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DESIGNING PARENTING PROGRAMMES FOR VIOLENCE PREVENTION:

A Guidance Note

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ACKNOWLEDGEMENTS

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ACRONYMS

C4D	Communication for Development
CBO	community-based organisation
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
ECD	early childhood development
GBV	gender-based violence
ICRW	International Center for Research on Women
IPV	intimate partner violence
LGBTI	lesbian, gay, bisexual, transgender, intersex
LMICs	low- and middle-income countries
M&E	monitoring and evaluation
PAHO	Pan American Health Organization

PNC	post-natal care
SDG	Sustainable Development Goals
TV	television
UN CRC	United Nations Convention on the Rights of the Child
UN CRPD	United Nations Convention on the Rights of Persons with Disabilities
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Fund for Children
US	United States
VAC	violence against children
VAW	violence against women
WHO	World Health Organization

GLOSSARY

Caregiver: "A person who is very closely attached to the child and responsible for their daily care and support. Primary caregivers include parents, families and other people who are directly responsible for the child at home. They also include carers outside the home, such as people working in organised day care" Nurturing Care for Early Childhood Development.

Gender-based violence: "Any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. It encompasses threats of violence and coercion. It can be physical, emotional, psychological, or sexual in nature, and can take the form of a denial of resources or access to services. It inflicts harm on women, girls, men and boys." UNHCR definition of sexual and gender-based violence. https://www.unhcr.org/uk/sexual-and-gender-based-violence.html

Gender norms: "Social expectations that define what is considered "appropriate" behaviour for women and men. The different roles and behaviours of females and males, children as well as adults, are shaped and reinforced by gender norms within society." INSPIRE: Seven strategies for Ending Violence Against Children

Gender socialisation: "The process by which individuals develop, refine and learn to 'do' gender through internalising gender norms and roles as they interact with key agents of socialisation, such as their family, social networks and other social institutions. Gender socialisation begins at birth, intensifies during adolescence and contributes to gender inequalities in education, employment, income, empowerment, and other significant outcomes of well-being during adolescence and later in life." UNICEF Innocenti and ICRW definition of gender socialisation. https://www.unicef-irc.org/publications/913-gender-socialization-during-adolescence-in-low-and-middle-income-countries-conceptualization.html

Intimate partner violence: "Any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship." These include acts of physical violence (such as slapping, hitting, kicking and beating), sexual violence (including forced sexual intercourse and other forms of sexual coercion), emotional or psychological abuse (such as insults, belittling, constant humiliation, intimidation, threats of harm, threats to take away children), and controlling behaviours (including isolating a person from family and friends, monitoring their movements, and restricting access to financial resources, employment, education or medical care). World Health Organization/Pan American Health Organization. Understanding and addressing violence against women.

Nurturing care: "An environment created by caregivers. It ensures children's good health and nutrition, protects them from threats, and gives them opportunities for early learning, through interactions that are emotionally supportive and responsive." Nurturing Care Framework. https://apps.who.int/iris/bitstream/handle/10665/272603/9789241514064-eng.pdf?ua=1

Parenting: "Interactions, behaviours, emotions, knowledge, beliefs, attitudes and practices associated with the provision of nurturing care." UNICEF (2017) *Standards for ECD Parenting Programmes in Low- and Middle-Income Countries*.

Parenting programmes: A set of activities or services aimed at improving how parents approach and execute their role as parents, specifically their parenting knowledge, attitudes, skills, behaviours, and practices. Daly, M., R. Bray, Z. Bruckhauf, J. Byrne, A. Margaria, N. Pecnik, and M. Samms-Vaughan (2015). Family and Parenting Support: Policy and Provision in a Global Context, Innocenti Insight, UNICEF Office of Research, Florence.

Positive parenting: Parental behaviour based on the best interest of the child that is nurturing, empowering, non-violent and provides recognition and guidance which involves setting of boundaries to enable the full development of the child. *Council of Europe, Committee of Ministers Recommendation (2006) 19 on policy to support positive parenting.*

Violence: "Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation." *INSPIRE: Seven strategies for Ending Violence Against Children*

Violence against children: Violence against children encompasses "all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse" (Article 19, United Nations Convention on the Rights of the Child). Child rights-based definitions of physical violence, sexual violence, mental violence, and neglect or negligent treatment are set out in *Hidden in Plain Sight: A Statistical Analysis of Violence against Children.*

Violence against women: The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (*General Assembly Resolution 48/104 Declaration on the Elimination of Violence against Women, 1993*).

INTRODUCTION

Goal Area 3 of UNICEF's Strategic Plan (2018-2021) aims to protect every child from violence and exploitation. Yet it is estimated that up to one billion children aged 2-17 years have experienced physical, sexual, or emotional violence or neglect in the past year.[1] This violence may be experienced in the home, in the community, at school and online; and may be perpetrated by parents or other caregivers, peers, and romantic partners, as well as by strangers.

The most common forms of violence affecting children take place in a home and family setting. According to UNICEF global databases, about three quarters of young children are subjected to violent discipline by their caregivers on a regular basis. Moreover, a quarter of young children live with a mother who is victim of intimate partner violence.[2] But while the home and family can be the primary setting where violence against children occurs, they can also be the most important sources of protection from violence, and of care and support when violence has occurred.

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.[3] 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.

This Guidance Note has been developed to support UNICEF and their partners to support and implement parenting interventions that prevent and respond to violence against children.

The goal of this Guidance Note is to demonstrate the importance of including violence prevention and

response, against children and all forms of gender-based violence, within parenting programmes. 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 consists of the following sections:

Section 1: An overview of the role and benefits of parenting programmes in the prevention and response to violence against children of all ages;

Section 2: Strategies for designing effective violence prevention parenting programmes, including a summary of the key considerations at each design phase, complemented by practical examples and links to further reading.

Throughout the Guidance note, further information is included in 'Focus' boxes, that focus on the key principles and approaches that ensure issues of gender, age, disability and other rights considerations are addressed.

This Guidance Note is designed to operationalise the UNICEF Theory of Change: Preventing and Responding to Violence against Children and Adolescents. At outcome level, UNICEF aims to ensure that mothers, fathers and caregivers have built more nurturing parent-child relationships and have improved positive parenting and gender equitable attitudes, skills and practices. At output level, UNICEF programming provides greater access to higher quality parenting support services and awareness of positive parenting and child development.

It builds on the INSPIRE Handbook: action for implementing the seven strategies for ending violence against children. The Handbook provides a range of practical actions and further resources for parenting interventions that have shown success in reducing violence against children. Parenting is one of the seven strategies outline in INSPIRE: Seven Strategies for Ending Violence Against Children.

This Guidance complements other UNICEF parenting guidance, including Standards for ECD Parenting

Programmes in Low- and Middle-Income Countries (2017), forthcoming guidance on parenting of adolescents (due mid-2020), and two regional packets of information from the Middle East and North Africa and East Asia and Pacific Regional Offices. The core literature and references summarised within this Guidance are listed in Annex 3.

This Guidance note draws on the best information currently available. A growing body of evidence is emerging of core content of effective parenting interventions implemented in low- and middle-income countries. These trends suggest that core content of evidence-based parenting programmes is transportable and remains equally relevant across countries with very different settings, cultures and norms.[4] Core content of effective parenting programmes includes a grounding in social learning theory and attachment principles, and a focus on strengthening parenting skills and sensitivity by providing practical instruction on positive-parent child interaction, use of positive encouragement, techniques for non-violent discipline, problem solving, socio-emotional coaching, and developmentally responsive supervision. The Guidance Note seeks to recognise such evidence where it exists.

However, it is important to recognise that while core content of effective parenting programmes may be transferable across cultures and contexts, programme effectiveness also depends on delivery characteristics such as the competencies of parenting programme facilitators, support provided to facilitators, and fidelity to programme design and delivery modalities. Characteristics of programme delivery are influenced by the very different social and economic, cultural and political realities in which children, adolescents and families live. Also, programme quality assurance has an important effect on effectiveness.

The information within this Guidance note attempts to highlight effective elements and approaches and considerations for how to consider how these may best be applied in different contexts. It is hoped that it remains a dynamic document, adding new insights and evidence-based examples from policy makers, programmers and practitioners.

Parenting programmes in the time of COVID-19

This Guidance Note was developed at the onset of the impact of COVID-19 across the world. As the impact of the coronavirus pandemic continues, it is increasingly clear that the short-term impact of containment measures and of health and economic impacts on families and communities are having a significant impact on parents. It is also clear that the impact will continue for a long time.

