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UNICEF'S VISION FOR ELEVATING PARENTING

A STRATEGIC NOTE

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Hosten Alemán, 26, helps his daughter Rouss Alemán, 2, swing from playground equipment while joined by his wife, Heisell Tellez, 27, after an interview in which we discussed the disease with which Rouss was born and is overcoming with medical assistance and operations in Jinotepe, Carazo on August 25th, 2020.

The continuation of treatment in times of coronavirus is critical for disabled children and their families. With the support of UNICEF, the NGO Los Pipitos uses WhatsApp, videos, and phone calls to keep support programmes running.

For every child protection.

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UNICEF's Vision for Elevating Parenting compliments and helps operationalize the Global Initiative to Support Parents Inter-Agency Vision[1] (https://www.end-violence.org/sites/default/files/2021-06/Parenting%20Inter-agency%20Vision%20Final%20%281%29.pdf).

This document is a product of the UNICEF Parenting Working Group led and developed under the supervision of Henriette Ahrens—Deputy Director, Office of Director Programme Division. It was developed and written by the core parenting group including: Chemba Raghavan, Shreyasi Jha, Marcy Levy, Kerida McDonald, Stephen Blight, Sailas Nyareza, Maria Peel and Erica Wong from the UNICEF Programme Division, Christopher Kip from the UNICEF Division of Private Fundraising and Partnerships, and Benjamin Perks from the UNICEF Division of Communication. The resource benefited greatly from the critical technical inputs from the larger Parenting Working Group including: France Begin, Erinna Dia, Grainne Mairead Moloney, Ruth Graham Goulder, Jumana Haj-Ahmad, Sherif Yunus Hydara, Divya Lata, Hsiao Chen Lin, Chewe Luo, Asma Maladwala, Lazeena Muna-Mcquay, Sarah Rossman, Cornelius Williams.

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[1] Partners include UNICEF, the World Health Organization (WHO), Partnership for Lifelong Health (PLH), the Early Childhood Development Action Network (ECDAN), and the Global Partnership to End Violence Against Children, are urging organizations of all types to take part in this call, including governments, global partnerships, multi- and bi-lateral agencies, political bodies, funders, international non-governmental organizations, faith-based organizations, the business sector, academia, civil society organizations, networks, and advocates.

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KEY ACTIONS NEEDED TO ENHANCE PARENTING SUPPORT THROUGHOUT THE LIFE COURSE

UNICEF's vision for integrated, multilevel programming moves beyond approaching parents as recipients of information or education, to a more collaborative partnership where there is a co-construction of support for the child as well as for/with the parents themselves. Key features include:

1 moving towards strengths-based rather than "deficit-focused" approaches

2 employing a life course lens

3 meeting systems where they are and elevating parenting support in existing platforms

4 explicit articulation of gender-responsive and disability-inclusive approaches

5 focus on culturally responsive community engagement and empowerment, and promoting enabling environments to support parents and caregivers.

Nurturing care framework

To reach their full potential, children need five inter-related and indivisible components of nurturing care: good health, adequate nutrition, safety and security, responsive caregiving, and opportunities for learning. Nurturing care refers to conditions created by public policies, programmes and services that enable communities and caregivers to ensure children's good health and nutrition and protect them from threats. Nurturing care also means giving children opportunities for learning through interactions that are responsive and emotionally supportive.[2]

EARLY CHILDHOOD is a critical period in children's development. It requires parenting and family support to ensure that every child is able to have the best start in life, setting a foundation for healthy development, life-long learning and social cohesion.[3]

A stable environment in which children can develop and thrive is one that is sensitive to their health and nutritional needs, provides protection from threats, and offers opportunities for early learning and interactions that are responsive, emotionally supportive and developmentally stimulating.[4]

'Nurturing care' consists of a core set of inter-related components, including behaviours, attitudes and knowledge about caregiving (e.g., health, hygiene and feeding care), stimulation (e.g., talking, singing and playing), responsiveness (e.g., early bonding, secure attachment, trust and sensitive communication) and safety (e.g., routines and protection from harm, abuse, neglect and environmental pollution).[5] In addition, by the age of 3 years old children develop a sense of gender identity; and by age 5 they develop a sense of gender stability. For children with developmental delays or disabilities, the provision of early intervention is essential to support optimal development.

Adolescents who are parents themselves are a noteworthy focus for ECD life-course programming, and it is important to keep in mind that adolescent parents are still children themselves. Adolescent parents may have their learning disrupted and may need added support from their own parents and caregivers. Ensuring the mental health and well-being of adolescent parents is an important step in ensuring the holistic development of their children.

UNICEF emphasizes the following broad actions to enhance parenting support for children in early childhood:

For the care of children 0–3 years of age:

- Equip parents and caregivers to promote nurturing care, including responsive care, developmental and age-appropriate play and communication, and early learning. Enhance systems of nurturing care through culturally responsive multi-sectoral packages, especially those focusing on stimulation and responsive care of children. Inclusivity is a key principle; nurturing care should be supported for all children, explicitly including children with disabilities.

