.
- Providing printed materials for parents, such as flip books and material kits, is effective.

Quality Framework for Parenting Program

Group Meetings

Another approach commonly used in parenting programs is group meetings, held in community centers, schools, or other local venues. Small group delivery is more effective for program scale up (Jervis et al. 2023). It helps to bring together multiple parents to participate in interactive sessions led by trained facilitators. This also mobilizes peer support and problem solving among parents within the community.

Group-based delivery for parenting programs typically includes:

- Structured sessions in community settings like health centers or schools
- Facilitation by experts in parenting and child development
- Regularly scheduled meetings to maintain group cohesion
- Curriculum focused on key parenting issues and child growth
- Group activities, discussions, and sometimes guest speakers
- Peer support and shared learning among parents
- Role-playing and hands-on exercises to practice parenting skills
- Information on accessing further family support services locally
- Materials for parents such as flip books and material kits

Online Programs, Telephone or Mobile-Based Support

Parenting support can be efficiently provided through technology like hotlines, texts, or apps. For instance, a Serbian virtual program used text messaging to effectively deliver parenting tips and encouragement, offering a cost-effective and convenient method for busy parents (Arnold et al. 2022). However, it should be noted that there is not enough evidence on use of media, telephone, or mobile phone-based sessions.

Telephone or mobile-based support features include[2] :

- Hotlines for immediate parenting advice and crisis intervention
- Scheduled phone sessions with trained parenting counselors
- Text messaging services for tips and reminders
- Apps with tools for tracking child development and milestones
- Access to resources and support networks via mobile devices

Online Programs for parenting support often include:

- Web-based modules accessible from home or any location
- Interactive content such as videos, articles, and quizzes
- Virtual support groups or forums for sharing experiences
- Live webinars or workshops led by parenting experts
- Personalized feedback and advice through online platforms

> **Box 5. Example of a Delivery Modality in Bangladesh:** *Inserting Early Stimulation Messages into a National Nutrition Program*
>
> The National Nutritional Services Program in Bangladesh distributes nutritional supplements and provides information to pregnant and lactating women, young mothers, and caregivers about stimulating their children. Community workers are trained to incorporate these messages into their routine counseling sessions and distribute picture books for children and information to caregivers during clinic visits for wellness or sick visits. Additionally, these community health workers are expected to conduct home visits to provide the same information and distribute the books.
>
> Impact evaluation conducted on the program found that the program had modest impact on children's cognitive, linguistic, social-emotional, and physical development (Holla and Breeding 2021).

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[2] There is still little evidence on these approaches, but they offer promise for the future.

DOSAGE

Dosage is the combination of program intensity and frequency and length of each session. The duration is the overall length of the parenting program from its start to end. Intensity in this paper refers to the number of times program beneficiaries receive the intervention.

Duration

Research has not yet found evidence of cut-off points on the duration of parenting programs to yield effective results on child development outcomes. Nevertheless, Dulal et al. (2021) conducted trials on the effectiveness of integrating nutrition and psychosocial stimulation in parenting programs. Among these trials, 11 were implemented in less than 12 months, while 11 others went over 12 months in duration. It was concluded that the length of implementation was not significant to determine the effectiveness of the program.

Despite that, Jeong's et al. (2021) meta-analysis and WHO parenting guidelines (2023), both indicate that shorter parenting programs with more frequent meetings may yield greater effectiveness. Therefore, it would be advantageous to thoroughly review the evidence supporting this assertion.

Intensity

The intervention's intensity must be tailored to the target population's needs, determined by a thorough needs assessment. This informs the design of effective parenting programs, with intensity and duration set according to resources. Involving the community in scheduling increases participation and local commitment.

Box 6. Summary of Best Practices for Dosage of Parenting Programs

- Intensity and duration depend on available resources and context.
- Weekly group meetings lasting between 60–90 minutes are recommended.

