Parenting Inter-agency Vision
UNICEF, WHO, PLH, END VIOLENCE, EARLY CHILDHOOD DEVELOPMENT ACTION NETWORK

This document sets out a framework for collective action towards a shared inter-agency vision of universally available parenting and caregiver support.

Evidence is clear: parents and the environment at home are central pillars in supporting children's health and development. The quality of parenting practices is a key determinant of every child's ability to develop their cognitive, emotional and social potential and resilience against adversity. Together, our agencies invite partners to join us in our aim to elevate parenting and family support so that every child, and their family, can receive the support they need for optimal development, thus building human capital in the first two decades of life. This will contribute to attaining many SDG targets including 4.2 on early childhood development and 16.2 on ending violence against children. UNICEF estimates that more than one billion children are at risk due to the increased isolation from school closures, the financial hardship of families, and the disruption of child protection, health, education, and other services through the pandemic. Intensified action and amplification of efforts is urgently needed. Please join us.

1. Background

'Parenting' refers to the consistent care provided by any biological parent, guardian or any other caregiver to a child (0-18 years of age). Caregivers include mothers and fathers, siblings, grandparents, and other relatives, including non-biological caregivers such as stepparents or foster parents. Adolescents with their own children are parents to their children and possibly other siblings, whilst still needing parenting support from their own parents[12]. From this point forward, the term 'parents' will encompass all of the above.

Parenting is the process of supporting the physical, emotional, social, and cognitive development of a child from infancy to adulthood. It refers to providing nurturing care in a stable environment that is sensitive to children's needs, protects them from threats, provides opportunities for learning, with interactions that are responsive, emotionally supportive, and developmentally stimulating. Children's interactions with their parents shapes their development as they observe, imitate, emulate, and engage in various learning opportunities physically, socially, and emotionally.3

The aim of parenting support interventions is to provide a set of activities that strengthen how parents' approach and execute their role as parents and to increasing their child-rearing resources. The intent is to empower parents by increasing their level of knowledge, self-confidence and competences for child-rearing that results in positive outcomes for children.

Access to such interventions, especially for vulnerable families, is inconsistent around the world. While we recognize that a plethora of services like access to childcare, healthcare, education, social protection, and other services are needed to support parents in their roles, this coordinated effort is focused on one component of the puzzle which is ensuring that all parents access quality parenting support interventions. This initiative aims to highlight the importance of scaling quality support for families given that parenting is a critical accelerator for positive outcomes for children and adolescents. It builds upon the premise that investments are needed starting from pregnancy, and even earlier[4].

2. Evidence of Effectiveness

Parenting supports have a long history and a rigorous evidence base demonstrating lifelong impacts children's wellbeing and development[5]. In the past 10 years, more than 100 randomized trials have shown that programmes to support parents can have the following child outcomes[6]:

✓ Improved health across the lifespan
✓ Improved nutritional status
✓ Improved early childhood development
✓ Improved attendance at school and academic performance;
✓ Increased productivity and higher wages;
✓ Decreased cycle of violence, including perpetration of future violence; and
✓ Increased social cohesion

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[1] UNICEF, (2020). Designing Parenting Programmes for Violence Prevention: A Guidance Note

[2] Global Accelerated Action for the Health of Adolescents (AA-HA!): guidance to support country implementation. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

[3] UNICEF. (2017). Standards for ECD Parenting Programmes in Low- and Middle-Income Countries

[4] World Health Organization, United Nations Children's Fund, World Bank Group. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

[5] Linkenbach, J, Perkins, HW & DeJong, W. (2003). Parent's Perceptions of Parenting Norms: Using the Social Norms Approach to Reinforce Effective Parenting. Chapter 15 in HW Perkins (Ed). The Social Norms Approach to Preventing School and College Age Substance Abuse: A Handbook for Educators, Counselors, Clinicians, San Francisco, Jossey-Bass.

[6] Parenting for Lifelong Health: A pragmatic cluster randomised controlled trial of a non-commercialised parenting programme for adolescents and their families in South Africa. BMJ Global Health 2018; 3(e000539).

The period from pregnancy to age three is critical for parents and young children to get onto a positive trajectory of caregiving. Therefore, parenting support should be integrated in services that parents routinely access starting from the time of pregnancy or before.

Integration of parenting interventions in routine contacts parents have with health, community, education, and other services, completed by targeted support like home visiting and group sessions, have demonstrated high levels of effectiveness. A mix of delivery methods, from face-to-face to digital approaches, along with mass media messaging, can create an engrossing environment of parenting support. Meeting quality standards of participation, intensity and duration of interventions is of course critical for impact, as are pathways for connecting families with special needs to health and social services[7].