For the care of children throughout the entire period of early childhood:

- Ensure that time, resources and services for parents of young children are made available through the adoption of family-friendly policies. Promote policies that are gender responsive and supportive of parents of young children in their care responsibilities. Ensure that this support is well articulated for parents of children with disabilities.

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2 World Health Organization, United Nations Children's Fund and World Bank Group, *Nurturing Care for Early Childhood Development: A framework for helping children survive and thrive to transform health and human potential*, WHO, Geneva, 2018, https://apps.who.int/iris/bitstream/handle/10665/272603/9789241514064-eng.pdf, accessed 2 February 2021. The Nurturing Care Framework was developed focusing specifically on the period from conception to age three. However, the principles apply to all age groups.

3 The early childhood period encompasses several quite distinct phases: from 'conception to birth' and from 'birth to 3 years', with emphasis on the first 1,000 days (from conception to 24 months), followed by the 'preschool and pre-primary years (3 years to 5 or 6 years, of the age of school entry). While the definition also includes 6 to 8 years of age, the focus of UNICEF programming is on the earlier years up to school entry." UNICEF, UNICEF's Programme Guidance for Early Childhood Development. UNICEF, New York, 2017, https://sites.unicef.org/earlychildhood/files/FINAL_ECD_Programme_Guidance._September._2017.pdf, accessed 26 March 2021.

4 Center on the Developing Child, Harvard University, *Key Concepts: Toxic Stress*, http://developingchild.harvard.edu/science/key-concepts/toxic-stress, accessed 30 December 2020.

5 Britto, Pia R., et al., *Nurturing Care: Promoting Early Childhood Development, The Lancet*, vol. 389, no. 10064, January 2017, pp. 91-102, https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31390-3/fulltext, accessed 26 March 2021.

- Promote safe and healthy environments for parents to engage with children, through active play, games, talking together and green spaces for children to develop their innate biophilia.
- Ensure access to essential services to address the needs of young children and parents, and ensure that routine health, nutrition and social services in particular provide support for child development; these services are the most common points of contact between systems and parents of young children. Key parent encounters with systems need to include parental counselling with a focus on how to support their children's health and development.
- Establish online and offline platforms with information and support for parents of children with disabilities.
- Support early intervention and inclusive education policies and services based in the family and community for children at risk of violence, abuse, neglect or exploitation and for children with developmental delays and disabilities.
- Focus on parents' mental health and emotional and social well-being and build their stress management and coping skills during early childhood and while the mother is pregnant.
- Enhance parents' and caregivers' knowledge, perceptions, beliefs and attitudes about parenting.
- Enhance parents' and caregivers' ability to talk to their young children about bullying, child protection issues such as exploitation and violence against children and how to protect themselves (if applicable); increase parents' ability to teach their children empathy for others and to know where to seek help for both parents and for their children. Ensure parents understand there are alternatives to corporal punishment, and support parents in teaching their children about the consequences of actions and concepts of fair play.
- Enhance children's self-esteem by giving them opportunities to be useful; enhance parents' ability to speak positively, to avoid making negative comparisons among children and to be good role models.
- Generate community demand for embedding children's foundational and transferable skills in school, out of school and in educational training systems.
- Enable children of all genders to become agile and adaptive learners and citizens and equip them to navigate personal, social, academic, emotional and economic challenges. These include skills such as creativity, communication and problem solving.
- Promote positive gender norms and socialization by encouraging and modelling gender-equitable behaviours including sharing of child-care responsibilities and household tasks and treating children equally among household members.[6]

MIDDLE CHILDHOOD is characterized by rapid skills development; it is a time when children form peer attachments and develop more complex social and emotional skills (i.e., learning right from wrong). In middle childhood, children are better at controlling emotions and behaviours than when younger and become more independent. Friendships become important. In the latter part of this period, children also start to become curious about their bodies and some may experience the onset of puberty.[7] As children start to gain independence, it is important for parents to start talking to them about how to keep safe from violence and stay healthy. The focus of parenting actions should be on helping children manage their behaviours and building their self-esteem through relationship building and positive discipline strategies.

UNICEF supports the following key actions to enhance parenting support for children in middle childhood:

- Promote safe and healthy environments for parents to engage with children, including through active play, games, talking together.
- Promote children's education on global citizenship, science, technology, engineering, and mathematics, and caring for the environment.
- Endorse policies for disability-inclusive education and access to facilities and services.
- Nurture and stimulate development by promoting children's self-esteem and confidence, giving them more independence and providing positive reinforcement (e.g., giving praise and rewarding good behaviours).
- Improve parental skills for bonding and engaging with children on boundaries, rules and decision-making.

[6] UNICEF, *A Summary Note on Promoting Positive Gender Norms and Socialization: Examples from Global Mapping Report*, UNICEF, New York, 2019.

[7] For most children, however, puberty starts at around age 12 years or older.