Box 7. An Example of Dosage in Colombia:
Embedding Stimulation and Micronutrient Supplementation in a Conditional Cash Transfer Program

*Familias en Acción*is a home-based early-childhood stimulation program in Colombia based on the Jamaica program. The intervention in Colombia involved weekly home visits by local women, known as Madres Líderes (MLs), who were drawn from a network of local women and were beneficiaries of the conditional cash transfer program. The women were trained to deliver psychosocial stimulation to mothers and children, promoting play, maternal-child interactions, and improved parenting practices. The program also involved mentors with backgrounds in psychology or social work who provided training and support to the home visitors. The program was evaluated twice: first after 18 months of implementation with children 2.5 and 3.5 years old, and then two years later when those children were 4.5 and 5.5 years old. The first evaluation found "significant impact on cognitive and language development and on the amount of time and effort parents put into interacting with their children." The second evaluation found that those gains were not sustained two years later. For this program, 18 months of delivery already had a positive impact on the program. But sustainability of the intervention was a major issue (Holla and Breeding 2021).

Quality Framework for Parenting Program

WORKFORCE

> ### *Box 8. Best Practices with Frontline Workers in Parenting Programs*
>
> - Frontline worker training should balance facilitation skills and understanding of child development.
>
> - Continuous learning through ongoing professional development sessions, workshops, or seminars is essential for frontline workers to stay updated with the latest research, interventions, and best practices in parenting support.
>
> - Training content should cover essential parenting skills such as effective communication, positive discipline techniques, child development stages, and fostering healthy parent-child relationships.
>
> - Cultural sensitivity and competence are crucial aspects of training to ensure interventions are tailored to the cultural backgrounds of the families being served.
>
> - Frontline workers should be equipped with strategies for handling common parenting challenges, recognizing signs of parental stress or mental health issues, and providing appropriate referrals.
>
> - Training duration should exceed a minimum of two weeks.

Type

The "frontline workers" of parenting programs, meaning the people delivering the parenting intervention directly to the parents, are key to the success and achievement of childhood development outcomes. They are the community-known individuals who deliver interventions, leveraging their cultural and linguistic familiarity to foster trust and encourage community engagement.

This workforce, depending on context, can be made of:

- *Health professionals*: These are people who have university degrees and are paid to deliver medical services and health education (Aboud et al. 2023).

- *Community health workers*: The term has been used in diverse ways in the literature studied. In some contexts, "community health workers" has been used to represent various levels of paraprofessionals (level one paraprofessionals as people with some secondary education and informal training, level two paraprofessionals as people with some secondary education and formal training of few months and up to one year) and lay health workers (Olaniran et al. 2017). In other literature, community health workers are individuals who are not professionally trained health workers but received some training and are paid a salary (Mohajer and Singh 2018).

- *Teachers*: Strengthening educator–parent partnerships demonstrate that facilitating communication and collaboration between parents and educators can boost children's academic and social-emotional skill development (Lang et al. 2016). For instance, in early childhood education and care (ECEC) services, educators communicate with parents about a range of matters related to children's development and learning.

- *Social workers*: These are essential in child protection, where there is also evidence (Munro 2011) on the effectiveness of their early interventions with children and families.

- *Paraprofessionals*: (See community health workers.)

- *Volunteers*: These individuals typically have a specialized training in health campaigns and child protection. They are often involved in community service and may receive modest financial incentives for their efforts (Aboud et al. 2023; Mohajer and Singh 2018).

The difference between those categories of frontline workers is the level of training each has received, which tasks they are each to accomplish, and how they are remunerated.

Quality Framework for Parenting Program

Content and training of workforce

Enhancing the capacity of frontline workers in parenting programs involves bolstering their knowledge, skills, and capabilities to effectively support families in fostering healthy child development and positive parenting practices. This endeavor is pivotal for improving outcomes for children and families, addressing challenges, and enhancing overall community well-being (Sanders 2008).

The content and length of training for frontline workers in parenting programs can vary depending on numerous factors, such as the program's objectives, target population, and available resources. However, there are some commonalities and best practices that can guide the development of such training programs. For example, a 2-week training program with daily sessions having a duration of 90 minutes each can be more effective in delivering the content. However, the 2-week training parenting program should consider the minimum hours over minimum time required, taking into consideration transportation, people mobilization, and so on.