The globally endorsed INSPIRE Toolkit, the Nurturing Care Framework (2018) and Handbook (2021) contain strategies and recommendations for reducing violence against children and improving nurturing care for young children. UNICEF and WHO have published a Guidance Note on the Design of Parenting Programmes for Violence Prevention (2020) and Programming Guidance on Parenting of Adolescents (2021)[8].
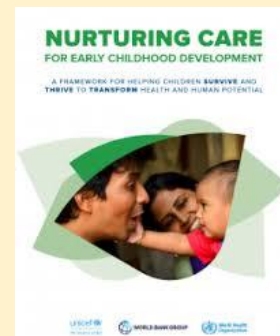
3. How Parenting Support Interventions Work

Parenting support includes structured interventions directed at parents of the child and is designed to improve parent-child interaction and the overall quality of nurturing care that a child receives. There is a primary focus on parents learning new skills to help the way they relate to their child, but interventions may also address parental knowledge, attitudes, beliefs, feelings, and their own well-being.
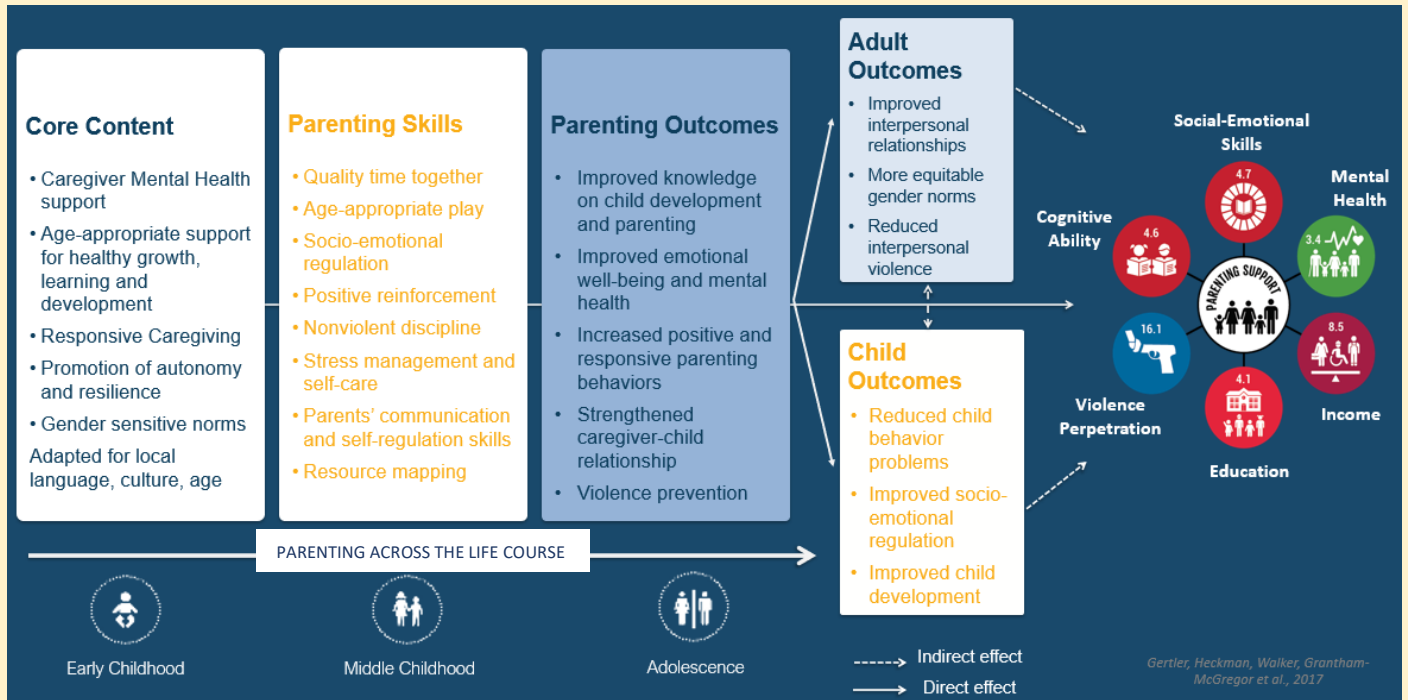
Parenting support for caregivers of adolescents share features with parenting support for younger children and should consolidate and magnify positive benefits from earlier investments. As children mature into adolescence, the parenting relationship evolves, and parents require new developmentally appropriate skills and strategies to meet their children's needs. It is important to provide scaffolding and support for this process right from the start.

Interventions need to be developed or adapted to fit country and population contexts. Targeted supported may be needed for vulnerable families including those in poverty, with children with developmental disabilities or delays, and other risk factors or specifically targeting specific groups like fathers, faith-based leaders, and others.

Parent support interventions consist of a structured series of sessions, using a range of learning activities, and are often manualized. They can be delivered by professional or para-professional staff. Interventions may be group-based or individual parent and/or family-based, they may include the children or not; they may be delivered in the home or in a centre or delivered online. They may be combined with other components (e.g. teacher or child focused interventions).