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Designing parenting programmes for violence prevention

Helping parents and caregivers to understand the importance of positive, non-violent discipline in child development and of close, effective parent-child communication reduces harsh parenting practices, creates positive parent-child interactions and helps increase bonding between parents or other caregivers and children – all factors that help prevent violence against children.[8] Parent and caregiver support figures prominently as an outcome in Goal Area 3 of UNICEF's Strategic Plan, and contributes at impact level to Sustainable Development Goal 16.2 to end all forms of violence against children.

The UNICEF Guidance Note "Designing Parenting Programmes for Violence Prevention"[9] has been developed to support UNICEF and their partners implement parenting interventions for violence prevention, and includes an explicit focus on addressing the gender norms that underpin violence. It brings together the current evidence and emerging experience of the importance of supporting positive parenting in the prevention of and response to all forms of violence, with a focus on low- and middle-income countries. It comprises:

- An overview of the role and benefits of parenting programmes in the prevention and response to violence against children of all ages;
- Strategies for designing effective violence prevention parenting programmes, with a summary of the key considerations at each of the nine steps of the design phase, complemented by practical examples and links to further reading.

It also includes considerations on how parenting programmes can address other forms of violence, including intimate partner violence; and promote gender equality.

8 World Health Organisation. INSPIRE: Seven Strategies for Ending Violence against Children. 2016, https://www.who.int/violence_injury_prevention/violence/inspire-package/en

9 UNICEF. Designing Parenting Programmes for Violence Prevention: A Guidance Note. 2020, https://www.unicef.org/documents/designing-parenting-programmes-violence-prevention-guidance-note

MHPSS systems for parents: Caring for the caregiver

In accordance with evidence from *The Lancet* and UNICEF recommendations on ECD and nurturing care, preventive support for caregiver health and emotional well-being is key to optimal child development. Yet there is currently very little support for the emotional well-being of caregivers in low- and middle-income countries. To address this issue, UNICEF is developing a 'Caring for the Caregiver' (CFC) training module.

The CFC module is intended to build strengths-based counselling skills of those working on the front line to increase caregivers' confidence and help them develop stress management, self-care and conflict-resolution skills in support of their emotional well-being. The prototype version of the module consists of three core manuals to guide the training and implementation process; it is currently being validated in eight countries through implementation research. A final version will be ready in 2021.

A new guide titled *Caring for the Caregiver during the COVID-19 Crisis* can be found here. This resource offers evidence-based messages, practical guidance, case studies and resources that can be used to promote parents' and caregivers' mental health, with a focus on adolescent caregivers, during the COVID-19 pandemic.

- Enhance parents' skills to communicate about the negative effects of bullying, child protection issues and how to protect themselves, and to teach their children empathy for others.
- Support parents in understanding their children's emotions and social needs and the importance of their own and their children's mental health.
- Enhance parents' understanding of gender, including their own beliefs linked to social norms; support actions to promote gender-equitable norms, roles and expectations; and provide age-appropriate, practical information on sexual and reproductive health.
- Bloster parents' capacities in dealing with child protection concerns and in addressing gender-based violence and harsh discipline in the household, in schools and online from early childhood through adolescence.

ADOLESCENCE[10] is characterized by rapid physical growth and brain development. It is a critical period for individual identity formation and an opportunity for growth, exploration and creativity as adolescents are figuring out who they want to be in the world.[11] Positive social relationships and environments can enhance adolescents' feelings of inclusion and belonging, facilitate access to opportunities and services, and lead to positive outcomes; while negative experiences can sow fear, increase self-doubt or social isolation, reduce access to services and opportunities, and lead to a cascade of negative outcomes.[12] In addition, adolescence is a phase of intensifying gender identities; sexual identities are explored and established, and adolescents' begin not only to accept but also to perpetuate gender and sexual identities (with implications for peers and communities).[13]

[10] While the definition of adolescence includes 0 to 19 years of age, UNICEF programming focuses on 10 to 18 years of age in alignment with the UNICEF programme guidance. UNICEF, 'UNICEF Programme Guidance for the Second Decade: Programming with and for adolescents', UNICEF, New York, 2018, https://www.unicef.org/media/57336/file.

[11] UNICEF, *UNICEF Programme Guidance for the Second Decade: Programming with and for adolescents*, UNICEF, New York, 2018, https://www.unicef.org/media/57336/file, accessed 26 March 2021.

[12] UNICEF, *UNICEF Programme Guidance for the Second Decade: Programming with and for adolescents*, UNICEF, New York, 2018, https://www.unicef.org/media/57336/file, accessed 26 March 2021.

[13] UNICEF, *A Summary Note on Promoting Positive Gender Norms and Socialization: Examples from Global Mapping Report*, UNICEF, New York, 2019.

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UNICEF PROGRAMMING GUIDANCE FOR PARENTS OF ADOLESCENTS (2021)

Programmes for parents of adolescents share features with programmes for parents of younger children, and should consolidate and amplify positive benefits from investments in young child parenting programmes. Yet as children mature into adolescence the parenting relationship evolves, and parents require new, developmentally appropriate skills and strategies to meet their adolescent children's needs.