In the short term, it is clear that risk factors for violence, abuse, and neglect are on the rise for children under containment. At the same time, some COVID-19 prevention measures have abruptly cut children off from positive and supportive relationships they rely on when in distress, including at school, in the extended family, and in the community.

Similarly, the ability of parents and caregivers to provide a safe family life are impacted, with loss of income and for many a loss of access to the basic safety nets keeping children and families fed and safe.

The following are some of the key practical actions that parenting programmes may need to address:

- Linking existing parenting support programmes to emergency support services for vulnerable children and families in need of food or other emergency support;
- Adapting home visiting or group visiting services to temporary online and virtual support, to continue to maintain contact with vulnerable families and ensure access to violence prevention and support services;
- Share parenting support information through a wide variety of media to reach families under containment, such as phone calls, WhatsApp and other social media platforms, radio and online platforms.

Annex 1 has a section on COVID-19 resources for parenting programmes.

CASE STUDY

Rapid adaptation of parenting support in the context of COVID-19: Jamaica, Malaysia and Jordan

In Jamaica, UNICEF has provided support for the adaptation of a national Parent Mentorship Programme, to rapidly meet the needs of parents and caregivers grappling with the implications of the COVID-19 crisis. UNICEF's support has consisted of establishing parenting support helplines, through a public-private partnership with the National Parenting Support Commission (NPSC), implementing NGO partner Fight for Peace and private sector entity Victoria Mutual Foundation. The goal of the helpline project is to provide tailored parenting advice and psychosocial support to parents and caregivers and to make referrals to relevant social services. Emphasis is placed on supporting parents to create safe and positive living and learning environments for children at home. Special consideration is also given to addressing the needs of children with disabilities. Helplines are manned by NPSC Parent Mentors, already trained in delivering parenting support, and who have now received additional online training in the provision of Psychological First Aid within the context of COVID-19. The helplines are linked into a referral mechanism and supported with information about local services. While all information shared on calls remains confidential, an easy to use online monitoring tool that mentors complete has identified that two of the top concerns are concerns over lack of food and help in dealing with stress and anxiety.

UNICEF Malaysia is complementing the national Semarak Kasih positive parenting programme for Malaysia with Parenting Tips and Social Media Squares that emphasize concrete tips to build positive relationships, divert and manage bad behaviour, manage parenting stress, and prevent online risks faced by children during COVID-19 confinement. The Parenting Tips and Social Media Squares are disseminated through existing social media channels as well as personal communication and public service announcements. These resources build on the Semarak Kasih parenting modules as well as on source materials developed through WHO, UNICEF, the Global

Partnership to End Violence Against Children, the United States Agency for International Development USAID, the US Centers for Disease Control and Prevention (CDC), Parenting for Lifelong Health, and the UK Research and Innovation Global Challenges Research Fund Accelerating Achievement for Africa's Adolescents Hub.

UNICEF Jordan has facilitated the establishment of community-based WhatsApp groups for parents of children under the age of 6 years, to respond to COVID-19. Jordan already has a well-established parenting programme implemented nationally, with a large number of existing trained parenting facilitators. Parents are assigned to WhatsApp groups, where each group comprises 5-10 parents with a parenting facilitator as administrator. Every day, the parents receive three messages in the form of a short video (30-140 seconds) and a corresponding text message with the video script. The purpose of combining text and video content is to support illiterate parents and those on limited internet bundle subscriptions, who can choose which content to use or download according to their convenience. The three videos sent each day follows the same format: the first video, sent at around 11am, has a key for parents of children of all ages addressing issues, such as stress management, positive discipline, keeping children healthy and safe, and spending quality time with children. The second video is sent at around 2pm and includes a learning activity for parents to do at home with kids under-6 while self-isolating, using household materials they already have. The third and last video is sent at around 4pm and has a song for children, ranging from educational songs, nursery rhymes, or inspired from the culture and heritage of the different communities in Jordan, including Syrian and Palestinian communities. The videos were recorded by a group of volunteer community facilitators with guidance and content provided by UNICEF Jordan. The non-professional homemade videos have been positively welcomed by parents, who report that they are relatable since they were filmed by people in relatively similar living conditions of the parents. In order to ensure effective two-way communication in these WhatsApp groups, the group's facilitator posts probing questions in the form of a text or a voice message,

whereupon a group discussion takes place. Parents are also encouraged to implement the activities with their children and share a video recording with the group or in a private message to the facilitator. UNICEF provided a brief guidance note containing practical guidance for implementing partners on effective management of the WhatsApp groups for parents, collecting feedback from parents, monitoring and technical support provision by ECD and child protection focal points to the facilitators, and reposting the content on social media.

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OVERVIEW OF PARENTING FOR VIOLENCE PREVENTION

WHAT IS PARENTING?

'Parenting' is defined by UNICEF as the "interactions, behaviours, emotions, knowledge, beliefs, attitudes and practices associated with the provision of nurturing care." UNICEF's standards for ECD parenting programmes notes that "parents are critical to children's development, adjustment and success. Children engage with their parents and caregivers, and this engagement and relationship shapes their development as they observe, imitate and emulate, as they are exposed to various opportunities, and as they interact physically, socially and emotionally with those around them."[5]

'Parenting' refers to the consistent care provided by any biological parent, guardian or any other caregiver providing consistent care to a child. 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 or caregivers.

WHAT ARE PARENTING PROGRAMMES?

Parenting programmes are broadly defined as a set of activities or services aimed at improving how parents approach and execute their role as parents, specifically their parenting knowledge, attitudes, skills, behaviours, and practices.[6]

> "Families, parents and caregivers play a central role in child well-being and development. They offer identity, love, care, provision and protection to children and adolescents as well as economic security and stability. Families can be the greatest source of support for children but also – under unfortunate circumstances – the greatest source of harm."[7]

There is a strong body of knowledge showing that positive parenting, delivered through parenting support interventions, has lifelong impacts on child wellbeing and development.

Positive parenting is understood as "Parental behaviour based on the best interest of the child that is nurturing, empowering, non-violent and provides recognition and guidance which involves setting of boundaries to enable the full development of the child".[8]

This is what is already known about what makes an effective parenting programme:

➜ **Core content** that is readily adaptable across many contexts:[9]

- Grounded in social learning theory and attachment principles;[10]

- Focus on strengthening parenting skills and sensitivity by providing practical instruction on positive-parent child interaction, use of positive encouragement, techniques for non-violent discipline, problem solving, socio-emotional coaching, and developmentally responsive supervision. (See Focus Box 2: Enhancing parenting knowledge and skills: key programme components).

➜ **Outcomes** that focus on some or all of the following, depending on the programme aim:

- **Child and adolescent outcomes in the following areas:** improved cognitive, language, physical and socio-emotional development, improved mental health, improved behaviours, and academic readiness and achievement, reduced risk-taking behaviour and improved self-esteem, amongst others;

- **Parent and caregiver outcomes in the following areas:** improved parenting knowledge about child development or parenting techniques, change in attitudes (e.g. towards the use of harsh discipline), improved positive parenting practices (e.g. sensitivity and responsive stimulation, positive interactions with the child such as through play, use of positive parenting techniques such as praise, reduction of harsh or violent parenting behaviour, strengthened caregiver-child relationship, and improved emotional and mental health (e.g. stress reduction, well-being).

- Improved relationships between adults in the family, including spouses

➜ **Characteristics of delivery,** depending on the target population and the parenting issues the programme aims to address:

- through either individual or group settings (*see Table 3, Section 2.4 for more information on choice of delivery modality*);

- universally to anyone choosing to participate, to specific at-risk groups, or to indicated families/ parents (for example, families identified as presenting with difficulties requiring support or to parents by court order)[11] (*See Section 2.2 Programme Target Groups*).

- in a range of settings, including health facilities, ECD settings, schools, homes, community centres and online, either integrated within an existing delivery platform (for example, within a community-based maternal and child health programme, or as part of a social protection programme) or as a stand-alone programme that has strong referrals to available family support and strengthening services. (*See Section 2.5 Delivery Platforms*).

Enhancing parenting knowledge and skills: key programme components

The following positive parenting knowledge and skills are generally considered key elements of an effective parenting programme:

- Parents' understanding of children's development and their specific needs at each stage of development (including nutrition and health needs), skills for communication with children and for positive reinforcement. This includes helping parents to reflect on and address parenting practices that perpetuate gender stereotypes;
- Parenting skills that promote social and emotional learning among children aged 3 to 5 years, including, among others, children's emotional regulation, problem-solving and social skills that build children's confidence and resilience;
- Parent's own communication, self-regulation and anger management skills.