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[7] Olds DL, Eckenrode J, Henderson CR, Kitzman H, Powers J, Cole R et al. Long-term effects of home visitation on maternal life course and child abuse and neglect: fifteen-year follow-up of a randomized trial. JAMA 1997;278:8, 637–43.
[8] https://apps.who.int/iris/bitstream/handle/10665/341344/9789240026247-eng.pdf

Core Content
- Caregiver Mental Health support
- Age-appropriate support for healthy growth, learning and development
- Responsive Caregiving
- Promotion of autonomy and resilience
- Gender sensitive norms

Adapted for local language, culture, age

Parenting Skills
- Quality time together
- Age-appropriate play
- Socio-emotional regulation
- Positive reinforcement
- Nonviolent discipline
- Stress management and self-care
- Parents' communication and self-regulation skills
- Resource mapping

Parenting Outcomes
- Improved knowledge on child development and parenting
- Improved emotional well-being and mental health
- Increased positive and responsive parenting behaviors
- Strengthened caregiver-child relationship
- Violence prevention

Adult Outcomes
- Improved interpersonal relationships
- More equitable gender norms
- Reduced interpersonal violence

Child Outcomes
- Reduced child behavior problems
- Improved socio-emotional regulation
- Improved child development

PARENTING ACROSS THE LIFE COURSE

Early Childhood — Middle Childhood — Adolescence

Social-Emotional Skills · Mental Health · Cognitive Ability · Income · Violence Perpetration · Education · PARENTING SUPPORT

- - - → Indirect effect
——→ Direct effect

Gertler, Heckman, Walker, Grantham-McGregor et al., 2017

Caption: This diagram provides a snapshot overview of the basic components of parenting programs, the parenting skills they target, outcomes for parents, and immediate outcomes for children and longer term outcomes when children become adults.

Evidence and experience suggest that interventions to support parents are more likely to have the intended impact when[9]:
- strengths-based approaches that build from parents' existing skills and experience are used, which then support them to nurture the strengths of their children and adolescents
- interventions address different families' needs and children of different ages with specific and age-appropriate interventions;
- parent support and training are based on a solid theory of change or logic model particularly social learning theory or attachment for parenting infants;
- interventions focus on age-appropriate positive parenting principles and strategies, including positive discipline and improving parent-child communication;
- parents can practice new skills and receive feedback through role-playing, observation and/or non-judgmental coaching;
- implementation considers family dynamics and includes ways to support relationships between adults in the family;
- sources of severe stress are addressed by linking families to relevant services, such as income and economic strengthening efforts, substance abuse treatment, or support for survivors of intimate partner violence;
- intervention delivery workforce receive adequate and ongoing training, supervision, and support;
- gender-equitable norms are promoted and exposure to gender-specific risks is reduced;
- safe and meaningful participation of children, adolescents and caregivers within their families and communities, according to their evolving capacities, is promoted.

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[9] *INSPIRE Handbook*: action for implementing the seven strategies

3.a. Examples of Evidence-Based Interventions and Programs (non-exhaustive)

The following are non-exhaustive examples of evidence-based parenting interventions and are intended to be illustrative. There are many more evidence-based interventions, and innovations that are being tested like those that promote caregiver mental health and well-being. Collective coordination would enable us to bring them together on one platform.
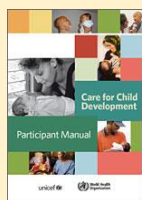
Care for Child Development (CCD) is an evidence-based approach designed to promote early learning and responsive caregiving through integration into existing services in a variety of sectors such as health, nutrition, education, and child protection. CCD fosters responsive caregiving and early learning of young children by guiding their parents and caregivers on how to engage in play and communication activities that promote motor, cognitive-language and social-emotional skills. It strengthens responsive caregiving skills by coaching parents and caregivers on how to observe, interpret and appropriately respond to their child's signals. CCD was originally developed by the World Health Organization and UNICEF in the late 1990s and updated in 2012.

Reach Up and Learn (0-4 year olds). This is a structured programme of home visits and group sessions, delivered over a defined duration, by trained providers. It has been adapted and used in a range of low- and middle-income countries, to support caregivers' abilities to provide responsive care and activities that help children learn. There is a comprehensive training package for trainers, supervisors, and home visitors. Based on the Jamaica Home Visit intervention which has substantial impact evidence, Reach Up has been successfully adapted and evaluated in Bangladesh and Colombia with benefits to children's development, and was adapted and implemented at a large scale by the Peruvian government.

Philani Mentor Mother Programme (0-5 year olds). The Mentor Mother Programme draws inspiration from two international child health models – the 'Positive Deviant Model' implemented in Vietnam by J. Sternin, and the 'Nurse Home Visiting Program' from the United States, which has been extensively documented and evaluated by David Olds. The Positive Deviant Model focuses on creating independence and finding solutions within communities. It is built on the philosophy that even in very poor communities some women develop coping mechanisms that enable them to raise healthy children. The idea of using mentors who are based within the community is therefore fundamental to the model.

