

Designing and delivering parenting programs to promote nurturing care and early childhood development: A roadmap with guiding questions

Parenting during the early years is central to promoting optimal child development and fostering children's resilience against adversity. Parenting programs play an important role in supporting parents and families to provide children with nurturing care (1) – a type of care that extends beyond basic health and safety to include responsive, sensitive, and stimulating caregiver-child interactions¹.

To improve early childhood development for children between the ages of 0-3 globally, the World Health Organization (WHO) recommends that parents and caregivers should be supported to provide responsive care and early learning to children, while also receiving support for their mental health and wellbeing (2). In addition, to improve parent-child relationships and prevent maltreatment, parenting interventions should be provided to all parents and caregivers of children ages 0-17 in LMICs (3).

Parenting interventions are an important and effective strategy to support parents and caregivers to provide responsive care and early learning, and to improve outcomes for children across a range of domains. (4) However, adapting and delivering effective parenting programs across different contexts and systems, including at scale, remains a challenging task for researchers, program leaders, and policy makers alike. In response to these challenges, this resource offers a roadmap with **8 guiding questions**² and corresponding practical recommendations with links to helpful resources that can be used to inform the design, implementation, evaluation, and scale-up of parenting programs to promote nurturing care and early child development.



*In this resource we refer to **parents** with the understanding that the term refers to any caregiver or guardian who is responsible for the care of the child within the home or wider community. This includes mothers and fathers, grandparents, other relatives or non-related carers.

¹ See the WHO/UNICEF/World Bank Nurturing Care Framework: <https://nurturing-care.org/ncf-for-ecd>

² These questions do not necessarily need to be considered sequentially, and at times they may need to be managed simultaneously. More consideration to these questions within the design and planning phase will help to improve the likelihood of program success.

These guidelines/recommendations are informed by the recent special issue in *Parenting, Science and Practice* on the future of parenting programs (5); UNICEF’s nine-step guide to building parenting support programs (6); a global systematic review and meta-analysis of parenting interventions (4); programmatic guidance for interventions to improve ECD in high HIV burden countries (7); and key learnings from an assessment of group-based parenting programs supported by the Conrad Hilton Foundation in East and Southern Africa (8; see Box 1 below for a quick view of our best-practice recommendations for parenting programs).

Box 1. A quick view of best practice recommendations for parenting programs
<ul style="list-style-type: none"> • Engage and consult parents and their communities as key partners throughout the lifespan of the program, not just at the start. Use your program to identify and strengthen existing positive practices and sources of support in the community.
<ul style="list-style-type: none"> • Parenting programs should function within existing community or government systems. Design the program in collaboration with community, NGO, and government leaders and agencies to achieve program success and sustainability.
<ul style="list-style-type: none"> • Responsive caregiving is a parenting skill that supports all other components of nurturing care and should be the key focus of your program activities³. Caregiver wellbeing is a key enabler of responsive caregiving and should therefore also be addressed explicitly throughout the program⁴.
<ul style="list-style-type: none"> • Information alone will not change parenting behaviour. Make sure your program sessions actively supports caregivers to build on their existing positive parenting practices, learn and practice new skills, problem solve and access peer support. Program components should deliberately address the key factors that enable or hinder responsive caregiving, such as caregiver wellbeing and livelihood support.
<ul style="list-style-type: none"> • Selecting a delivery platform for the program should be a balanced decision between parent priorities and preferences (“reach parents where they are”) and the platform’s capacity to deliver these services (organizational and national/subnational/local commitments, workforce capacity and workload, political will and leadership).
<ul style="list-style-type: none"> • Deliver program services based on risk profiles and need. Consider reducing the number of home visits for mixed delivery models using group sessions, or reserve home visits for caregivers identified as needing additional, individual support to reduce cost and maintain coverage.
<ul style="list-style-type: none"> • A longer program duration is not necessarily better. For more impactful programs, consider shorter programs (one year or less) with more frequent meetings (weekly/bi-weekly), using resources to prioritise quality implementation. More than one program cycle may be needed to establish high fidelity and implementation quality at a particular program dosage. Consider the implementing organization’s capacity and the maturity of the program when making decisions about dosage.
<ul style="list-style-type: none"> • Quality training and supervision should be a non-negotiable feature. Invest in more extensive training for staff (a minimum of 1-2 weeks initial training), with refresher trainings across the life of the program. Enable supervisors to value their role, provide support and mentorship, and engage staff in mutual problem solving.
<ul style="list-style-type: none"> • Systematically use monitoring and evaluation data for reflection, learning, and program improvement. Invest in robust evaluation activities to inform and support future programming

³ The global evidence demonstrates that interventions with responsive caregiving content had significantly greater effects (nearly four times greater) on child cognitive development, parenting knowledge, parenting practices, and parent-child interactions than interventions did not include content on responsive caregiving (Jeong et al., 2021).