Techniques used to strengthen positive parenting knowledge and skills include the following:

- Using active learning techniques, such as role-playing, rehearsing skills, or re-enacting a hypothetical situation, modelling skills or responses by trainer or by video, and backed up by supportive materials, including audio-visual;
- Promoting at-home practice and application of skills and techniques;
- Setting goals and reviewing progress; and
- Encouraging sharing of positive experiences between parents.

Parenting programmes designed to reduce harsh parenting practices and create positive parent-child relationships should include the following core content adapted to the child's age:

- parent-child play and empathy;
- praise and rewards;
- positive and direct commands, rule-setting and monitoring.
- applying non-violent consequences for misbehaviour (ignoring, natural consequences, logical consequences, time out);
- skills to be taught to children, including emotional regulation, problem-solving and social skills;
- and skills for parents, including emotional regulation, problem-solving, communication and partner/spouse support.

See Annex 1: Evidence informing this Guidance Note for the core literature on effective elements of parenting programmes.

THE POTENTIAL OF PARENTING PROGRAMMES TO PREVENT VIOLENCE

"Positive, non-violent discipline in child development and [...] 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."[12]

The INSPIRE Handbook notes that "Evidence-based programmes that support parents are cost-effective ways to strengthen parent-child relationships, caregiving, and the health, safety and resilience of children and families. These dynamics help prevent all types of violence throughout children's lives, from infancy into adulthood."[13]

Supporting families, parents and caregivers to learn positive parenting can prevent the separation of children from families, the risk of child maltreatment at home, parental conflict, intimate partner violence (IPV), reported alcohol or substance misuse by fathers, witnessing intimate partner violence against mothers or stepmothers, and violent behaviour among children and adolescents. Parenting programmes have also been found to have intergenerational benefits, with young mothers with positive and supportive relationships with their own mothers displaying more positive parenting with their children. These parenting interventions have been found less costly than paying the price for the consequences of violence against children.

Evidence of parenting programmes for violence prevention (see Annex 1) shows that potential effects of parental and caregiver support on reducing violence against children include:

➔ Reductions in proven child maltreatment cases and in referrals to child protection services;

➔ Reductions in abusive, negative or harsh parenting, especially in relation to discipline;

➔ Reductions in bullying and being bullied;

➔ Reductions in physical, emotional or sexual violence victimisation by partners or peers;

➔ Reductions in aggression and delinquency during adolescence;

➔ Increases in positive parent-child interactions;

➔ Increases in parental monitoring of child and youth safety.

ADDRESSING GENDER

Within the field of parenting programmes, there has been increasing attention paid to the issues of gender inequality. This guidance note, recognising this gap, pays particular focus on strategies that promote positive gender norms.

Key considerations are:

➔ Promoting positive gender norms in early childhood

➔ Promote awareness of negative gender expectations in role modelling and parenting behaviours, without associating skills to one gender only

➔ Actively involve men in parenting programmes (see Focus Box X: Strategies for involving men in parenting programmes)

➔ Link parenting programmes with support services for gender-based violence and services that can enable gender equitable access to education, nutrition or household economic support, for example.

Promoting positive gender norms in the home has been shown to have a positive influence in protecting children from violence. Parenting programmes are important entry points to:

➔ Promote positive gender norms that stimulate healthy development for girls and boys, and that recognise and support children who question their gender identity

➔ Prevent and address violence against children within the home

➔ Engage male and female caregivers in parenting and more broadly in caring roles in the community.

ADDRESSING VAC AND OTHER FORMS OF VIOLENCE IN PARENTING PROGRAMMES

The World Health Organization estimates that almost one third (30%) of women in the world who have been in a relationship have experienced some form of physical and/or sexual violence by their intimate partner in their lifetime. This violence happens in the home, which makes parenting programmes an important entry point for addressing both VAC and intimate partner violence (IPV).

Children who are victims or witnesses to adult violence are more likely to grow up to experience or perpetrate violence in their future relationships. This shows the importance of including a focus on IPV in parenting programmes. In addition to the obvious importance of using parenting programmes to identify and support women experiencing violence, programmes that address IPV alongside violence against children can reduce the immediate effects of violence and the longer-term harm faced by children.

There is limited evidence, guidance and resources available for those implementing parenting programmes but there is evidence about the common drivers of violence against women and violence against children and this should inform parenting programmes. It is important to explore the shared risk factors that lead to both violence against children and violence against women when designing the parenting programme content and delivery.

Parenting programmes that intentionally address both VAC and other forms of gender-based violence, such as IPV, should include IPV and GBV considerations within the core content of the parenting curriculum:

➔ Parent-child play and empathy: Promote nurturing and caring relationships between parents and children, that helps both male and female caregivers understand the importance of emotional closeness to their children from the day they are born and understand the damaging and long-term effects of family violence, both against partners and children.

➔ Positive discipline with a focus on helping both male and female caregivers reflect on how they communicate with their children and how to give positive feedback and praise. Many programmes have found that parents report

more shared decision-making and less domestic conflict during parenting programmes that focus on this aspect, even if this is not an explicit aim of the programme.

→ Skills for parents, such as self-regulation: Programmes that have a focus on understanding their own emotions can diffuse tension, manage frustrations and conflicts around parenting and as a couple.

→ Skills for children and skills for parents, such as problem-solving and communication: Promoting shared decision-making about parenting, even starting with simple decisions about household rules for children, can contribute to more gender-equitable relationships.

POLICY FRAMEWORK

The importance of parenting programming to prevent violence is reflected in the following international frameworks:[14]

→ The Convention on the Rights of the Child. Article 5 highlights the responsibilities, rights and duties of parents and other caregivers "…to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention".

→ INSPIRE: Seven Strategies for Ending Violence Against Children identifies the seven strategies that have shown success in reducing violence against children. Parent and caregiver support is one of the seven strategies (see Focus Box 3).

→ Nurturing Care Framework for early childhood development sets out the most effective policies and services that will help parents and caregivers provide nurturing care for babies. It focuses on the period from pregnancy to age three and provides the rationale and evidenced approaches for parenting in this age range. The framework explicitly addresses how nurturing care is essential for the prevention of and response to VAC.

→ RESPECT women framework identifies seven strategies to prevent violence against women, of which one is 'Child and adolescent abuse prevented, including strategies that establish nurturing family relationships.'[15] The framework has been developed and endorsed by a wide range of UN agencies (including UNICEF), bilateral donors, foundations, and civil society organisations.

VIOLENCE PREVENTION ACROSS THE LIFE CYCLE

As children grow, parenting approaches adapt to the age-specific needs. However, effective parenting techniques remain similar (see Focus Box 1: Enhancing parenting knowledge and skills: key programme components).

The table below illustrates how parenting approaches can be adapted to address violence prevention for children and adolescents across the life cycle.

TABLE 1: VIOLENCE PREVENTION AND POTENTIAL PARENTING PROGRAMME FOCUS OVER THE LIFE COURSE

LIFE COURSE	PREGNANCY & CHILDBIRTH	INFANT AND TODDLER (UP TO 3 YEARS)	YOUNG CHILD (3-6 YEARS)	OLDER CHILD (6-10 YEARS)	YOUNG ADOLESCENCE (10-14 YEARS)	OLDER ADOLESCENCE (15-18 YEARS)
VIOLENCE RISKS						
Children	• Pre-natal sex selection	• Neglect / lack of attachment • Nutrition • Witnessing violence in home • Harmful gender norms	• Witnessing violence in home • Lack of attachment • Witnessing violence • Harmful gender norms increase	• Witnessing violence in home • Exposure to community violence, especially in context of unequal domestic chores • Bullying (school) • As previous age	• As previous age plus • Increased exposure to community violence • Online risks	• As previous age plus • IPV • Exposure to risky behaviours
Parent/ caregiver	• Increased risk of IPV	• As previous age, plus • IPV for parent or caregiver, especially in early years when woman less able to earn • Unequal caregiving roles	• As previous age, plus • IPV for parent or caregiver • Women's limited access to safe workforce	• As previous age	• As previous age plus • As previous age – increasing challenge of modelling positive gender norms for adolescents	• As previous age plus • Possible conflicts with children who become adults
POTENTIAL PARENTING PROGRAMME FOCUS						
Role of parenting interventions in addressing VAC risks	• Promoting core aspects of positive parenting in preparation of childbirth, including importance of attachment, positive gender norms, etc	• Understanding developmental stages and how a parent can respond appropriately to stimulate and encourage desired behaviours • Gender-equitable parenting e.g. girls and boys both caring and active	• Setting boundaries/rules for safety • Positive discipline • Positive communication (keeping communication channels open)	• Learning to interact with other children, talking about feelings, learning about consequences, fair play • Problem-solving skills (to deal with bullying, peer relationships, etc.)	• Maintaining quality time, Modelling respectful behaviour. Talking about sensitive issues, non-judgemental approach. Agreeing age-appropriate boundaries, e.g. screen time, online safety • Skills for non-violent communication, calming down	• As previous age plus • Increased role of child in decisions & autonomy, modelling respectful communication to promote non-violent communication • Ongoing monitoring of child safety, including peers and potential relationships

PARENTING PROGRAMMES COMBINING ECD AND VIOLENCE PREVENTION

ECD-focused parenting programmes typically aim to help parents understand children's development and their specific needs at each stage of development, and focus on addressing health, nutrition, stimulation and protection needs of their children. This is enabled by two factors:

→ All young children, from birth to school entry, have equitable access to essential quality health, nutrition, protection and early learning services that address their developmental needs.