Parents and Families Matter! (9-18 year olds). The Families Matter! Program (FMP) is an evidence-based, parent-focused intervention designed to promote positive parenting and effective parent-child communication about sexuality and sexual risk reduction, including risk for child sexual abuse and gender-based violence, for parents or caregivers of 9-12-year olds in Africa. FMP recognizes that many parents and guardians may need support to effectively convey values and expectations about sexual behavior and communicate important HIV, STD, and pregnancy prevention messages to their children. The ultimate goal of FMP is to reduce sexual risk behavior among adolescents, including delayed onset of sexual debut, by using parents to deliver primary prevention to their children and increasing awareness and protective strategies against child sexual abuse and harmful gender norms that may lead to violence.

<u>F</u><u>amilies Make the Difference, IRC (0-18 year olds).</u> The Parents Make the Difference project in Liberia aimed to promote the wellbeing of young children aged 3 to 7 through reducing harsh punishment, improving parenting practices, improving child development, and increasing malaria prevention behavior. The International Rescue Committee (IRC) and research partner Duke University found that the intervention reduced harsh punishment and improved parenting practices and caregiver–child interactions but had no impact on malaria prevention or early childhood development outcomes.
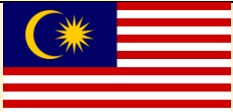

<u>Parenting for Lifelong Health (0-18 year olds).</u> Parenting for Lifelong Health (PLH) is a suite of open access, non-commercialised parenting programmes to prevent violence in low-resource settings. These programmes have been developed and rigorously tested in ten randomized controlled trials through a collaboration between WHO, Stellenbosch University and the University of Cape Town in South Africa, the universities of Oxford, Bangor and Reading in the United Kingdom, Ateneo de Manila University in the Philippines, and UNICEF. Training in the PLH programmes is led by various non-governmental organisations, including Clowns Without Borders South Africa (South Africa), the Prevention Research for Community, Family and Child Health at Stellenbosch University (South Africa) the Children's Early Intervention Trust (Wales), Alternativa (North Macedonia) and others.. After showing positive results in the evaluations, the programmes are currently being scaled up in over 20 low- and middle-income countries across Sub-Saharan Africa, South-eastern Europe, Southeast Asia, and the Caribbean. Hybrid and remote versions of the parenting programmes are currently being developed and pilot-tested.

3.b. Embedding Interventions in Existing Government Systems: Country Examples

To deliver parent support, it is not necessary to implement a stand-alone parenting programme. Components of parenting interventions, like key messages or skills can be integrated into existing service delivery systems. The following are examples of countries that have integrated parenting support within a range of ministries including education, health, child protection, and social protection delivered through existing workforces and government programmes as well as through media campaigns.

Cambodia		Since 2017, the Ministry of Women's Affairs has been supporting parents throughout the country. Pre- and post-test results showed positive behaviour change in parents away from corporal punishment and/or abuse and improved parent-child relationships and communications. As part of the UN Joint Programme for COVID-19 Response and Recovery Multi-Partner Trust Fund – and with support of a local NGO called Improving Cambodian Society Through Skillful Parenting (ICS-SP) a total of 35,794 children, parents and caregivers have been reached with messages on positive parenting and mental health. An additional 20,202 parents or caregivers and 13,667 children were reached with community-based mobile campaigns, and 1,000 adults and 925 children reached with home-based counselling.
Chile		Parenting support is integrated through two main systems in Chile: *Chile Solidario* (Chile in Solidarity) through the social protection system and *Chile Crece Contigo* (Chile Grows With You) for children and families. Psycho-social support and guidance is provided by

		family counsellors through structured home visit sessions and through group sessions.
Colombia		Through the Government led *Mi Familia programme*, ICBF (the Colombian Family Welfare Institute) provides specialized support to strengthen families' capacities to promote the integral development of children and adolescents. The programme serves some 120,000 families from 32 regionals, doubling the numbers reached compared to 2019.
Ethiopia		Following the release of the Nurturing Care Framework, the government of Ethiopia updated the national ECD Policy Framework and a National Health Sector Plan for ECD was adopted in 2020. Training of trainers in Care for Child Development was followed by adaptation and development for contextually appropriate materials and implementation has commenced in selected areas, using existing health service contacts and community services as entry points for supporting caregivers in their parenting practices.
Kenya		In Kenya, the Ministry of Labor and Social Protection has included Parenting and Economic Strengthening as part of the 2019 – 2023 National Prevention and Response Plan on Violence against Children. In 2020, a national stakeholder meeting gathered more than 40 organizations to present their respective parenting programmes. The Department of Social Development has a paraprofessional work scheme at the community level that provides parenting programmes, as well as child protection volunteers (under the department of Children Services) to be equipped as they interact with parents.
Malaysia		The National Population and Family Development Board under the Ministry of Women implements a range of family strengthening programmes including Belaian Kasih (fore parents of children upto 13 years), Mutiara Kasih (14 – 18 years) and a range of other programmes through group sessions and one-off workshops delivered to parents at the workplace (Parenting@Work), premarital parenting (SMARTSTART), and parenting of adolescents (IImu Keluarga). Trained field officers deliver programmes, reaching 11,649 parents in 2017.
Serbia		In 2016, the Ministry of Health endorsed a National ECD Program that includes parenting support provided by front line health workers including home visits by nurses. Parenting support is also being piloted by integrating it through routine paediatric health care visits in primary health care centres across Serbia which benefited over 17,500 children and their families between 2014-2016 and demonstrated improvement in parent-child interactions from59% to 78% overall. Additionally, parentings schools have been opened in primary health centres across Serbia along with a 24-hour telephone counselling services for parents In 2018, the ministries of health, education, social welfare and the National Council of Child Rights signed a Call of Action for multi-sectoral ECD which includes parental support as one of its core goals.