UNICEF's new guidance aims to strengthen programming for parenting of adolescents; it was developed in consideration of what both adolescents and their parents need, based on the available evidence.

A review of the evidence base highlights core content areas for programmes, including to:

- Promote loving, warm and affectionate relationships between parents and their adolescent children, using age-appropriate strategies, to promote adolescent well-being.
- Improve parents' knowledge of adolescent physiological, cognitive, social and emotional development.
- Develop parents' skills to communicate respectfully with adolescents in a manner that respects their evolving capacities.
- Support parents in employing positive, non-violent discipline techniques that rely on communicating expectations and setting parameters around adolescents' behaviour.
- Empower parents to create safe environments for adolescents.
- Support parents in providing for adolescents' basic needs.
- Protect and promote parental mental health and link parents with further care as required.

Parents continue to play a profound role in adolescent development, even as adolescents increasingly engage with their peers and the broader society.[14, 15] The caregiving relationship between parents and children changes during adolescence and throughout the adolescent transition (as adolescents age from 10 to 18), but it remains vitally important. Other aspects of the parent-child relationships change in nature over time, including during transitions from early adolescence (10–14 years old) to late adolescence (15–19 years old). For example, parents spend less time monitoring their children in consideration of children's evolving capacities as they age through adolescence.[16]

As they continue to develop and grow, some adolescents may become parents themselves and/or be tasked with care responsibilities for siblings. Adolescent caregiving can have immediate and lasting consequences for the adolescent girl and her children, as well as for her male partner. There are worrying longer-term outcomes for adolescent caregivers (both girls and boys) linked to poverty, interrupted education, lack of support, isolation and other factors.

[14] Johnson, J. G., Smailes, E., Cohen, P., Kasen, S., & Brook, J. S. Anti-social Parental Behaviour, Problematic Parenting and Aggressive Offspring Behaviour During Adulthood: A 25-Year Longitudinal Investigation. *British Journal of Criminology*. 2004. 44(6), 915–930. https://doi.org/10.1093/bjc/azh041

[15] Moore G.F., Rothwell H., Segrott J. An exploratory study of the relationship between parental attitudes and behaviour and young people's consumption of alcohol. Subst Abuse Treat Prev Policy. 2010 Apr 22. 5(6). doi: 10.1186/1747-597X-5-6. PMID: 20412576; PMCID: PMC2865449.

[16] UNICEF, *Programme Guidance for the Parenting of Adolescents*, https://www.unicef.org/media/97831/file/Parenting%20of%20Adolescents.pdf, accessed 2 June 2021.

Table 1. Accelerating results through parenting and family support to promote children's development

Outcomes for children and families					
For children	**Survive and thrive**	**Learning**	**Protection** from violence and exploitation	**Life in safe environments**	**Inclusive Social Protection**
A key accelerator that can promote the achievement of results for children is the provision of quality parenting and family support.					
Recommended accelerator:	Every parent/caregiver is supported to enable the child's growth and development	Every parent/caregiver is supported to engage and support their children's learning from early childhood into adolescence	Every parent/caregiver is supported to practice positive and nurturing parenting behaviours and interactions, reduce harsh treatment of children, practice self-care and stress management, and improve their parenting self-efficacy	Every parent/caregiver is supported to provide the child with a safe environment	Every parent/caregiver is supported to provide the child with an equitable chance in life
Illustrative examples for strengthening parenting support into ongoing interventions within each goal area and throughout the life course					
Early childhood[17, 18]	1) Promote **stimulation and responsive care for young children** by parents and caregivers through multi-sectoral integrated services. 2) Promote caregivers' mental health and socio-emotional well-being. 3) Ensure support and empower parents in the provision of early intervention services to children with disabilities through multi-disciplinary, family-centred packages of support. 4) Ensure gender-responsive parenting through explicit articulation of gender socialization in service provision.	1) Include and enhance **parental engagement** in and through inclusive community-based child care and pre-schools. 2) Establish and resource a recognized early childhood education subsector with enhanced education systems and quality of early learning services.	1) Support parents in understanding children's development. 2) Promote the provision of nurturing care to end violence against children. 3) Promote gender-responsive and positive parenting and playful interactions. 4) Equip parents to support children with knowledge and skills that will help them protect themselves online and offline. 5) Promote the mental health and socio-emotional well-being of caregivers.	1) Empower parents to promote improved hygiene practices and sanitation for young children in their homes. 2) Scale up ECD programmes that promote social cohesion among parents of diverse communities.	1) Support parents in covering their needs and caring for their children through social protection platforms. 2) Ensure the implementation of family-friendly policies. 3) Strengthen financial literacy for parents, especially for women's empowerment.