→ Parents and caregivers are supported and engaged in nurturing care and positive parenting with their young children. Since evolving skills in early childhood are acquired through interaction with the environment, parents and caregivers are critical as they are the architects of this environment.

Home visiting is a popular method for delivering services for families and as a strategy for preventing child abuse and neglect. These programmes often focus on early interventions as children in the first three years are at greater risk for child abuse and neglect than older children.

Home visits provide a one-to-one parent education and support and have been used as a way to serve hard-to-reach families, frequently in situations where parents are isolated and/or they are unlikely to participate in parent groups. Using home visiting programmes as one strategy for reaching young children can help prevent more long-term costs and promote healthy social and emotional development in later years. These programmes offer information, guidance, and support directly to families in their home environments, eliminating many of the scheduling, employment, and transportation barriers that might otherwise prevent families from taking advantage of necessary services. While home visiting programmes vary in their goals and content of the services, in general, they combine health care, parenting education, child abuse prevention, and early intervention services for infants and toddlers and, in some cases, older preschool-aged children. The most common model is for the home visit to focus on the child's development and on the ways the parents can promote that development.

CASE STUDY | **Home visiting programmes to reduce violence and neglect of young children**

The Roving Caregivers Program (RCP) is a Caribbean home-visiting programme targeted at vulnerable families with children in the age group from birth to three years old. It aims to change parenting practices in order to enhance healthy child development. RCP has been implemented in Jamaica since 1993. Since 2002, the programme has been extended to Belize as well as four Eastern Caribbean islands including St Lucia, St Vincent and the Grenadines, Grenada and Dominica.

RCP targets children from birth to 36 months of age, targeting children in poor areas who are socio-economically vulnerable, have little access to alternative ECD services, and where the caregiver will be present during the Rover visit. Within selected communities, all children in the eligible age range can join. The objective of RCP is to fill in the gap caused by a lack of access to other ECD services aimed at young children; not to substitute for them.

Twice per week for a maximum period of three years, an RCP facilitator, the "Rover", visits the home of the child for 45 minutes. In the presence of the child's caregiver the Rover engages in age-appropriate stimulating activities with the child through play, such as singing songs or playing with blocks, shapes and colours. The caregiver is expected to join in the activities and encouraged to continue the interaction beyond the visits. In addition, the Rover discusses developmental topics with the caregiver such as issues pertaining to discipline. An additional component of RCP is the monthly parenting meetings in local community centres.

The Jamaican Home Visits Programme[16] is often considered a reference for combining ECD and violence prevention. The programme has shown that the children that participated in the programme 20 years ago not only did better in school, but also showed to be happier. As adults, children who had participated in the programme had higher IQs, better mental health and demonstrated less violent behaviours. The programme involves weekly home visits by a trained 'visitor' or programme facilitator to support parent(s)/caregiver(s) to engage in early stimulation activities with their child aged 6-42 months old.

PARENTING PROGRAMMES FOR ADOLESCENTS

"Adolescence is a distinct life stage between early childhood and adulthood with characteristics that necessitate a shift in the parent-child relationship and parenting strategies."[17]

Adolescents start to develop independence and spend less time with caregivers and families than when younger. Many adolescents also move away from their family home, for work, marriage or study. In many cultures, older adolescents are already seen as adults, following initiation, early marriage, sexual experience, or childbirth, and where secondary school completion rates are low. The evidence shows that parental or caregiver input remains as essential for adolescent wellbeing as for younger children.

A recent review of adolescent parenting programmes found the following are especially important, in addition to core skills, when designing parenting programmes for adolescents:

→ issues related to puberty and to sexual and reproductive health (SRH), substance use and other risky behaviour;

→ newly emerging challenges such as internet/smartphone/video game addiction;

→ mental health difficulties, such as anxiety and depression.

These challenges are often gendered, in some cases reflecting restrictive gender norms that limit girls' mobility, social contacts and opportunities to fulfil their aspirations, or put pressures on boys to live up to stereotypical ideals of masculinity.

Most adolescent-specific programmes are delivered through group settings (whereas many younger years parenting programmes are through home visits) and tend to be of short duration, no more than three months. Evaluations of programmes in LMICs found:

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→ increased communication between adolescents and parents, which was seen as the most important factor underlying improvements in other adolescent well-being outcomes, such as reduced experience of violence and improved mental health indicators;

→ increased parental monitoring and reduced neglect of adolescents;

→ reduced physical and emotional violence against adolescents, although adolescents themselves reported less change than adults.[18]

As children become adolescents, gender dynamics often solidify into more gender unequal expectations and roles. It becomes especially important to address issues of gender equality as children become adolescents.

The forthcoming Guidance Note on Adolescent Parenting will provide practical guidance on all aspects of designing and delivering adolescent parenting programmes.

CASE STUDY | **Parenting programmes for adolescent parents**

Jielimishe Uzazi na Afya (Take Pride in Parenthood and Health) encourages pregnant adolescent girls to be confident and have self-worth during pregnancy and to seek HIV and health services as appropriate. The Tanzanian programme used a home visiting team (HVT) model that uses peer mentors, as well as adult household communication facilitators—both male and female—who work with caregivers and other family and community members important to pregnant adolescent girls and adolescent mothers. Peer mentors were trained to mentor pregnant adolescents/mothers on skills needed to access, use, and remain in antenatal and postnatal care, including prevention of mother-to-child transmission services. This peer support was accompanied by targeted support for caregivers, households, and partners of pregnant adolescents and adolescent mothers to address structural barriers to care, decrease stigma and discrimination, and mobilise support. The programme had a strong focus on case management. There was investment in supervisory support to ensure a team-based approach grounded in quality assurance.[19]

REAL Fathers, Uganda works with young fathers-to-be and gets them to think about what they would like to be as fathers and how to express their fears and frustrations in non-violent ways. The programme focuses on encouraging men to define non-violent ways of being fathers in their own words and identify their own actions.

Parenting for online safety and violence prevention[20]

Children across the globe are gaining access to the online world, in all countries far more rapidly than their parents and caregivers. Even though many people in low-income settings are not yet connected online, where there is internet access, three times as many under-25s are accessing the internet than the general population. Parents everywhere find this a growing challenge, feeling that children are turning to the internet for information, where formerly it may have been parents. Where parents lack information or confidence in what is happening online, and have fears about risks of online safety, it becomes especially important to include information for parents and caregivers so that they can feel more comfortable and informed about the digital world, and how to talk about and set appropriate online boundaries.

Some potential parenting considerations for online safety:

Connection: an overall positive, stable emotional bond between children and parents is important for children to share their online experiences, and discuss concerns, without fearing their access will be blocked.

Behaviour control: setting rules about internet use – when, where, what – can help reduce the potential harm of, for example, disrupted sleep or cyberbullying.

Respect for individuality: encouraging independent internet use, for example acknowledging the benefits of internet access for study or for work skills, supports children growing into adults in an increasingly digital world. This starts with guiding younger children as they start to explore the internet.

Modelling appropriate behaviour: setting guidelines around healthy online use starts with adults, for example restricting their own phone usage and having a respectful online presence.

Provision and protection: understanding and enabling children to stay safe when younger, with parental control and rules, but encouraging older children to start to seek information and support from others, in school or online.

02

A NINE-STEP GUIDE TO DESIGNING AND IMPLEMENTING A VIOLENCE PREVENTION-FOCUSED PARENTING PROGRAMME[21]

This section provides practical guidance on designing and delivering effective violence prevention parenting programmes.

Designing and implementing a parenting programme involves the following basic steps:

1. **Needs assessment:** Identify what the need is, for whom, where there are gaps. This can involve desk review, mapping of existing interventions that directly or indirectly support parenting interventions, and formative research on the factors that shape parenting practices. It is essential to explore the social and gender norms that underly parenting practices, including a focus on violence and IPV.