Thailand		The Thai government's ECD-focused parenting education interventions target parents and other primary caregivers from pregnancy until their child reaches 6 years of age and are mainly delivered through the health sector, ECD Centres and Family Development Centres. The Ministry of Public Health runs numerous parenting initiatives, including Parenting Schools in 13 Health Promotion Centres throughout the country delivering one-off group sessions for parents; group session for parents of children 2-9 years using the PLH model; and parenting media campaigns for parents of children under 3 years of age. The Ministry of Social Development and Human Security along with other ministries implements parenting education sessions in communities using both group sessions and home-visiting models.
Zambia		The Ministries of Education and Health have begun to integrate home visitation or group counselling sessions for parents based on the Care for Child Development approach through their Early Childhood education proggrammes, Safe Motherhood and Nutrition Guidelines, and healthcare service providers including nurses, medical officers, community health workers, nutritionists and social welfare officers.

4. Bottlenecks

Despite their effectiveness, structured interventions have failed to reach scale, especially in low-and-middle income countries. More than 40 years after the first home-visiting pilots, even high-income countries have struggled to expand coverage to their entire populations. Likewise, home visiting and group-based parenting interventions have been limited to small-scale, and NGO-led programs. WHO's *Global Status Report on Preventing Violence Against Children 2020*, shows that just 26% of governments rate their support for parent and caregiver support programmes as sufficient to reach all who need them. Interrelated factors that limit the scale-up of quality parenting interventions include:

1. Siloed understandings and gaps in operationalizing cross-sectoral linkages about the core components for the scale up of parenting interventions
2. Lack of an immediate fit within existing sectors
3. Parenting interventions are often implemented by sectors in isolation (e.g. ECD, Adolescence, Mental Health, Gender, Education, Child Protection) and not integrated across the life course
4. Lack of systems approach to implementing parenting initiatives, from universal to targeted approaches
5. Public sector leaders do not have the information to invest in and sustain parenting interventions at scale
6. Unfunded policies and limited fiscal space
7. Failure to strengthen existing services and systems to provide integrated care that includes parenting support and attention to caregiver mental health
8. Work force limitations (numbers, competencies, distribution, skills mix, compensation, supervision)
9. Existing initiatives tend to be focused on tertiary prevention rather than primary or secondary prevention
10. Due to COVID-19, economies contracting and competing budget priorities, parenting is not perceived as essential or government responsibility.

For this reason, WHO and UNICEF strongly promote a blended approach that facilitates integration of parenting support in routine contacts with health, nutrition, education, child protection, social welfare and other services, and is complemented by targeted interventions for communities and populations in need of extra support. This will help build a 'culture' of positive parenting and it will enable all families and children get

some support, while those with vulnerabilities, are identified early to get the targeted support they need. Using such an approach has shown to 'shift the curve' and improve population-based outcomes for all.

5. COVID-19

The COVID-19 pandemic laid bare the pivotal role parents and caregivers play at the frontlines of protecting their children from stress, and promoting their development, health, and well-being. Disrupted child and family services and social isolation from lockdown measures led to a vacuum of support around overburdened and stressed parents, hindering their ability to provide nurturing care to their children, and creating a global parenting crisis.

In March 2020, WHO, UNICEF, Parenting for Lifelong Health, End Violence, ECDAN and other partners came together to respond to the COVID crisis and its impact on child violence. The coalition took the best evidence-based information and created open-source COVID-19 Parenting resources, translating the tips and guidelines into 114 languages and distributing it to 193 million families in 204 countries. These were used by 33 governments in their national COVID responses. Critically, the strategy used both advanced digital channels but also low-tech community-based methods to ensure rapid and broad scale. Partners in countries used cartoons, national TV programmes, radio, faith-based sermons, social media, community loudspeakers, parenting hotlines, parenting webinars and WhatsApp parenting groups to spread the word and get life-saving information and support to parents and children. This remarkable uptake suggests both need and potential for greater impact.

6. Proposed Collective Action

6.a. Goals

This initiative would provide families around the world with the tools, knowledge and support they need to cope with stress, improve parenting and reduce violence in the home. Through this process, the initiative aims to become a powerful showcase of national-level results by 2025. By achieving this, we, as a global community, can overcome setbacks posed by COVID-19 and accelerate progress across a range of SDGs.