[17] UNICEF, *Early Childhood Development in the UNICEF Strategic Plan 2018–2021*, UNICEF, New York, 2018, https://www.unicef.org/sites/default/files/2019-05/Early%20Childhood%20Development%20in%20the%20UNICEF%20Strategic%20Plan%202018-2021.pdf

[18] UNICEF, UNICEF's Programme Guidance for Early Childhood Development. UNICEF, New York, 2017, https://sites.unicef.org/earlychildhood/files/FINAL_ECD_Programme_Guidance._September._2017.pdf, accessed 26 March 2021.

Table 1. Accelerating results through parenting and family support to promote children's development *(continued)*

Outcomes for children and families					
For children	**Survive and thrive**	**Learning**	**Protection** from violence and exploitation	**Life in safe environments**	**Inclusive Social Protection**
Middle childhood	1) Support parents in nurturing and stimulating their child's development by promoting self-esteem, social and emotional well-being, gender-equitable norms/identities, self- confidence and more independence as the child starts school.	1) Enhance parental engagement by improving education systems. 2) Build parents' skills to spend time with children through active play, games, talking together and sharing household tasks together.	1) Build parents' capacity to support children's learning to interact with other children. 2) Promote positive parenting and responsive caregiving, including playful interactions, talking about consequences of actions, encouraging fair play and building problem-solving skills.	1) Empower parents to promote improved hygiene practices and sanitation.	1) Promote positive social norms and legal and policy environments to support parents, improve their capacity and skills, and create platforms for children's participation. 2) Promote gender-responsive and disability-inclusive policies and plans to support parents.
Adolescence[21]	1) Promote adolescent-responsive programmes for health, nurturing and mental health, including programmes for the prevention and treatment of HIV/AIDS for adolescent girls and boys. 2) Provide targeted support to adolescent caregivers/parents that will promote their mental health and emotional well-being and increase their capacity to provide nurturing care to their young children.	1) Promote parenting skills for engaging and communicating with adolescents and improving their learning outcomes. 2) Increase access to education, build skills for learning, and support families with transferable skills for adolescent employability and the exercise of citizenship responsibilities.	1) Support parents in maintaining quality time; modelling respectful behaviours; talking about sensitive issues; applying non-judgemental, positive approaches; agreeing on age-appropriate boundaries; building skills for non-violent communication; and increasing their children's role in decision-making.	1) Promote Improved sanitation and hygiene for adolescents, addressing social norms for dignified and accessible menstrual health and hygiene. 2) Empower parents to support their children's emotional and social well-being, including access to mental health services and self-harm prevention.	1) Build supportive social and gender norms and legal and policy environments, parents' capacity and skills, and platforms for adolescent participation.

On average, children born to adolescent mothers are less likely to ever reach their full potential, with well-documented worse outcomes in health and schooling, and lower earnings in adulthood, than among children whose mothers are older.[22, 23, 24, 25] It is essential for those working with adolescent parents to understand what puts them and their children at risk, and identify entry points for programming and social, health and economic support services that may improve outcomes for both adolescent parents and their children.

[21] UNICEF, *UNICEF Programme Guidance for the Second Decade: Programming with and for adolescents*, UNICEF, New York, 2018, https://www.unicef.org/media/57336/file, accessed 26 March 2021.

[22] Branson N., Ardington C., Leibbrandt M. Health outcomes for children born to teen mothers in Cape Town, South Africa. *Econ Dev Cult Change*. 2015;63(3):589-616. doi:10.1086/679737.

[23] Mollborn S., Dennis J.A. Explaining the Early Development and Health of Teen Mothers' Children. *Social Forum (Randolph N J)*. 2012;27(4):1010-1036. doi:10.1111/j.1573-7861.2012.01366; National Research Council (US) Panel on Adolescent Pregnancy and Childbearing.

[24] Hofferth S.L., Hayes C.D., editors. Risking the Future: Adolescent Sexuality, Pregnancy, and Childbearing, Volume II: Working Papers and Statistical Appendices. Washington (DC): National Academies Press (US); 1987; CHAPTER 8, THE CHILDREN OF TEEN CHILDBEARERS, https://www.ncbi.nlm.nih.gov/books/NBK219236/, accessed 21 March 2021.

[25] Wall-Wieler E., Lee J.B., Nickel N., Roos L.L. The multigenerational effects of adolescent motherhood on school readiness: A population-based retrospective cohort study. 2019; PLoS ONE 14(2): e0211284, https://doi.org/10.1371/journal.pone.0211284, accessed 21 March 2021.