Training should cover essential parenting skills, such as effective communication, positive discipline techniques, child development stages, building resilience in children, and fostering healthy parent-child relationships. It is also crucial for frontline workers to understand and respect the cultural diversity among families they serve.

When designing quality training for workforce development, there are several key components that should be included to ensure the training is effective and comprehensive. Here is a brief overview of each component:

- *Modeling*: This involves demonstrating the skills or behaviors that trainees are expected to learn. It provides a clear example for learners to emulate and sets a standard of performance.
- *Hands-on practice*: Providing opportunities for trainees to practice what they have learned is crucial. This helps to reinforce learning and allows trainees to apply new skills in a controlled environment.
- *Mastering the curriculum*: Ensuring that the training curriculum is thoroughly understood and mastered by trainers is essential. Trainers should be well-versed in the material so they can effectively teach and respond to trainee questions.

- *Problem-solving*: Training should include problem-solving exercises that allow trainees to work through real-world scenarios. This helps develop critical thinking skills and the ability to apply knowledge in practical situations.
- *Referrals for training*: Sometimes, additional training or resources may be necessary for trainees to fully grasp complex topics or to further their learning. Providing referrals to additional training resources or advanced courses can be beneficial.

Training should include cultural sensitivity and competence to ensure that interventions are tailored to the cultural backgrounds of the families. Workers should have a good understanding of child development principles and milestones to provide appropriate support and guidance to parents. Frontline workers should be equipped with strategies for handling common parenting challenges and crisis situations effectively.

Training should also include information on recognizing signs of parental stress, depression, or other mental health issues and providing appropriate referrals and support. Workers should be familiar with available community resources such as support groups, counseling services, childcare facilities, and educational programs to help parents access additional support when needed. While robust initial training lays a solid foundation, ongoing supervision is equally indispensable for monitoring program implementation and ensuring the provision of necessary resources.

Motivation of frontline workers: Financial and non-financial incentives

Parenting programs differ in their recruitment and compensation strategies, ranging from unpaid volunteers to waged workers, impacting staff quality, retention, and program costs. While paid positions may draw more qualified individuals, volunteers often offer a higher motivation to improve the lives of children in the community motivation but may lack skills. Attrition is frequently high due to low compensation and job demands (time consuming and high independent mobility) (Tomlinson et al. 2015; Arriagada et al. 2018).

The following are strategies to motivate frontline workers:

- *Recognition and rewards*: Providing recognition and rewards for frontline workers' efforts can boost motivation and morale. This could include verbal praise, certificates of appreciation, or small incentives such as gift cards or extra time off. Research suggests that recognition and rewards can increase job satisfaction and performance among frontline workers (Smith 2019).

- *Relationships and feedback*: Effective communication from supervisors and organizational leaders is essential for motivating frontline workers. Research indicates that communication plays a key role in fostering employee motivation and commitment (Locke and Latham 2013).

- *Clear roles and responsibilities:* Providing clear expectations, regular feedback, and opportunities for input can help frontline workers feel valued and engaged in their work (Locke and Latham 2013).

- *Professional development opportunities*: Offering opportunities for professional development and career advancement can motivate frontline workers to enhance their skills and knowledge. This could include access to training programs, workshops, and conferences, as well as opportunities for advancement within the organization. Research suggests that investing in employees' professional development can lead to higher job satisfaction and motivation.

- *Intrinsic motivation*: Fostering intrinsic motivation, or motivation that comes from within, can be achieved by providing opportunities for autonomy, mastery, and purpose in frontline workers' roles. Allowing frontline workers to have a degree of autonomy in decision-making, facilitating opportunities for skill development and mastery, and connecting their work to a sense of purpose can enhance intrinsic motivation.