Based on a series of convenings and consultations, the agreed collective goals are:

1) Protect children and adolescents, and support families to cope with the multiple stressors, including those resulting from the COVID-19 pandemic;
2) Enable parents to nurture their children's development across the life course, in the context of reduced child-related services and increased parental responsibilities, and
3) Lay the foundation for mainstreaming the wide-spread uptake and implementation of evidence-based parent and caregiver support approaches in all countries.

6.b. Pillars

Specifically, the agencies and its partners would prioritize action in four strategic pillars:

1. **Scale:** Investing in proven, cost-effective, and contextualize parenting interventions while building national capacity to sustain delivery of the services.

2. **Innovate:** Designing new digital and hybrid approaches that leverage technology to lower costs, increase uptake and reach underserved populations; adapting and improving interventions to enable efficient scale-up.

3. **Generate Evidence:** Testing innovations and existing interventions through real-world trials, optimization studies on core components, and implementation research across contexts at scale.

4. **Advocate:** Investing in advocacy for the uptake of parenting interventions through policy advocacy and public and private financing.

Target: Increase to 250 million the number of families that access quality evidence-based innovative parenting support interventions.
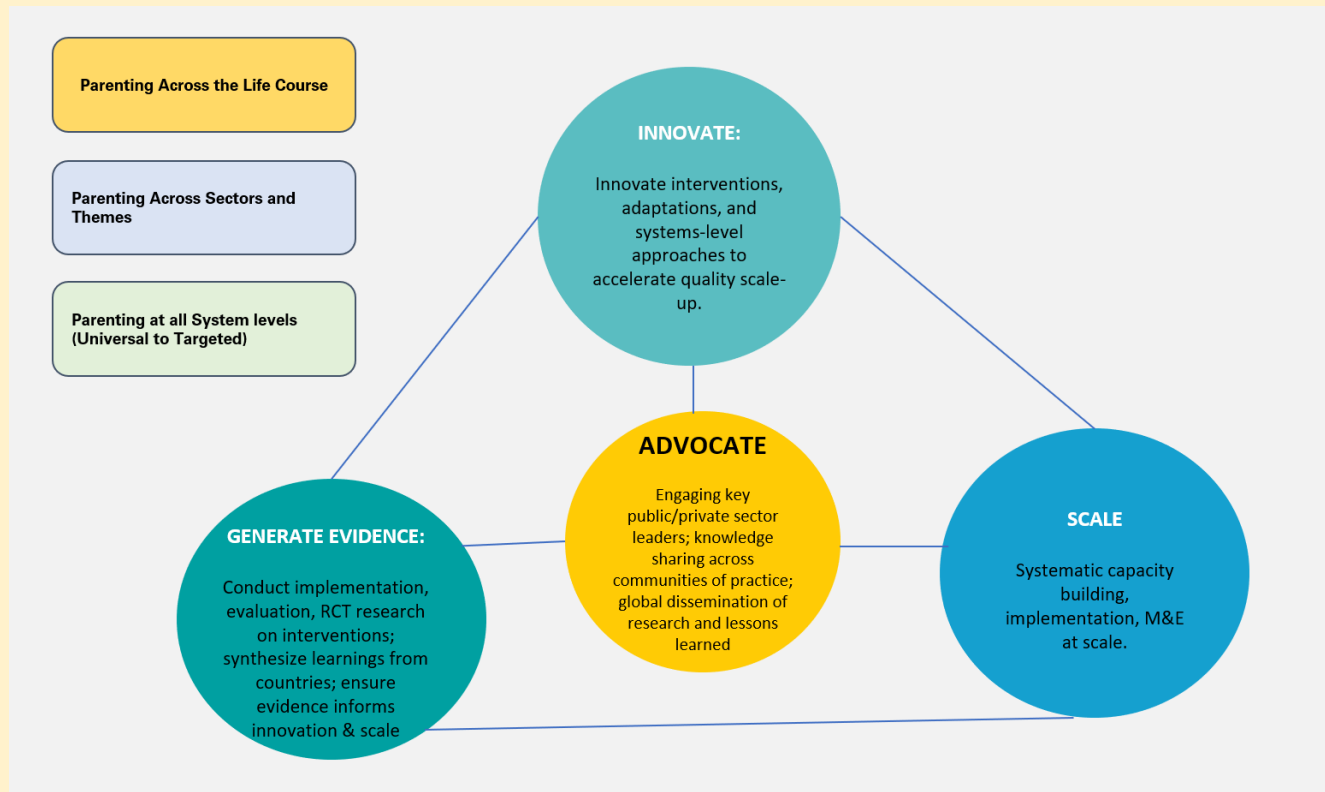
6.c. Indicative actions

The following details a sampling of activities that would advance each of the four strategic pillars:

1. **Scale**
- Provide technical assistance for adapting and scaling parenting interventions in collaboration with governments and partners across multiple sectors including health, education, protection, social welfare, finance and others;
- Expand the workforce capacity to support early childhood development and child protection, including through remote training in human-digital parenting strategies;
- Provide focused support to priority populations, including people living with disabilities, refugees and families in migration, male caregivers, and adolescent parents;
- Convene communities of practice and learning to accelerate innovation, support adaptation, and overcome challenges to take up, reach, impact, and sustainment.
- Support integration of scale-up plans in the national policies, institutions and budgets;