⁴ Parenting interventions are unlikely to improve caregiver wellbeing (e.g., reducing depressive symptoms) if the intervention does not include an explicit psychological component to address parental mental health (Jeong et al., 2021).

1



WHO ARE THE PARENTS?

Identify and understand your parent population, and their parenting context.

Identify your parent population (and their children)

- Clearly define the relevant parent population, considering the characteristics of caregivers and their children (e.g., their age or risk profiles) and the wider community. This should include any subpopulations of parents in need of targeted intervention (e.g., adolescent mothers, male caregivers⁵), or the sectors involved in reaching different caregivers (6).
- Consider who are their children – their developmental age and needs – with explicit attention to include and support children with developmental delays and disabilities and their caregivers.

Pay explicit attention to context, and existing social and cultural practices⁶

- Pay attention to the context and setting in which parents parent (e.g., rural, urban, humanitarian settings) as well as existing norms, practices, challenges and resources. These factors greatly influence parents, their parenting, and the feasibility of the proposed parenting program.
- Consider the ECD ecosystem: What other community practices, services and programs are already part of the community? How can the proposed parenting program be integrated into this ecosystem in a sustainable way?

Use a strengths-based approach that draws on existing positive practices

- Identify what parents want and need, and harness what they already can provide for their children in this setting (9). A strengths-based approach that draws on existing positive practices and sources of support in the community, while identifying positive deviance⁷ practices help to ensure that the program empowers parents and promotes up-take, ownership and sustainability (10).

2



WHAT DO PARENTS NEED?

Find out what parents need in this context, and actively engage them in this process.

Conduct formative research to find out what parents need in this context

- Conduct formative research (a needs assessment, situation analysis, and/or exploratory research) to identify the needs, priorities, barriers and/or facilitators to providing nurturing care specific to the context, and what services and sources of support already exist in this setting. This includes attention to caregiver wellbeing, economic needs and gender dynamics.
- This process can involve a desk review, a mapping of existing sectoral interventions that directly or indirectly support parenting interventions, and formative research on parents' program preferences and the factors that shape parenting practices. Findings should be presented and validated with key partners (4).

Engage parents and their communities as active partners throughout the program

- For programs to succeed, parents should be engaged as active program partners, rather than passive recipients of program information (9). Engage, involve, and consult parents and their communities as key partners throughout the lifespan of the program, not just at the start.
- Prioritizing a strengths-based approach, equitable inclusion of all caregivers and children, and reliance on existing parenting knowledge and skills are all important to program success (6; 11).

3



HOW WILL THE PROGRAM ADDRESS PARENTS' NEEDS?

Use a theory of change and evidence-based research to inform program design.

Use a theory of change to inform the design and delivery of the parenting program

- Be clear about what the program is ultimately trying to achieve and what is required to achieve this. Developing a clear **theory of change**⁸ will help to define and unpack the necessary processes and causal linkages expected to lead to the desired outcomes (9).
- By clarifying the program's theory of change, researchers and practitioners can work with parents to prioritize maintaining a program's core functions, even if the form must be altered (12; 13).

Learn from other evidence-based programs^{9,10}

- Evidence-based research and scientific rigor should lie at the core of parenting program designs. How and why did other parenting programs fail, and how can the current parenting program avoid this? Is there sufficient rigorous evidence from parenting programs in similar contexts to provide a high degree of confidence that the proposed program design, delivery platform and methods will be effective (9)?

⁵ See Nurturing care and men's engagement: <https://nurturing-care.org/engaging-men-in-nurturing-care/>

⁶ See the Nurturing Care Handbook Strategic Action 2: Focus on Families and Communities: <https://nurturing-care.org/nurturing-care-handbook-focus-on-families-and-communities>

⁷ Positive Deviance (PD) is an asset-based, problem solving and community-driven approach, based on the observation that in every community there are individuals/groups who thrive despite facing the same challenges/lack of resources than their peers. See <https://positivedeviance.org/guides>

⁸ See the Hivos Theory of Change Thinking in Practice resource: <https://hivos.org/document/hivos-theory-of-change/>

⁹ See the WHO Guideline on Improving Early Child Development <https://www.who.int/publications/i/item/97892400020986>

¹⁰ See the WHO Guideline on parenting interventions to prevent child maltreatment and enhance parent-child relationships in children aged 0-17 years: <https://www.who.int/publications/i/item/9789240065505>

4



WHAT IS NEEDED FOR THE PROGRAM TO SUCCEED?