Box 9. Example of Strategies:
The Triple P Program Adopted to Train Frontline Workers

The Triple P Positive Parenting Program has been effective in providing frontline workers with essential skills (Sanders 2008; Prinz et al. 2009), highlighting the importance of continuous training and support for enhancing program impact and longevity. Training for the program includes modules on its principles, strategies, assessment, and implementation. Frontline workers undergo didactic instruction, engage in role-play for skill enhancement, study case examples for practical application, and receive ongoing supervision and coaching to maintain program fidelity. Additionally, they are encouraged to pursue continuing education to keep abreast of the latest developments in parenting support.

Quality Framework for Parenting Program

Box 10. Examples of Program Aspects to Measure per Content Type*

Child development: Education on age-appropriate developmental milestones and how to support children's cognitive, emotional, and social growth.
- Measure caregiver's understanding of the different age-appropriate milestones by asking caregivers to list important milestones for a given age in an interview. The interview questions could be developed using the training material on child development.
- Measure caregiver's understanding on support they can provide to children at the distinct stages.
- Use one of the caregiver's children as an example, collect data on the child's age and ask the caregiver to describe the stage at which the child is in his development. Ask the caregiver to report on the type of activities they conducted with the child over the last week to support his cognitive, emotional, and social growth.

Positive discipline: Strategies for guiding behavior in a constructive way, focusing on encouragement and setting limits rather than punishment.
- Collect caregiver's report on the number of times they used harsh discipline over the last seven days.
- Collect caregiver's perceptions about using harsh discipline.
- Measure the percentage of caregivers that could list at least three positive discipline techniques.

Play and learning: The role of play in child development and strategies for engaging children in educational and developmentally appropriate activities.
- Collect caregiver's report on time spent playing with children.
- Other specific list of indicators can be found in Table 3 (p. 20), of the following resource: Indicators for Measuring Responsive Care and Early Learning Activities (Hentschel, Yousafzai, and Aboud 2021)

Parental self-care: The importance of parents' well-being, including managing stress and maintaining a healthy lifestyle to better support their children.
- Collect caregiver's report on self-care initiatives they conducted over the last week or month.
- Administer the Parental Stress Scale to the caregivers and set a reasonable target to achieve (Kotsis et al. 2023).

Note: The list is not exhaustive; it is illustrative of what could be measured. A detailed monitoring and evaluation plan should be developed based on the program's objectives and activities.

MONITORING AND EVALUATION

Monitoring and continuous learning are essential to ensure that parenting addresses the needs of the target population, and that the implementation is taking place in conformity with program design (Britto et al. 2022). Parenting program monitoring encompasses two distinct types: process monitoring and performance monitoring.

Process monitoring involves ensuring that activities are executed properly and effectively, while performance monitoring entails the assessment of project indicators' status. Both types are conducted regularly throughout the project's implementation. In contrast, evaluations are carried out at predetermined intervals to appraise performance indicators and to explore additional questions related to the program's objectives.

Quality Framework for Parenting Program

These are common tools used for the monitoring and evaluation of any type of program, though they are often overlooked for parenting programs:

- *A program theory of change*: to explain in detail how the expected change of the parenting program will occur, while providing a detailed causal pathway between the activities all the way to the outcomes and impact. Insights from context analysis can be integrated into the theory of change, enriching its relevance and applicability.

- *A results framework*: constructed to illustrate the interconnections among various outcomes, thereby providing a structured approach to achieving the parenting program's goals.

- *A logical model*: to depict in a simple and visual manner the theory of change, connecting the parenting program's inputs, outputs, results, and outcomes with indicators to measure each level. The model also presents the assumptions that need to hold true for the program to achieve its goals.

- *Data storage system*: a central and informatized system to store project data is essential to secure project information. The project implementation unit should avoid keeping reports and beneficiary data on staff computers only without a backup system. When it comes to beneficiary records, the project should align, when possible, with the national data system.

Process monitoring

Testing training quality:

- *Assess understanding* of training participants through pre- and post-training tests focused on key curriculum concepts. Participants failing to achieve the satisfactory grade threshold—set by the program team—must be provided with additional training opportunities before they can start delivering messages to the target community.