UNICEF supports the following key actions to enhance parenting support for adolescents, including adolescent caregivers:

- Support meaningful and systematic participation of adolescent girls and boys at all levels of the environmental systems framework; adolescent participation is a key consideration for ensuring that programmes are acceptable for adolescent parents and responsive to their experiences, needs and concerns, especially in relation to differentiated approaches for younger parents (10–14 years old) as compared to older parents (15–19 years old) as well as adolescents who are tasked with caring for siblings or family members.
- Provide care for the caregiver, including interventions to reduce parental stress and support parents' well-being in diverse ways, with differentiated and adolescent-responsive support for adolescent caregivers.
- Uphold practices and behaviours that promote health, nutrition, responsive caregiving, safety and security, social-emotional well-being and learning.
- Promote behaviours for caring for the adolescent child with love, warmth and affection.[26]
- Enhance respectful communication skills and the ability to decipher information to protect children online and offline.
- Support parents in using effective non-violent discipline and responsive caregiving strategies tailored to children's/adolescents' evolving capacity and based on an understanding of adolescents' ability to self-regulate; protect themselves from potential harm; enhance their cognitive, socio-emotional and executive functioning skills; and reinforce positive behavioural patterns.
- Enhance parental actions for protecting adolescents, including restricting access to alcohol, tobacco, illicit substances and firearms; monitoring screen time and engaging with adolescents about their online safety; and respectfully monitoring adolescents' activities outside the household.
- Improve parental knowledge and awareness of services that will increase their families' access to basic needs, including material needs, such as shelter and food; and will facilitate access to a range of other essential requirements, such as continued education, access to health care, emotional supports, protection and children's right to freely express their views on all matters that affect them.
- Develop knowledge of adolescent development (as this affects how parents perceive their adolescent children and guides their interactions with them to be supportive of their development).
- Support parental involvement in their children's emotional and social well-being and parental knowledge of where to seek help and support for any emerging mental health needs, particularly around self-harm prevention.
- Enhance parents' and children's involvement in the development and implementation of policies and plans.
- Equip parents/caregivers with parental education and holistic, inclusive, accurate and practical information on gender and sexual identities, as well as sexual and reproductive health, while protecting their children's agency and promoting positive gender portrayals and behaviours.

[26] Such behaviours are associated with a number of positive outcomes for adolescents, including higher levels of pro-social behaviour, positive adolescent mental health, good parent-child communication, fewer psychological and behaviour problems, academic competence, reduced risk of pregnancy, less alcohol use, higher social support and proactive, problem-focused coping styles.

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THE 'HOW': KEY APPROACHES AND ENTRY POINTS TO REACH PARENTS AND CAREGIVERS

To achieve results for children and adolescents, UNICEF efforts are conducted at multiple levels of influence and linked with high-quality programmes delivered at scale. They are based on evidence and make use of innovation; they are implemented in partnership with governments, other United Nations organizations, civil society, the private sector, academia, communities and children.

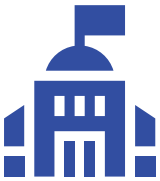
Given UNICEF's comparative advantages and the identified needs of parents and children, UNICEF focuses on the key approaches described below. These approaches are complementary; more than one approach may need to be adopted simultaneously, depending on the context. It is critical to promote a variety of parenting interventions that combine **universal** and **more targeted programmes** to meet the needs of diverse populations and specific vulnerable groups.

UNICEF takes a twin-track approach to support service provision to meet the needs of all families. Ensure considerations for families of children with developmental delays and disabilities are included in parenting programmes across sectors and universal support (e.g., health, nutrition, education, social protection, etc.). In parallel, based on their needs and priorities, develop and offer targeted support through specialized services and programmes for families of children at-risk and with developmental delays and disabilities. Programmes will also benefit from strong participation from persons with disabilities (e.g., consultation methods can include persons with disabilities to improve representation in local committees and associations).[23]

TWIN-TRACK APPROACH

Mainstreaming
Disability inclusion in mainstream policies, services and programmes that reach all children – e.g. childcare, primary health care, education, parenting programmes.

Targeted
Targeted services and programmes for children with disabilities and their families – e.g. early interention services, provision of assistive devices, targeted parenting support.

Main approaches	Key components	Illustrative examples of entry points and actions
Approach 1 Strengthening enabling environments 	Social, political, budgetary, normative and institutional determinants necessary to achieve results. It is critical to understand evolving cultural contexts, including the economic drivers and socio-political contextual factors that influence parenting uptake and delivery at scale (e.g., access to food, shelter and safety). Providing parents with essential time, financial resources, emotional supports and services to care for their children is also critical. Relevant laws and policies benefiting parents and children should address their needs throughout the life course (e.g., allowing for the payment of universal child benefits that extend to adolescent years; supporting gender equality; targeted social protection interventions for families of children with disabilities; supporting the right to health; affordable, accessible, quality child care; protecting adolescents from child marriage; and outlining mental health service provisions for adolescent mothers during the perinatal period, in response to needs identified by them). Additionally, programmes are enhanced through the use of strong data, research and evidence. For example: (1) new evidence is generated in emerging areas (e.g., parenting of adolescents, during global emergencies etc.); (2) existing evidence is consolidated from multiple sectors to provide a coherent base and 'build back better' after an emergency; (3) ongoing interventions are evaluated to highlight lessons and gaps.	**Government:** Evaluations of existing parenting services are commissioned, and evaluation results are utilized for scale-up with the support of relevant ministries. Cross-sectoral data dashboards on parenting are developed with National Statistical Commissions. Family-friendly policies are implemented, engaging multiple sectors around parental needs throughout the life course. Financing for parenting programmes is included in national and subnational budgets. Government plans include explicit support for parenting. **Business/government collaborations:** Parenting support and a package of family-friendly policies are in place through high-level advocacy to governments and the private sector. **Community:** Parents are included as key stakeholders in national situation analyses.