Define what is needed “within” and “around” the program to achieve success.



What is needed **WITHIN** the program to succeed?

Carefully consider **what** content and components are needed to achieve outcomes. Remember that **HOW** content is delivered is central to parents succeeding.

- **Responsive caregiving is a parenting skill that supports all other components of nurturing care**¹¹. The program should therefore place a core focus on supporting parents to notice, understand and respond to their child’s cues, use bi-directional communication, and create enjoyable and stimulating interactions with their children.
- Ensure that content on responsive caregiving is not diluted but adequately addressed, discussed and supported within the program (4). This should be prioritized during the design phase, but also during all phases of program implementation.
- When selecting content, consider what topics are already addressed through past and existing programs or services (e.g., immunization, nutrition, hygiene and sanitation). This enables new programs to prioritize less-addressed but important issues such as responsive and sensitive caregiving, or caregiver wellbeing (14).
- Program components should deliberately address the key factors that enable or hinder responsive caregiving, such as caregiver wellbeing¹² and livelihood support. Include also culturally and gender-appropriate messaging and visuals.
- **Consider that 20% of your program should focus on WHAT you deliver (the program content), while 80% of the program should be concerned with HOW that content is delivered.** Information alone is not sufficient to change parenting behavior. Make sure that the program is designed to actively support caregivers to learn and practice new skills, problem-solve, build confidence, and access peer support^{13, 14}.
- **Fidelity to the program is extremely important for program success.** Determine what parts of the program model is non-negotiable and what might be adaptable to a given context without jeopardizing fidelity and effectiveness.



What is needed **AROUND** the program to succeed?

Foster mutually beneficial relationships and partnerships with key stakeholders at all levels: parents and families, community and faith leaders, service providers, and policy makers.

- Parenting programs that can function within existing community or government systems are more sustainable than standalone programs (14). Designing the program in collaboration with community, NGO, and government leaders and agencies is essential to program success and sustainability.
- Conduct a mapping of key influencers in the community to drive social and behaviour change. Secure buy-in from key stakeholders by building mutually beneficial relationships with influential partners such as faith and community leaders, governmental staff, implementing organization staff and key target populations. This helps to ensure that programs are relevant and responsive to the real-world context and that they have scaling potential (15).

5



HOW WILL THE PROGRAM BE DELIVERED?

Make decisions regarding delivery platforms and program dosage based on existing resources, research, and population risk profiles.

Decide on an appropriate delivery platform

- Selecting a delivery platform for the parenting program should be informed by the initial needs assessment; the identified target population (their availability and preferences); program frequency, intensity, and duration; and expected program outcomes focused on parents and children (6).
- Organizational and national/subnational/local commitments, workforce capacity and workload, and political will and leadership are important factors to consider when selecting a delivery platform (6). Draw on the knowledge and expertise of key stakeholders to inform these decisions.

Program dosage (duration, frequency, intensity) should depend on resources, research, and risk

- Decisions about dosage should be informed by the program theory of change, existing evidence, the age range and developmental needs of the target children, the needs of the parents, and the formative research.
- A longer program duration is not necessarily better: evidence suggests that parenting programs produce better outcomes when program duration is less than a year (4; 7). Consider shorter programs with groups that convene more frequently than monthly, while prioritizing quality implementation during these visits. Keep in mind how program impact may be diluted when transferred from a rigorous evaluation setting to non-research settings and strategies to mitigate this.
- Consider reserving home visits for caregivers identified as needing additional, individual support to reduce cost and maintain coverage, but conduct a careful needs assessment to inform this decision and approach.
- Consider how your parenting sessions could slot in with other interventions and services that may require a longer duration of programming. Conducting 8-10 high-quality weekly/bi-weekly sessions on responsive caregiving as part of a longer nutrition or livelihood intervention could potentially be more effective than spreading the parenting sessions over two or three years of programming.
- More than one program cycle may be needed to establish high fidelity and implementation quality at a particular program dosage. Consider the implementing organization’s capacity and the maturity of the program when making decisions about dosage.