2. **Identify the programme's target group(s).** Needs assessment findings should be presented and validated with key partners, to engage these stakeholders in agreeing on key features of the parenting programme and the starting point is target audience, i.e. age of child, sub-population of parents, sectors involved in reaching the target audience.

3. **Develop coalitions and advocacy to ensure an enabling environment for the desired parenting** practices, to ensure an enabling policy and regulatory environment, coordination 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, states specific goals and provides a strategic plan for action.

4. **Delivery platforms** agreed, informed by the initial needs assessment, the target population and expected programme outcomes and considering organisational commitment and capacity of the delivery platform to 'absorb' the parenting intervention, workforce capacity and workload, political will and leadership.

5. **Parenting workforce, including** determining who will deliver the parenting intervention, supervision and coaching support, and ensuring that the workforce have positive attitudes towards gender equity and violence prevention.

6. **Demand generation,** so that parents/caregivers know that services exist and where and how to access them, have the capacity and ability to access the services, and are motivated to access the services.

7. **Pilot, adapt, and implement,** ensuring that the intervention selected has strong evidence for effectiveness, is piloted first, and that the final implementation strategy considers the programme staffing model (staff roles and responsibilities, facilitator recruitment, facilitator-to-participant ratio and who is responsible for training), ongoing training and quality assurance for the programme and demand generation.

8. **Monitoring and evaluation** through a culture and system of using data for reflection, learning, and continuous quality improvement through continuous quality control and performance management.

9. **Taking parenting programmes** to scale, which may mean universal coverage in the context of mass information or may be targeted to a specific group of parents who are selected according to demographic and/or economic need. This involves consideration of effective coalitions or partnerships who can ensure that policy, programme and resources are in place and can take sustainable leadership, human and financial resources to enable ongoing capacity development of the workforce, and monitoring and evaluation mechanisms, including a way to monitor change of social norms at scale.

2.1. NEEDS ASSESSMENT

The first step in planning for a new or scaled up parenting support intervention is to identify what the need is, for whom, where there are gaps. This can involve a needs assessment, a mapping of existing interventions that directly or indirectly support parenting interventions, and formative research on the factors that shape parenting practices. It is essential to explore the social and gender norms that underlie parenting practices, including all forms of violence such as IPV.

The key considerations to assess for a parenting intervention on violence prevention are:

➔ the nature and scope of violence against children and broader gender-based violence considerations

➔ the factors and underlying drivers that shape parenting practices, including the social and gender norms that underlie parenting practices.

TABLE 2: NEEDS ASSESSMENT FOR VIOLENCE PREVENTION PARENTING PROGRAMMES

AREA OF ASSESSMENT	KEY CONSIDERATIONS
Current laws, policies and enforcement addressing violence against children by parents or caregivers	• Do laws and policies support family strengthening? • Are laws, policies and enforcement frameworks for VAC and all forms of GBV aligned with family strengthening and family focus? • Do laws, policies and implementation promote positive parenting?
Norms or practices around child-rearing	Gain an understanding in: • Social and cultural norms around non-violent parenting practices that are both positive and negative. • Parent and caregiver perceptions around parenting children and adolescents across the life cycle. • Gender norms that influence violence in the home and against women and children, including role of male caregivers. • Parenting practices disaggregated by socio-economic differences in the country.
Data and qualitative research on children's exposure, risk factors, and perpetrators of violence	Existence of data on: • Age- and gender-disaggregated data on the types and scale of violence perpetrated in the home and outside the home. • A useful reference point is the social ecological framework that shows the social, economic, and cultural factors that can either help protect children or increase their risk of violence (INSPIRE Handbook, page 15). This should focus on the factors at all levels that have an influence on parenting.
Systems and structures able to deliver parenting programmes	Consider the: • Programmes and services delivered in target areas that have a role in delivering parenting, considering national and local structures. • Systems that best complement the violence prevention considerations, ensuring for at a minimum adequate case management of child protection services, economic strengthening, referral systems to other support and family strengthening services, including health and education.

TABLE 2: NEEDS ASSESSMENT FOR VIOLENCE PREVENTION PARENTING PROGRAMMES [*continued*]

AREA OF ASSESSMENT	KEY CONSIDERATIONS
Current parent/caregiver support efforts and their reach, impact and alignment with evidence	Prior to mapping, ensure consensus among implementers about: • what is and is not a parenting programme • scale and content and delivery modality.
Humanitarian considerations	Depending on the humanitarian context, key questions include: • Impact of the humanitarian situation on family composition, • Adult and child risk of / exposure to violence, • Family economic and social stability, • Impact on mental health, • Where and over what period could a parenting programme be delivered? • What are the programme delivery mechanisms?

FOCUS BOX 5

Promoting Positive Gender Norms

Gender norms are at the core of parenting. Harmful gender norms underpin many drivers of violence against children.

- Boys and girls learn about the social expectations, attitudes and behaviours associated with their gender from a very early age. The primary influence is caregivers and the family and community environment around them.
- Boys and girls who witness gender-based violence in their homes are more likely to replicate violent relationships as adults, either as perpetrator or victim. Boys and girls in homes where there is gender inequality will face growing inequality in access to for example, education and employment and choice in domestic or community matters. (
- Harmful gender norms affect both boys and girls. Girls face increased risk of violence including intimate partner violence, while boys may be expected to condone violence and conform to masculinities.
- Parents and caregivers who are stressed or experiencing violence often face parenting challenges. Many of the stresses are directly or indirectly linked to gender inequality. A direct result of gender inequality includes intimate partner violence. An indirect result includes money, time and poverty for female caregivers, especially single caregivers.

Examples of using core parenting programme content to explicitly address gender include:

- Using information on brain development to show that boys and girls need the same nurturing care and stimulation and that their brains need the same levels of care and support as they grow into adolescence
- Practicing positive gender messages by focusing on the positive results of both male and female parenting, promoting gender-equal communication through using praise, enabling participation in family decision-making, etc.
- Encourage both girls and boys to develop listening skills and empathy, promote active play for girls as well as boys, introduce rules and routines consistently for both genders, encourage parents to support their child's academic and social potential equally for both boys and girls
- Actively including discussions on gender inequality, in culturally appropriate ways, for example by asking if the parenting technique being practised would be different if the child was the opposite sex.

See Annex 1 for more information on the impact of gender socialisation across the life cycle and source materials on the impact of gender norms within the family.
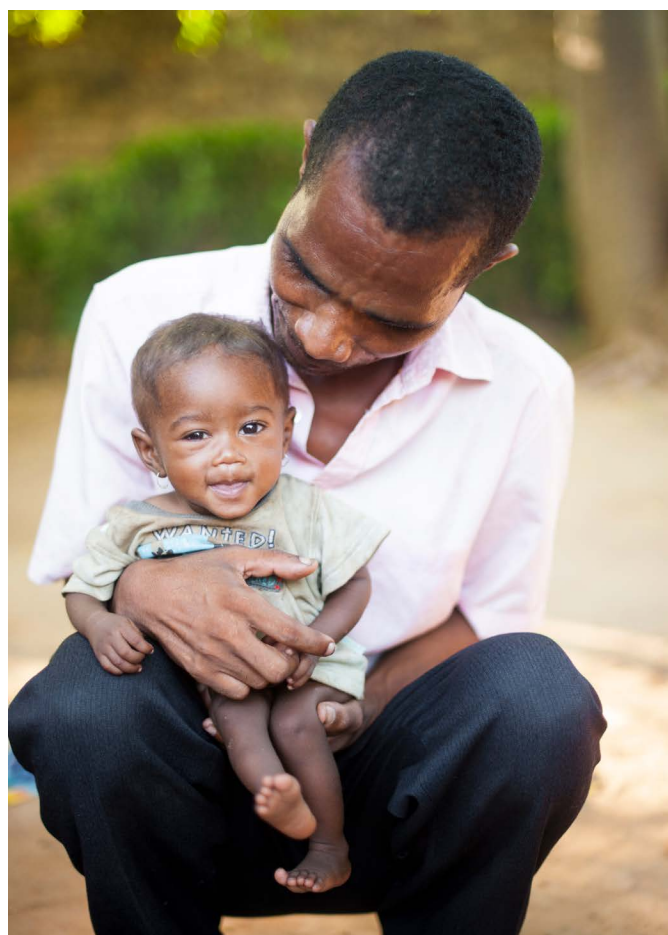
CASE STUDY   **Addressing gender norms in Europe and Central Asia**

UNICEF research into parenting adolescence in Eastern Europe (Belarus, Bulgaria, Georgia, Moldova, Montenegro and Romania) found that patriarchal gender norms heavily influenced parenting, especially affecting single mothers, and contributed to violence against women and girls, and LGBTI children. For adolescents, this influences the roles and responsibilities that boys and girls take in the home. However, changing economic trends including more women in the workforce are affecting the way that both men and women have to parent, and traditional gender norms are slowly changing. This highlights the importance of understanding from both adolescent boys and girls, and their male and female parents and caregivers, what the expectations are and what is happening in practice, in order to ensure that parenting programmes address issues of gender and violence in a way that is relevant to the context. UNICEF (2018). Regional Study on Parenting Adolescents and Parenting Support Programmes in Belarus, Bulgaria, Georgia, Moldova, Montenegro and Romania.