[23] UKAID, Guidance on strengthening disability inclusion in Humanitarian Response Plans, 2019 https://sites.unicef.org/disabilities/files/Guidance_on_strengthening_disability_inclusion_in_Humanitarian_Response_Plans_2019.pdf.

Main approaches	Key components	Illustrative examples of entry points and actions
Approach 2 Supporting strengthened workforce capacities and integrated services 	Building skills of front-line health, nutrition, education, social services workers and child-care providers to support parents and strengthen systems. Front-line workers include informal workers, para-professionals and those working in government and businesses. Skills building can also be achieved through certification systems and the development of training packages.	**Government:** Parenting support is prioritized and included in the implementation of new and 'reimagined' learning opportunities, from early childhood to adolescence. Support for parents of children with disabilities is prioritized in front-line worker training and capacity building. Parenting support is included in systems strengthening across implementation plans and budgets of relevant sectors. Parent education is recognized, resourced and accredited; professional career pathways in ECD and parenting support are prioritized; adolescent caregivers have opportunities to stay in school or return to school, and these opportunities are assured and prioritized. Pre-service and in-service capacity building of health, nutrition, education and social service workers explicitly includes content on parenting. **Business/government collaborations:** Informal workers, para-professionals and administrative staff are mentored and skilled in parenting support. School management committees include parents of children from pre-school through adolescence. Workforce in key sectors is trained to identify needs and provide integrated parenting support. Effective referral systems across sectors are established. **Community:** Peer-to-peer parenting networks are enhanced through relevant ministries and civil society organizations.
Approach 3 Raising levels of awareness 	Bolstering innovative engagement through digital parenting platforms, targeted campaigns and special events. Community engagement platforms such as UNICEF's Parenting Hub enhance the reach and availability of support to parents. A 'go-to' location for parenting, the UNICEF Hub brings together some of the world's leading experts to help provide practical, evidence-based content. Drawing on audience research and digital best practices, tips and guidance are developed specifically for parents. The platform is fast-emerging as the world's leading, most authoritative parenting site. UNICEF's Regional and Country Offices localize this global standard parenting content for their contexts (both online and offline), while governments, health authorities, schools and the media reference it. Aligning and integrating learnings from low-resource platforms will be essential in reaching all parents and their children. Such platforms include the Internet of Good Things (IoGT), innovative parenting applications for mobile phones, and radio and TV programmes.	**Government:** Government and relevant ministries support the scale-up of evidence-based messages to protect and support the health and well-being of parents and their children and to ensure that they can access resources and services. **Business/government collaborations:** The Parenting Hub is scaled up to provide the global standard in parenting guidance throughout the life course and to provide more customizable/ personalized support for parents' needs. The IoGT is expanded and enhanced. Currently it provides easily accessible material in multiple languages and is used especially in low-resource settings. Parenting messages are shared via radio and TV modalities in low-resource and remote contexts where digital access may be limited; messages are adapted and made 'adolescent-friendly' when targeting adolescent caregivers. RapidPro, an open-source, mobile-services product, is enhanced to reach parents and front-line workers with amplified programming. RapidPro currently provides countries with an accessible platform for real-time monitoring of parenting programmes. **Community:** Community health workers and social service workers help disseminate information from credible sources to parents in the community. Hotlines and further resources, including adolescent-responsive resources, are provided for additional targeted support.

Main approaches	Key components	Illustrative examples of entry points and actions
Approach 4 Promoting positive gender norms and socialization 	Supporting parents and caregivers, front-line workers and girls and boys throughout the life course with resources and opportunities to address discriminatory gender dynamics within households and to create positive, nurturing households that are gender responsive. Such support includes building awareness and skills of parents and caregivers and training of front-line workers. Encouraging male caregiving through community engagement and C4D strategies; and ending gender-based violence and physical discipline to create nurturing household environments. Strengthening engagement with governments and the private sector to influence parental policies, social protection programmes, service delivery systems, positive gender norms, and workplace polices that are gender responsive and family friendly.	**Government:** National parenting programmes include specific content developed with the ministry of gender or women; programmes are inclusive of adolescent caregivers. **Business/government collaborations:** Parenting interventions incorporate resources on male caregiving and considerations for all genders and diverse family configurations. Parenting programmes and policies promote shared caregiving. Front-line worker training modules on Gender Socialization and Gender Dynamics in Families and Engaging Fathers are systematically utilized in programmes. **Community:** Community engagement and C4D strategies support behaviour change towards ending gender-based violence and physical discipline, in turn creating nurturing household environments as a social norm.
Approach 5 Empowering children, parents and communities and encouraging participation 	Promoting the safe and meaningful participation of children and adolescents within their families and communities, according to their evolving capacities; enhancing agency and social and behavioural change through parent engagement and disability-inclusive and gender-transformative approaches. Building stronger relations between parents/caregivers and parenting networks and key youth networks, peer-to-peer parent networks, school clubs and other platforms and organizations to promote conversation, messaging, knowledge exchange and collaboration around positive parenting of children and adolescents. Engaging parents as partners and making them aware of available parenting support interventions, which will help shift social and cultural norms that can influence individual and collective behaviours related to parents' uptake of interventions and continued engagement (e.g., 'caring for caregivers' through support for their own physical, emotional and mental health and well-being; promoting gender equality in child protection, mental health, social cohesion, caregiving, etc.)	**Government:** National parenting programmes that ensure support for caregivers' mental health and well-being are promoted through community platforms, health platforms and referrals to support services. Guidance is developed from a well-being perspective, including guidance on the parenting of adolescents and guidance to enhance the well-being of caregivers of young children. **Business/government collaborations:** Participatory methods are encouraged in creating and implementing parenting programmes and policies to ensure the well-being of staff and their children. **Community:** Parents are empowered to support their children's mental health and well-being and know when to seek help.