¹¹ See the Nurturing Care Practice Guide: <https://nurturing-care.org/wp-content/uploads/2023/01/PG1.pdf>

¹² See UNICEF’s [Caring for the Caregiver](#) programme or WHO’s [Thinking Healthy](#) or [SelfHelp+](#) programmes

¹³ See the WHO Parenting for Lifelong Health PLH for Young Children [Facilitator Manual](#)

¹⁴ See the USAID Responsive Care and Early Learning [Addendum](#) for IYCF Counselling

6



WHO WILL DELIVER THE PROGRAM?

Establish and maintain effective recruitment, training, and supervision of the program workforce.

Identify the 'parenting workforce'

- Identify who will deliver the parenting intervention, and who will provide training, supervision and coaching support. Determine what each level of the workforce needs to fulfil their roles effectively (6).
- Improve compensation for delivery agents to prevent attrition of key implementing staff and explore the potential of additional economic strengthening activities for delivery agents.

Invest in initial and ongoing training

- Provide more extensive training for staff at the start of the program (a minimum of 1-2 weeks initial training).
- Initial training of staff is not enough (16). Invest in more extensive training across the life of the program.
- Include regular refresher trainings as a set standard for implementation to enhance the program quality (7).

Prioritize supervision to create a supportive climate

- Establish clear guidelines on the scope of the supervision activities, including supervision strategies and training drawing on the principles of supportive supervision.
- Use supervision to 1) continually and supportively emphasize the relevance of maintaining fidelity and highlighting the program's core components; provide concrete resources to facilitate implementation; 3) maintain a collaborative environment rather than a hierarchical one; 4) and engage staff in mutual problem solving (17).

7



HOW WILL WE KNOW IF THE PROGRAM IS SUCCEEDING?

Systematically use monitoring and evaluation data for reflection, learning, program improvement, and community ownership.

Use monitoring data to understand how and why the program works, and to make adaptations^{15,16}

- Continuous assessments of implementation with stakeholders make it possible to course correct to improve the quality of parenting programs over time.
- Support activities that enable community stakeholders to monitor and reflect on their own progress, with opportunities for feedback and input to inform future programming.
- Conduct regular reviews of monitoring tools and how they are used and provide related training for improvement. Explore the acceptability, feasibility, relevance, and viability of digital tools for monitoring and supervision implementation reporting to support quality implementation at scale.

Invest in robust evaluation, including implementation research to inform and support future programming

- Consider testing different variations of program dosage and duration to improve understanding of program effectiveness and opportunities for scale.
- Conduct longer-term follow up evaluations to establish the sustainability of parenting program outcomes.
- Collect process data to understand how and why the program works, including feedback from the target population and implementers to understand barriers and facilitators to uptake of nurturing care behaviors.
- Include evidence-informed measures and indicators for assessing responsive care and early learning, along with sufficient training for assessors to use these measures.^{17,18}

8



WHAT IS NEEDED FOR THE PROGRAM TO BE SUSTAINABLE?

*For uptake and scale, pay as much attention to the **demand** side of the program (preferences of parents and priorities in their socio political context) as the **supply** side (what the program can realistically offer).*

Pay attention to program features that encourage uptake

- Consider program features such as staffing, participant costs in regard to time and energy, incentives and whether parents perceive the program as beneficial and relevant to their daily lives (18).
- End user preferences, parent priorities and reaching parents where they are is important for program uptake as well as equitable expansion of parenting programs (14).

Consider pathways to scale and cost early in the design phase of the program

- Effectively scaling up programs to new populations or in different contexts requires consideration of the specific needs of participants and contexts.
- Program costs should be a key consideration. Develop a detailed costing plan with a view towards future government investment.
- Evaluate existing policies, laws, and enabling environments that form the implementation ecosystem for an evidence-based parenting program (14).