2.2. PROGRAMME TARGET GROUP(S)

The findings of the literature review, mapping and formative research should be presented and validated with key partners, to engage these stakeholders in agreeing on key features of the parenting programme and in implementing the parenting intervention.

The preliminary decision is to identify target audience, based on the needs assessment findings:

→ What is the age of the children and/or adolescents for whom parenting skills and practices are to be strengthened?

→ What sub-population(s) will the programme target (e.g. minority ethnic communities, children and families that are in contact with the law, marginalised groups of children and families) based on the expected violence prevention outcomes?

→ What sectors could be involved in reaching the target audience, especially those involved in VAC and GBV prevention and response?

→ Will the programme reach parents and caregivers only, or reach both adults and children and adolescents? (*See Focus Box 3: Participation of adolescents in parenting programmes.*)

Several existing parenting programmes have clear guidance about target participants. In these cases, the focus should be on identifying the areas or entry points to identify the target group.

Although programmes that seek to address violence against children may be tempted to screen for directly affected families, this is unlikely to be effective because of the practical and ethical difficulties in singling out such families, and the likelihood that many potential beneficial families will not be identified. The general guidance when wishing to reach vulnerable families with home visit or group programmes would be to target communities where the target families are based, but not target individual families.

If providing parenting programmes within specialist violence response or health services to children and families already receiving support, it may be possible to have a more focused targeting programme.

It may be possible to explore referral mechanisms from violence prevention and response programmes into parenting programmes, such as promoting participation of parents and caregivers who are attending SGBV and similar support services.

Engaging men in violence prevention parenting programmes

Strategies for including men and boys in parenting programmes is a critical component that requires greater attention.

Such strategies should address the traditional caregiving roles of men and seek their engagement as active parents and equitable partners in caregiving, raise awareness among men of the harmful effects of corporal punishment, and inspire men to advance gender equality and take up their full share of parenting responsibilities. The following case studies illustrate the benefits of such an approach.

Bandebereho ('role model' in Kinyarwanda) is a parenting programme for expectant fathers and fathers of young children and their spouses in Rwanda. The 15-session curriculum was adapted from Program P, ProMundo's male-centred parenting programme, Men met weekly and women joined their partners for approximately half of the sessions. The sessions provided an opportunity for men and women to talk about their hopes and fears as they become parents. Topics included pregnancy, contraception, violence, and how to improve relationships with their partners, including communication, conflict resolution, and sharing caregiving responsibilities. A randomised controlled trial found that, almost two years after participating in the programme, men are nearly half as likely to use violence against their female partners and spend almost one hour more per day doing household chores.[22]

Parenting for Respectability aims to prevent child maltreatment and gender-based violence in Uganda. The 16 sessions are divided into nine single sex group sessions, followed by seven mixed sex sessions. A pre-post evaluation, based on self-reports by parents who attended the programme found a reduction in harsh parenting (down 26%), improved relationship between parents (up 22%) and more positive parenting (up 21%). Self-reports by children of the parents also indicated a reduction in harsh parenting and improved parent relationships and positive parenting, although less than reported by the parents.[23]

See Annex 1 for resources on engaging men.

Positive parenting approaches that also promote positive relationships

ProMundo's Program P parenting programme aimed at male caregivers, with some sessions for their female partners, has a strong focus on helping fathers understand why it is important to show love and affection. The curriculum provides simple information on brain development, but also encourages fathers and other male caregivers to practice nurturing by holding a 'baby' and recalling the songs that they were sung as children and to remember their own feelings about being loved as children. There is evidence of the positive benefits of this programme across Latin America and the Caribbean (Nicaragua, Chile, Guatemala, Brazil, Bolivia, Haiti), Africa (Rwanda, South Africa, Ghana, Nigeria, Mozambique), Asia (Sri Lanka, India, Bangladesh), and Russia, Armenia and Lebanon.

REAL Fathers, Uganda works with young fathers-to-be and gets them to think about what they would like to be as fathers and how to express their fears and frustrations in non-violent ways. The programme focuses on encouraging men to define non-violent ways of being fathers in their own words and identify their own actions.

PRACTICAL IMPLICATIONS:

- Efficient targeting involves focusing on communities-at-risk, not individual families.
- Ensure both male and female caregivers are targeted.
- Explore opportunities for referral from violence prevention and response programmes into parenting programmes.

2.3. SUPPORT STRATEGIES AND PARTNERS

Parenting for violence prevention at scale requires an enabling policy and regulatory environment, especially in terms of:

→ investment and financing to support delivery of the parenting support interventions;

→ coordination 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, states specific goals and provides a strategic plan for action.

A core part of coalition-building is to link with violence against children and violence against women coalitions and coordinating bodies.

In many settings, violence prevention stakeholders are based in different ministries to child wellbeing stakeholders, and may work through different coordination mechanisms. Where a country is already a partner of the Global Partnership to End Violence Against Children (https://www.end-violence.org/members) coordination may already be harmonised.

An overarching policy and implementation strategy are needed to anchor parenting programmes and to ensure commitment of key decision makers across sectors. A lead agency with a recognised mandate must be identified and empowered to provide oversight and guidance.

→ Parenting programmes should be purposefully structured to facilitate integration of VAC prevention and response (for example, through local-level integration of the programme's oversight committee within the pre-existing child protection committee) and thus enable health and education workers engaged in the programme to consider VAC prevention and response as part of their core responsibilities.

→ Parenting programmes should link to strategies and interventions that create an enabling environment for adoption of positive parenting practices and strengthening social norm that promote positive parenting.

→ To achieve scale, there should be varying levels of complementary and coordinated interventions at increasing levels of intensity, including broad-based re-enforcing messaging; individual and group interventions for families at higher risk; and more intense parenting support services when violence, abuse or neglect has occurred (see Table 3 below).

→ To enable sustainability, local ownership and buy-in, it is important to consider how the programme could be embedded within an existing structure that is accepted and trusted by the target population and is able to reach them.

TABLE 3: PARENTING PROGRAMME APPROACHES

APPROACH	DELIVERY PLATFORM	REACH	PURPOSE
Broad-based messaging to promote positive parenting	TV, Radio, social media, phone messaging, print, billboards etc	Population coverage, target groups reached through targeted social media and phone messaging	Create an enabling environment and resonance for the desired attitude and behaviour change
Large group sessions (up to 50 participants), more didactic approach, participants can attend sessions at will, no requirement to attend consecutive sessions	Community level or within existing services (waiting rooms in PNC , mother and child clinics, ECD centres, community centres,…)	Broad reach, whole communities, maximum number of service clients	Build basic knowledge and skills, encourage discussion at community level
Smaller group sessions of 8-12 participants, requirement to attend all programme sessions, programme sessions delivered weekly or every 2 weeks and include home assignments and follow-up support	Designated room either in a health facility, school or NGO premise; often with provision of child care.	Focus on specific target groups such as families at risk, parents ordered by court to attend parenting programme,…	Hands-on skills building, practice and attention to the bi-directional relationship between parent and child
One-on-one support, coaching and counselling	Home visits	Focus on specific target groups such as families at risk, adolescent and at-risk mothers	Hands-on skills building and observation of home environment

COORDINATION AND INTEGRATION

Delivering at scale requires strong political will and national leadership and coordination to secure adequate financing and to ensure systematic implementation. Some of the key considerations are:

→ Is there a lead government agency with a mandate for parenting already in existence? If so, ensure that other key actors are able to participate e.g. government representatives from education, health, social protection, child protection, decentralised government; civil society organisations who already delivering parenting programmes at scale; faith-based bodies and religious bodies. Linkages with national GBV coordination mechanisms is a priority.

→ Is there a faith-based / religious and/or civil society network engaged on positive parenting, violence prevention or related issues? If so, ensure that there are strong linkages between the faith-based and civil society actions and the statutory services and oversight bodies, who are able to work together to evaluate and consider issues of scale.