BUILDING PARENTING PROGRAMMES TO REACH PARENTS

A NINE-STEP GUIDE TO DESIGNING AND IMPLEMENTING A PARENTING SUPPORT PROGRAMME

Parenting support needs to be elevated through health, nutrition, child protection and education platforms and systems. The following nine steps should be implemented through strategic, multi-sectoral engagements with governments. (These steps do not necessarily need to be acted upon sequentially; at times they may need to be managed simultaneously.)

1. Conduct a needs assessment.

Needs assessments identify the need for the parenting intervention or programme, the population for whom the intervention is needed, and gaps the intervention can be designed to address. Needs assessments can involve a desk review, a mapping of existing sectoral interventions that directly or indirectly support parenting interventions, and formative research on the factors that shape parenting practices. In conducting a needs assessment, it is essential to explore the social and gender norms that underly parenting practices. Findings should be presented and validated with key partners.

Proposed sources of data and reporting
Government: Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) **Business/government collaborations:** Ministry of labour, chambers of commerce, employers **Community:** Shadow reports, community consultation reports, etc., developed with non-governmental organizations (NGOs) and civil society organizations (CSOs)

2. Identify the programme's target population(s).

The starting point for any parenting programme is identifying its target population, which can be defined based on the age of children parented, the subpopulation of parents in need of a targeted intervention, the sectors involved in reaching parents, etc. Key partners representing a diverse set of actors, including parenting groups, should be engaged as stakeholders in agreeing on the target population and main features of the parenting programme. Within the UNICEF country office, teams should agree upon a framework and a distribution of responsibilities and accountabilities for results within the programme cycle.

3. Build coalitions that will join in advocacy for an enabling environment.

The goal of advocacy is to ensure a policy and regulatory environment that enables nurturing parenting practices. It entails coordination with key partners and stakeholders to secure adequate financing and ensure systematic implementation; integration with appropriate, broad-based, national services to facilitate sustained programme delivery at scale; and legal and policy provisions that define parenting support as a priority area, state specific goals and provide strategic plans for action.

4. Agree on delivery platforms.

Agreement is informed by the initial needs assessment; the identified target population; programme frequency, intensity and duration; and expected programme outcomes focused on parents and children. Programme outcomes are underpinned by a strong theory of change. Key partners agreeing on delivery platforms will take into consideration a number of other factors, including organizational and national/subnational/local commitments, the capacity of the delivery platform to 'absorb' the parenting intervention, workforce capacity and workload, and political will and leadership.

5. Identify the 'parenting workforce'

Entails determining who will deliver the parenting intervention, provide supervision and coaching support, and ensure that workforce members have positive attitudes towards gender equity and violence prevention.

6. Enhance demand generation,

So that parents/caregivers know that services exist and where and how to access them; and they have the capacity, ability and motivation to access the services.

7. Pilot, adapt and implement,

Ensuring that the selected intervention has strong evidence for effectiveness and is piloted. The final implementation strategy should consider the programme staffing model (staff roles and responsibilities, including responsibility for training; facilitator recruitment; facilitator-to-participant ratio), ongoing training, programme quality assurance, and demand generation.

8. Ensure monitoring and evaluation

As part of the programme 'culture'; systematically use data for reflection, learning and programme improvement through continuous quality control and performance management.

Proposed sources of data and reporting
Strategic monitoring questions (SMQs), rapid assessment module (RAM), country programme documents (CPDs), country office annual reports, situation analyses, etc.

9. Develop detailed plans for taking parenting programmes to scale.

'Scale' can mean universal coverage in the context of mass information, or the programme can be targeted to a specific group of parents selected on the basis of demographic and/or economic need. Taking programmes to scale involves consideration of the coalitions or partnerships that can ensure that policy, programme and resources are in place. It can take sustainable leadership, human and financial resources to enable ongoing capacity development of the workforce, and will require monitoring and evaluation mechanisms, including mechanisms for monitoring changes in social norms that may occur when the programme is taken to scale.

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