¹⁵ See the Nurturing Care Handbook Strategic Action 4: [Monitor Progress](#)

¹⁶ See the IDEAS Impact Framework: <https://developingchild.harvard.edu/innovation-application/innovation-approach/>

¹⁷ See the NCF [Indicators for Measuring Responsive Care and Early Learning Activities](#)

¹⁸ See Jeong et al. (2022)'s scoping review on measurement tools and indicators for assessing nurturing care: <https://doi.org/10.1371/journal.pgph.0001906>

References:

- (1) World Health Organization, United Nations Children's Fund, World Bank Group. (2018). Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. <https://nurturing-care.org/ncf-for-ecd>
- (2) World Health Organization. (2020). Improving early childhood development: WHO guideline. Geneva: World Health Organization. Licence: [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/).
- (3) World Health Organization. (2023). WHO guidelines on parenting interventions to prevent maltreatment and enhance parent child relationships with children aged 0-17 years.
- (4) Jeong, J., Franchett, E. E., Ramos de Oliveira, C. V., Rehmani, K., & Yousafzai, A. K. (2021) Parenting interventions to promote early child development in the first three years of life: A global systematic review and meta-analysis. *PLOS Medicine* 18(5): e1003602. <https://doi.org/10.1371/journal.pmed.1003602>
- (5) Bornstein, M. H., Dia, E., Kotler, J. A., Lansford, J. E., Raghavan, C., & Mitter, M. (2022b). The Future of Parenting Programs: An Introduction. *Parenting, Science and Practice*, 22(3); 189-200.
- (6) United Nations Children's Fund. (2021). UNICEF's vision for elevating parenting. A strategic note. <https://www.unicef.org/media/108796/file/Vision%20for%20Elevating%20Parenting.pdf>
- (7) Tomlinson M., Hunt X., Watt K., Naicker S. & Richter L. (2020). Programmatic guidance for interventions to improve early childhood development in high HIV burden countries: a narrative review. *Vulnerable Children and Youth Studies*, DOI:10.1080/17450128.2020.1786204
- (8) Institute for Life Course Health Research. (2023). Group-based parenting programs to support nurturing care in East and Southern Africa: An assessment of programs funded by the Conrad N. Hilton Foundation's ECD in East and Southern Africa Initiative.
- (9) Bornstein, M. H., Cluver, L., Deater-Deckard, K., Hill, N.E., Jager, J., Krutikova, S., Lerner, R. M., & Yoshikawa, H. (2022). The Future of Parenting Programs: I Design. *Parenting, Science and Practice*, 22(3); 201-234.
- (10) Gutiérrez, K. D., & Jurow, A. S. (2016). Social design experiments: Toward equity by design. *Journal of the Learning Sciences*, 25(4), 565–598. doi:10.1080/10508406.2016.1204548
- (11) Soenens, B., Vansteenkiste, M., & Nelson, L. J. (2019). Parenting adolescents. In M. H. Bornstein Ed., *Handbook of parenting. Vol. 1. Children and parenting* (3rd ed., pp. 111–167). Routledge. doi:10.4324/9780429440847-4
- (12) Fletcher, A., Jamal, F., Moore, G., Evans, R. E., Murphy, S., & Bonell, C. (2016). Realist complex intervention science: Applying realist principles across all phases of the medical research council framework for developing and evaluating complex interventions. *Evaluation*, 22(3), 286–303. doi:10.1177/1356389016652743
- (13) Hawe, P., Shiell, A., & Riley, T. (2004). Complex interventions: How “out of control” can a randomised controlled trial be? *BMJ*, 328(7455), 1561–1563. doi:10.1136/bmj.328.7455.1561
- (14) Britto, P. R., Bradley, R. H., Yoshikawa, H., Ponguta, L. A., Richter, L., & Kotler, J. A. (2022). The Future of Parenting Programs: III Uptake and Scale. *Parenting, Science and Practice*, 22(3); 258-275.
- (15) Schindler, H. S., Fisher, P. A., & Shonkoff, J. P. (2017). From innovation to impact at scale: Lessons learned from a cluster of research–community partnerships. *Child Development*, 88(5), 1435–1446. doi:10.1111/cdev.12904
- (16) Lansford, J. E., Betancourt, T. S., Boller, K., Popp, J., Altafim, E. R. P., Attanasio, O., & Raghavan, C. (2022). The Future of Parenting Programs: II Implementation. *Parenting, Science and Practice*, 22(3); 235-257.
- (17) Stern, S. B., Alaggia, R., Watson, K., & Morton, T. R. (2008). Implementing an evidence-based parenting program with adherence in the real world of community practice. *Research on Social Work Practice*, 18(6), 543–554. doi:10.1177/1049731507308999
- (18) McCurdy, K., & Daro, D. (2001). Parent involvement in family support programs: An integrated theory. *Family Relations: An Interdisciplinary Journal of Applied Family Studies*, 50 (2), 113–121. doi:10.1111/j.1741-3729.2001.00113.x