→ If coordination measures around parenting support do not exist at country level, would it make sense to establish a coordination mechanism specifically for parenting support, or would it be more effective to integrate parenting support into a broader coordination structure related to for example GBV prevention and response? Advantages of the later approach include the more efficient use of resources and the potential for greater coherence in providing services to parents and children by linking and coordinating the work on parenting support to other relevant interventions, e.g. in relation to health, social protection, ECD and violence against children. There may however be a risk of insufficient time and resources allocated specifically to parenting support as well as a lack of clear division of roles and responsibilities on the issue, which may result in a lack of accountability, where parenting support is integrated into broader coordination mandates.

→ If the parenting support intervention to be taken at scale falls under a specific sector, does parenting feature in the scope of work of the existing coordination body/bodies?

→ Do national coordination bodies have a mix of both policy and practical programming expertise? Parenting support interventions should be focused on scaling up successful evidence-based interventions that are already being implemented – are these actors engaged?

→ Are other key actors who have a role in communication supporting activities involved, e.g. faith-based leaders and organisations, private sector, media / social media actors? Are there champions involved in any actual or potential coordination body who can be supported to communicate clear advocacy messages on parenting investment?

LEGAL AND POLICY PROVISIONS ON PARENTING SUPPORT

Parenting appears in a range of global and regional commitments, notably the Convention on the Rights of the Child (right to a family, right to feel safe, right to non-separation from parents, right for parents to receive support) and regional conventions, the Sustainable Development Goals and a number of significant global commitments, such as violence prevention, early childhood development, social protection.

Parenting programmes for violence prevention should contribute to the broader global commitments to prevent violence, notably:

→ Sustainable Development Goal 16.2 "*End abuse, exploitation, trafficking and all forms of violence against and torture of children.*"

→ The United Nations Convention on the Rights of the Child (UN CRC), the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), along with commitments to protection of children, women and families in humanitarian commitments.

Whether parenting support is integrated or mainstreamed into existing laws and policies, or addressed through specific stand-alone policies and plans, what is required at policy level is a formal policy statement that defines parenting support as a priority area, states specific goals and provides a strategic plan for action.

This plan should specify the accountability of the involved actors - including the lead agency mandated to provide oversight - and resource allocation. Eventually, this should pave the way for greater institutionalisation of parenting support interventions within government plans and budgets (see Section 2.8: Scale and Sustainability).

PRACTICAL IMPLICATIONS:

- Identify a lead agency that has national buy-in and a violence prevention agenda onto which the parenting programme can be 'hooked'.
- Purposefully structure the parenting intervention to facilitate integration of VAC prevention and response.
- Provide social norms and behaviour change campaigns to create an enabling environment for adoption of positive parenting practices.
- Enable parenting programming at scale through considering a combination of universal messaging on positive parenting delivered through trusted and accepted communication channels, structures or services, to complement interventions for families and children at risk, and more targeted intense parenting support services when violence, abuse or neglect has occurred.

2.4. ADAPTING AN APPROPRIATE PARENTING CURRICULUM

The **target group and the desired violence prevention outcomes** will determine the selection of the appropriate parenting curriculum. For example, a parenting programme for young mothers with a history of substance abuse will likely involve home visitation as well as participation in a series of small group sessions; a parenting programme for parents and adolescents with a history of abuse or referred by court order will typically involve a series of small group sessions with both the primary caregiver and the adolescent attending sessions together; a parenting programme targeting an entire community without identifying specific incidences of abuse will likely involve large group sessions to promote positive parenting knowledge and basic skills.

When considering which parenting programme to adapt and implement, take into account the content, methodology and delivery approach that is most appropriate for your target group and most likely to provide the desired programme outcomes. (See Take a close look Box 4: Transportability and adaptation of parenting programmes).

Consider the violence prevention outcomes. For any parenting programme, the basic principles of parenting programmes are the same, regardless of the level of need of individual families. Research shows that universal group-based or home visiting parenting interventions (aimed at any interested parent or caregiver) benefit vulnerable families and less-vulnerable families equally, with greatest benefit to families in distress (highly vulnerable). This finding suggests that positive parenting programmes do not need to be specifically adapted into highly specialised interventions to be of benefit to the families with the greatest need of support.

In order to maximise violence prevention outcomes for the target audience, based on what is known about the target group (Steps 1 and 2), programmers can consider blanket coverage of the parenting programme if resources allow. If resources are constrained, as is the case with most settings, programmers should focus on communities at risk but not at families at highest risk within these communities.

Adaptation, if choosing to adapt an existing evidence-informed curriculum. Adaptation is essential to ensure contextual relevance, specifically translation into the local language (including the names of the children and adults in any stories used) and adaptation of the illustrations to reflect local dress and profiles). Evidence-informed parenting programmes often include guidance on what are considered core (non-adaptable) elements and what can be adapted, such as the following programmes that have an explicit violence prevention focus:

→ Clowns Without Borders South Africa: *Sinovuyo Teens Programme Implementation Manual*

→ International Rescue Committee: *Families Make the Difference Toolkit: Implementation Guide*

→ More information is available in the 'Implementing INSPIRE as a Package' section of the INSPIRE Handbook (pages 11-26).

Annex 3 has a Review Framework for Parenting Education Curriculums. This checklist can be used to assess suitability, noting whether it has a Theory of Change of relevance to violence prevention, what is the evidence base for the programme design and content, whether it is appropriate for the selected parent or caregiver and child target group, and whether the programme delivery approach and platform are appropriate.

Transportability and adaptation of parenting programmes

Evidence from widely implemented parenting programmes, across all ages, suggest that parenting programmes that have been transported and contextually adapted continue to be effective across different cultures and settings, provided that they are grounded in evidence-based principles and approaches.[24] These include parenting programmes with an explicit focus on violence prevention.

Once an appropriate, evidence-based intervention has been selected, there should of course be a robust process of contextualisation, based on solid evidence about local cultural, social and economic factors influencing parenting of the target population(s), and then assessment to ensure that there is fidelity to the evidence-informed content and that the intervention is culturally relevant and effective.

TABLE 4: KEY CONSIDERATIONS WHEN IDENTIFYING A SUITABLE VIOLENCE PREVENTION PARENTING PROGRAMME

COMPONENT	RATIONALE AND EVIDENCE
Programme Goal and Objectives	• Cleary Theory of Change with violence prevention outcomes grounded in evidence and contextually relevant e.g. 'reduction in household violence' • Gendered analysis
Core curriculum elements	• Support positive communication and relationships within families, specifically between children and parents and between the parents themselves. This should include enabling parents to reflect on how both mothers and fathers (or female and male caregivers) can be involved in parenting and how they can contribute to ensuring positive communication and relationships within the family. • Provide clear information on the ages and stages of development across the life span, including the specific challenges of parenting young children, children in middle childhood and adolescents, with information about the parenting challenges and key approaches for different age groups; • Link preventive parenting programmes to intervention services for parents and children when violence has occurred.

COMPONENT	RATIONALE AND EVIDENCE
Suitable teaching and learning methods	• Participatory adult learning approaches which build on parents' strengths and existing positive knowledge and practices; • Ongoing training, supervision and coaching for facilitators to ensure they are skilled and well-trained to deliver quality parenting programmes; • Quality facilitator training guides, user-friendly parent materials and other training materials such as posters or flip charts, which are critical to ensuring programme quality and fidelity; • Consideration for the specific needs of low-literate and marginalised parents and caregivers when designing materials; • Support to participants to enable them to share learned knowledge and skills with their spouse, children, and other household and community members; and • Guidance on accessing and assessing the quality of internet resources.

Delivery approach	• Approach relevant to needs of target group (age, socio-economic context).
	• Consider home visit or group, or combined model:
	  ○ Home visits provide personal, tailored attention; can build relationship and understanding of home situation including violence risks, has strong evidence of effectiveness in LMICs; can be labour and resource intensive, potential social and cultural barriers, evidence mostly for ECD intervention
	  ○ Group sessions (adult only or with children/adolescents) provide social support and sharing problems and ideas, can help to shift social norms around parenting and are more resource efficient than individual approach, strong evidence of effectiveness in LMICs; can be difficult finding suitable time and location for participants, potential cultural or safety barriers, recruitment challenges e.g. among fathers

Intensity and dosage (how many sessions, for how long, and how frequently)	• There is no conclusive evidence on the minimum "dosage" in terms of number of programme sessions and participant attendance, and its relation to programme impact. Some systematic reviews have found that few sessions are as effective as longer (interventions focused on child behaviour, early years attachment, and child maltreatment) and in the case of attachment efficacy is reduced with more than 16 sessions. A meta-analytic review of trauma-informed parenting interventions found improved results on child internalising problems with longer interventions. • Briefer interventions can be enough to change parenting behaviour and certain child outcomes. • Most programmes have a dosage of between 12-16 sessions, weekly.