- *Monitor training attendance* and ensure that each training session's duration adheres to the planned schedule.

- *Evaluate participants' satisfaction* with the training delivery methodology, venue, and duration at the end of training. Participants are asked to reflect on what they liked and what could be done differently in the future.

Record keeping for sessions:

- *For group sessions*, create an attendance sheet to document the number of participants in each session. This also applies to the online sessions. Additionally, the frontline worker should record any commitments made by participants to implement the session's teachings. The attendance sheet should also include a section for any notable observations or comments that may arise during the session.

- *For home visits*, a detailed registry is necessary to capture the nuances of each encounter. The frontline worker should note the identities of all individuals met during the visit, such as the mother, grandmother, and children. It is also important to document any referrals made to the local health center, particularly for children or pregnant and lactating women. This information is crucial for ensuring continuity of care and allows for effective follow-up on subsequent visits.

Supervision for delivery fidelity:

The program should be underpinned by a well-defined plan that outlines the key aspects to be monitored:

- Ensure fidelity of activity delivery according to curriculum and project workplan.

- Address issues encountered by frontline worker in activity delivery.

- Provide coaching/mentorship to the frontline worker after observing the frontline worker deliver messages in a session.

- Verify registry of frontline workers to check if it is being filed accordingly, if not provide coaching. Discuss with community leaders and group of caregivers to get their appreciation of the parenting program implementation and address any issues identified.

Community accountability system:

- Set up a hotline or suggestion box for individuals to submit feedback about the program.

- Establish a committee made of respected men and women within the community to receive and address complaints.

- Share status of performance indicators with community members in general assembly regularly after any major evaluations (mid-term and impact evaluation).

Quality Framework for Parenting Program

Performance monitoring

Effective monitoring of performance indicators for parenting programs encompasses several key strategies:

- Indicators must be specific, measurable, achievable, relevant, and time-bound (SMART), while simultaneously capturing the specific components that the parenting program aims to influence.

- Establish indicators at every level of the program. While activity or output level indicators are commonly articulated, it is equally important to define indicators for results and outcomes.

- All stakeholders involved in the program's implementation, including the target communities, are well-informed about the performance indicators. This ensures a shared understanding of the metrics used to gauge the program's impact and progress.

Evaluation

One notable consideration to make is that impact assessments should be conducted only after the program has been operating for a sufficient period, ensuring that communities have had many opportunities to participate in the full range of activities. Moreover, ongoing monitoring data should guide the decision-making process, helping to ascertain whether the impact is at a stage where it can be reliably observed.

In all, it should be noted that monitoring and evaluation are meant to help the program assess and adapt implementation. Regular reports produced out of monitoring data and evaluation reports should be discussed by program management to make the necessary adaptation to the implementation.

Policies and Partnerships for Parenting Programs

POLICIES

Implementing effective parenting programs requires a supportive enabling environment and a set of well-crafted policies:

- Develop a national curriculum for parenting programs (a curriculum addressed for training caregivers and for the frontline workers).

- Develop minimum standards on parenting programs.

- Allocate sufficient resources for parenting programs.

- Get parenting facilitator role recognized among the official roles in the workforce.

- Connect the data collection system for parenting programs with the national data system.

PARTNERSHIPS

Community change agents/influencers

Within every community, there exist pivotal agents of change who possess the capacity to shape the behaviors of others:

- Identify and engage influential community figures (respected authorities, religious leaders, etc.) for fostering widespread adoption of positive parenting techniques.

- Develop a strategy to engage those key influencers to effectively integrate them into the program for its enhanced success.

Public private partnerships

Public-private partnerships (PPPs) can play a significant role in the implementation and sustainability of parenting programs by leveraging the strengths and resources of both sectors:

- They include partnerships with corporations, foundations, and philanthropic organizations that can contribute financial resources to support parenting programs.