2. **Innovate**
- Develop a common platform and processes to support countries in accelerating the scale-up of parenting programmes
- Develop and refine human-digital parenting strategies, including online parenting support groups; parenting apps; parenting text messages; population-level messaging;
- Explore hybrid delivery of digital resources combined with human interactions to boost engagement and identification, for example with phone-based support, home visiting, and group meetings;
- Co-create additional playful parenting resources with parents/caregivers, children, and NGOs to boost nurturing care;
- Develop innovative ways to harness demand from caregivers for parenting programmes
- Enhance the development of sexual violence prevention within parenting support interventions (online and offline);
- Roll-out innovative approaches to support parent's mental health and emotional wellbeing, with a specific focus on adolescent pregnant girls/women and adolescent parents
- Develop adaptive capacity building and delivery models with government, faith-based, business, and NGO partners.
- Develop or adapt tools and measures for monitoring and evaluation

3. **Generate Evidence**
- Work with countries to monitor and evaluate their chosen strategies.
- Test innovations for impact at scale, including pragmatic (real-world delivery) randomised trials to examine effectiveness of hybrid programmes, digital engagement, and population level messaging
- Costing and cost-effectiveness studies
- Build in behavioral economics research to improve user engagement and impact.
- Examine mechanisms of delivery to learn what works and for whom, especially with marginalized and underserved populations;
- Support implementation research within existing systems to inform further refinement and intervention development in these countries, in collaboration with local experts and academic institutions;
- Evaluate implementation, sustainability, and impact at scale through ongoing monitoring and evaluation;

4. **Advocate**
- Develop costing and innovative financing for national and regional policy, and support local and national governments to cost scale-up and foster equitable and efficient spending
- Package and share evidence from all countries to tell a larger narrative of the impact of parenting interventions, what works, and remaining gaps
- Develop advocacy campaigns to increase awareness and understanding of the importance of parenting interventions; improve the enabling environment to increase uptake of parenting interventions at scale; and increase investments in parenting support interventions

7. Agency strategic focus areas

7.a. UNICEF

In keeping with the spirit of the Convention on the Rights of the Child, family and parenting support is recognized by UNICEF as an important part of national social policies and social investment packages aimed at reducing poverty, decreasing inequality and promoting positive parental and child well-being.

SCALE: In countries where there is a favorable policy environment and existing scalable programmes, UNICEF will support a national multi-stakeholder process towards the development of a national parenting strategy. Such a strategy will cover (i) parenting across the child's life course, from the early years through adolescence; (ii) the range of programmes from universal through to intensive support to at-risk families; (iii) institutionalization across sectors and from national to sub-national level, (iv) multisectoral collaboration (v) monitoring and evaluation of interventions; and (vi) public and innovative financing strategies and capacity building needs. UNICEF will build national systems to track outcomes of parenting programmes at the level of the child/adolescent and caregiver.

INNOVATE: UNICEF will develop capacities to complement or supersede face-to-face programmes through deployment of communications technologies in high and low resource settings, such as blended peer-to-peer support, web-based parenting hubs, digital apps, RapidPro and Internet of Good Things. UNICEF will partner with Governments to develop, implement and monitor national communications for development programmes to impart information and influence social norms on parenting. UNICEF will strengthen engagement with major private sector employers to integrate parenting support interventions as part of their business practice

GENERATE EVIDENCE: UNICEF will work with key partners to establish evidence on the effectiveness of remote delivery of parenting interventions on key child/adolescent and caregiver outcomes; male engagement in parenting; parenting programmes that address the adolescent age groups (10-14, 15-18). caregiver; interventions to reduce parental stress, prevent mental health issues and support parents' well-being (e.g. building on Caring for the Caregiver approach).

ADVOCATE: UNICEF will support line ministries and public entities to cost interventions, identify public financing bottlenecks and advocate for increased public allocations and primary expenditure in support of a progressive implementation of the national parenting strategy

7.b. WHO

For WHO, these developments unfold within the context of its 13th General Programme of Work (GPW) that runs from 2019-2025 and includes three targets directly relevant to parenting – on improving early childhood development (ECD), on reducing violence against children, and on reducing intimate partner violence.

SCALE: Training and capacity building will draw upon the opportunities provided by newly established WHO Academy, a state-of-the-art training institution that aims to bring the lifelong learning revolution to the health sector and reach 10 million learners around the world by 2023. In light of the growing evidence that caregivers can learn skills to support their children's social communication and adaptive behavior and to reduce their challenging behavior, WHO developed a novel Caregiver Skills Training Program (CST) for families of children with developmental disorders or delay to address such treatment gap. It is currently undergoing field-testing in more than 30 countries across all world regions. WHO is finalizing a WHO Academy training course on front line health providers' identification of and response to child maltreatment, and once the recommendations of the parenting guideline are available will develop an academy-accredited training course on parenting. This training will be compatible with a module on early childhood development that will be prepared as part of a Academy course on integrated management of child health. Delivery of the training courses will be achieved through the WHO Academy, and through specially targeted parent and caregiver support training programmes at regional- and country-level. The primary recipients for these trainings will be officials from government ministries and civil society organizations that have committed to providing ongoing support for the implementation of parenting programmes, and can guarantee the ongoing employment in dedicated parent and caregiver policy and programme development roles of the individuals who receive the training.