- Partnership funding can reduce reliance on government resources alone. Funding can be used to develop program materials, provide training for frontline workers, conduct outreach and awareness campaigns, or establish community-based support services.

- Partnerships can help expand the scale and reach of parenting programs by tapping into the private sector's networks, distribution channels, and marketing capabilities.

Quality Framework for Parenting Program

Partnerships with other programs/organizations

Parenting programs often operate with constrained resources, making it impossible to tackle every issue that may impact child development. To minimize this constraint:

- Identify key stakeholders operating within the program's geographic area who offer services deemed essential in the theory of change for achieving the desired outcomes—services that the program itself may not provide.

- Develop partnerships with these stakeholder organizations to enable the parenting program to direct beneficiaries toward their services, thereby ensuring that all available resources are leveraged to enhance the prospects of attaining the anticipated child development goals.

Box 11. The Cuna Mas Program in Peru:
A Program that Encompasses the Components of the Quality Framework

The Cuna Más program in Peru is a comprehensive early childhood development (ECD) program that aims to provide support to families with children aged 0-3 years (Araujo et al. 2021; Arriagada et al. 2018; Guerrero and León 2017; Datla 2021).

- *Objectives*: The primary objective of the Cuna Más program is to promote early childhood development through a combination of parenting interventions, including nutrition, health, hygiene, child stimulation, and positive parenting. The program aims to provide comprehensive support to families to ensure the healthy development of young children.

- *Audience*: The program targets pregnant women and caregivers of children aged 0-3 years, with a focus on reaching and communicating with families throughout the country. The program is designed to cater to the needs of families in different geographic areas and socio-economic backgrounds.

- *Content*: The parenting curriculum of the Cuna Más program is adapted from the Reach UP model and previous country experiences. It covers a range of topics including nutrition, health, hygiene, child stimulation, and positive parenting. The program also incorporates social, and behavior change strategies such as play and feedback to parents.

- *Delivery Modality*: The parenting interventions are delivered through a combination of home visits, community-based group sessions, and day care services. This approach allows for personalized and targeted engagement with families based on their specific needs. Additionally, the program is designed to complement face-to-face activities within childcare and home visiting services with a permanent remote modality, allowing for a combination of schemes depending on the family's needs.

- *Duration*: The parenting dosage involves weekly sessions, with up to about 144 sessions. This consistent and long-term engagement with families is aimed at providing sustained support for early childhood development.

- *Training*: Front-line workers involved in delivering the parenting interventions receive 9 days of pre-service training, other 9 in-service training, and are part of a monitoring and evaluation system. The workers are employed by the national government and receive a paid stipend, with no minimum level of education required.

- *Outcomes*: The Cuna Más program has demonstrated interest from other country programs, such as Criança Feliz in Brazil, in learning how technology-based strategies can complement in-person individual and group parenting interventions. The program's lessons learned and adapted approaches are expected to be reflected in Peru's national ECD policy, which is currently under revision. This indicates the potential for the program to influence broader policy and programmatic approaches to early childhood development in Peru and beyond.

Conclusion and Recommendations

This Guidance Note outlines quality elements that are common practices while designing and implementing evidence-based parenting programs across various domains, such as health, education, and social protection. Evidence-based parenting programs should commence with an in-depth context analysis to comprehend the community's perception of parenting, identify needs, and establish priorities. Subsequently, a quality framework can be utilized to delineate the program's content, delivery methods, frequency, and workforce considerations—including type, training, and compensation. Additionally, monitoring and evaluation processes are crucial for improvement and expansion of programs.

While partnerships and policies were somewhat discussed in this guidance note and are not components of the quality framework, they are instrumental elements in enhancing the attainment of high-quality outcomes in parenting programs.

The quality framework's recommended practices and common strategies for evidence-based parenting program development are informed by research, field experience, and expert consultations. Nonetheless, there is a pressing need for more data on the implementation of evidence-based parenting programs across diverse settings. Further research is also important to explore the use of technology, especially any form of media, as a delivery channel for such programs and to examine the training and compensation of the workforce involved in delivering parenting programs.

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