GENERATE EVIDENCE: The extent to which governments are supporting evidence-based approaches to parent and caregiver support remains extremely low. As of late 2021 WHO will finalize the content of a formal WHO guideline on parenting to prevent maltreatment and promote positive development in children aged 0-17 years. This guideline will address parenting programmes for the parents and key caregivers of children that are designed to reduce child maltreatment and child behavioural problems, and increase positive parental outcomes (e.g. responsiveness, attachment and mental health). The objectives are to provide authoritative recommendations on the essential content and process elements that must be put in place when establishing parenting programmes with the aim of preventing child maltreatment and enhancing positive development. It will complement the guideline on Improving early childhood development that was released in 2020 and recommends that all children need to receive responsive care and early learning opportunities, and that caregivers need to be supported to do so, including with attention to caregiver mental health. To enable dissemination, uptake and implementation of these guidelines, WHO will develop an implementation handbook derived targeted towards programme developers, managers and evaluators. The handbook will integrate what is known about best practices for the adaptation of parent and caregiver support programmes for delivery by digital means in situations where COVID-19 movement restrictions prohibit in-person delivery.

ADVOCATE: WHO will continue with its ongoing advocacy at country, regional and global levels for the uptake of evidence-based approaches to parent and caregiver support. WHO will work in selected countries (one or two in every region) and support national policy dialogues and planning of integrated strategies to optimize optimal development in children and adolescents in the first two decades of life. In addition, WHO will continue its work to quantify the impact of child maltreatment and other adverse childhood experiences (ACE) on health risk behaviours, mental health problems, and communicable and non-communicable diseases across the life span (e.g. using findings from surveys that apply the WHO ACE-International Questionnaire), and using this information to argue for increased investment in prevention.

7.c. Parenting for Lifelong Health

In 2020, as part of the COVID-19 response, core program components were converted into tip sheets for families with an interagency collaboration including the WHO, UNICEF, UNODC, USAID, the Centers for Disease Control and Prevention, and the Global Partnership to End Violence Against Children, as well as NGOs. Focusing on parenting during lockdown and school closures, the tips have been disseminated to an estimated over 144 million families in 204 countries.

INNOVATE: PLH is currently developing and pilot testing three digital and hybrid human-digital platforms for delivery of more intensive parenting support programmes, using the evidence-based PLH programmes. These include a ParentApp (an offline-first parenting programme for families of 10-17 year olds, which requires no internet access), ParentText (an interactive text message based programme for families of 2-17 year olds, which is customisable for each family) and ParentChat, which transfers the in-person programmes into an online, facilitator-led format. These are all open-source global goods. Randomised controlled trial testing is planned for 2022.

GENERATE EVIDENCE: PLH will provide technical support for the in-person, digital and media parenting programmes, which includes the following:

1) Adapting parenting programs to fit the local context and culture;
2) Conducting an implementation readiness assessment;
3) Providing materials and tools for implementation, monitoring, and evaluation;
4) Training frontline service providers including program facilitators, coaches, trainers, and coordinators;

5) Assessing and certifying personnel.
6) Research to evaluate and optimise effectiveness, cost-effectiveness, implementation, and scalability

7.d. ECDAN and End Violence

For this vision to be implemented successfully interagency collaboration will be essential. ECDAN and End Violence will provide a neutral platform to facilitate cross-sectoral connections, knowledge and learning exchange, and coordinated advocacy with stakeholders across regions and countries.

They continue to play a role in convening partners and donors around the importance of providing support to parents. They will also ensure that the lifecycle approach is maintained; supporting parenting from birth to adolescence. They will work with Governments to encourage the inclusion of parent support within their national action plans, priority issues, trainings and budget allocations. They will bring partners together around key moments, including the launch of new research finding, advocacy moments and the #TogetherToEndViolence Solutions Summit Series.

7.e. Partnerships

The coalition will undertake a robust process to partner with governments, universities, think tanks, INGOs and national NGOs, UN agencies, international finance institutions, foundations, private sector and other key stakeholders with a range of capacities and resources to facilitate the implementation of the collective action framework to scale parenting support interventions globally.

8. Conclusion

Investing in better parenting is a proven way to deliver multiple wins across the Sustainable Development Goals. Better parenting means less violence -- and also better long-term education, health, employment and economic outcomes. The COVID-19 pandemic has heightened the need for practical help to parents struggling to cope with overwhelming new stresses. The opportunity to scale up proven parenting interventions is real, urgent and possible -- and the stakes for millions of families could not be higher.