PRACTICAL IMPLICATIONS:

While adaptation is essential to address cultural and other context, all parenting programmes must reflect the following core content and approaches to achieve desired VAC prevention outcomes:

- Approaches to strengthen positive parenting knowledge and skills: active learning techniques (role-play, rehearsing, re-enacting, modelling), at-home practice, setting goals and reviewing progress, and experience sharing between parents.

- Core content adapted to the child's age: parent-child play and empathy; praise and rewards; positive and direct commands, rule-setting and monitoring; applying non-violent consequences for misbehaviour (ignoring, natural consequences, logical consequences, time out); skills to be taught to children, including emotional regulation, problem-solving and social skills; and skills for parents, including emotional regulation, problem-solving, communication and partner/spouse support.

- Approaches to ensure quality assurance and support to facilitators: supervision, coaching and mentoring.

2.5. DELIVERY PLATFORMS

Parenting programmes to prevent violence should be part of a broader violence prevention response, as outlined in the INSPIRE framework or relevant national VAC and/or GBV prevention and response strategies.

Parenting interventions can be delivered either as a **stand-alone intervention** with referrals to and from relevant violence prevention and other protective and family strengthening services, or **integrated into existing service delivery platforms.** Either approach requires utilising and building on existing services, programmes or community activities that reach parent and families, and requires delivering within or effective linkage to specialised resources.

Delivery platforms may be formal service provision platforms, e.g. schools, health facilities, social protection service points. Parenting programmes can also be delivered

through collaboration between government and civil society whereby government ensures training and oversight while the civil society partner provides the parenting facilitators and the venue e.g. religious institutions, community-led childhood development centres, children's play centres provided by NGOs, CBOs or private groups. In such a situation the monitoring role of government is essential and referral and/or further intervention in the event the family situation doesn't improve and the child remains at risk.

Financial sustainability of the NGO/CBO/privately managed parenting programme activities could be managed through a combination of cost-sharing with government services (for example, the local public-sector clinic or school providing a venue where the parenting sessions can take place) and public-private fundraising.

Determining which delivery platform should be leveraged depends on:

→ which services the target beneficiaries can access easily;

→ which service providers they are most likely to trust;

→ the extent to which that service currently reaches the target population;

→ the extent to which the existing service, platform or community activity can effectively facilitate multi-sectoral collaboration associated with the parenting programme

→ capacity of the delivery system to 'absorb' the parenting intervention, capacity and workload of existing workforce without compromising core service delivery.
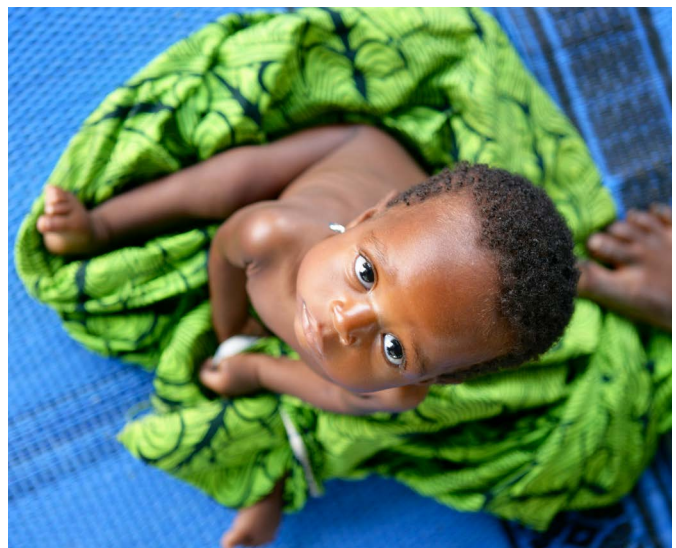
TABLE 5: INTEGRATING PARENTING PROGRAMMES INTO EXISTING TECHNICAL SECTORS

SECTOR	DELIVERY PLATFORMS	KEY CONSIDERATIONS
Health and/ or nutrition	• Health centres/clinics • Nutrition centres • Hospitals • Community health and/or nutrition auxiliaries	• Useful entry point for early years parenting, reaching mothers and fathers, combined home visit and/or group approach through maternal and newborn health services and/or sexual and reproductive health services • Evidence of effective approaches when integrated into existing community health or nutrition programmes, e.g. in Pakistan • Specialist parenting interventions for child survivors of violence e.g. specialised mental health services, SGBV service provision • Essential to engage with health service for SGBV referrals • Specialised parenting for families living with disabilities, parents of adolescents or families affected by drug use, very young parents.
Education	• ECD services • Primary schools • Secondary schools	• Useful entry point for early years parenting, reaching mothers and fathers, combined home visit and/or group approach • Entry point for reaching parents of school age children and adolescents, with potential for increased child and adolescent participation, involvement of parent-teacher associations • Possible entry point for young parents in secondary or tertiary/vocational education • Potential for addressing issues of gender-based violence and inequity in context of education access for girls
Child protection	• Violence prevention and response services in community • Community child protection auxiliaries / committees • Psychosocial support services, including in humanitarian contexts	• Potential for both universal and targeted services to reach families at risk of violence • Specialised parenting programming for children at risk of family separation, in alternative care, preparing for family reintegration • Suitable for reaching adolescents who are parents, or who have experienced family disruption • Child-friendly safe spaces or other PSS services in humanitarian settings
Social protection & economic strengthening	• Cash transfer service delivery for identification and as entry point • Links with savings and loans, microfinance initiatives	• Often linked to conditional cash transfers (e.g. Latin America, Philippines) as optional or conditional service • Some programmes integrate within or provide alongside household economic strengthening services with positive violence prevention results • Specialised parenting programming for children within families at risk of violence or separation, families living with disability • Effective way of reaching families in humanitarian settings

The selection of delivery platform should consider:

→ Potential of reaching priority groups **at scale** and capitalising on pre-existing networks;

→ Availability of existing **staff and organisational capacity,** and a consideration of the resources required to enhance the outcomes for children offered through that delivery platform (i.e. enhanced child survival outcomes in the first 1000 days through quality parenting) without overloading and diluting results;

→ **Coordination and referral availability,** in order to respond to children and families in need of specialist support or interventions.

CASE STUDY

Linking parenting programmes with economic strengthening

Trickle Up is a programme that combined economic empowerment and parenting interventions for women with children aged 10-15 in Burkina Faso. The programme provided savings groups, livelihoods and household management training, and seed capital grants for women, combined with parenting interventions that focused on child rights and well-being. A randomised controlled trial found that there were significant reductions in children's self-reported exposure to emotional and physical violence, and significant

reductions in women's self-reported exposure to emotional IPV a year after the project.[25]

In Tanzania, a trial measured the impact of providing a parenting programme, Skilful Parenting, with agricultural training through Agrics, a programme delivering agricultural training, seeds and agricultural extension. The Skilful Parenting on its own reduced child maltreatment and the acceptability of corporal punishment, but abuse persisted. Skilful Parenting and Agrics combined reduced child behaviour problems. However, Agrics on its own increased physical abuse and decreased positive parenting, despite increased economic security. This highlights the potentially enormous benefits of delivering a parenting intervention when looking at family-focused economic strengthening.[26]

In Lesotho, combining parenting programming and longer-term community resilience building initiatives such as savings and loans groups, is mutually reinforcing and enables sustained behaviour change. Beneficiaries of Rethabile, an adapted version of Parenting for Lifelong Health's teen programme, highlight the importance of engaging children in discussing the household budgeting and savings ad how this empowers both children and parents to manage their daily lives better and avoid situations of risk. Combining parenting strengthening with socio-economic strengthening and livelihoods strengthening encourages project beneficiaries to participate in all three types of interventions. Socio-economic strengthening can be facilitated by saving and loans groups such as village savings and loans associations (VSLA) and savings and internal lending communities (SILC) groups, which help members groups slowly accumulate savings and have a share out, typically after one year. The groups can then continue to function on their own, and many continue to function for years. Participating in a saving and loans group gives members an opportunity to regularly reflect on their parenting practices and continue to support each other beyond the term of the parenting intervention.[27]

FOCUS BOX 8

Inclusive parenting programmes

Parenting programmes for children and adolescents with disabilities should apply the same core positive parenting concepts and approaches as all parenting programmes. However, it is important to consider the risk of violence against people with disabilities, and the family- and caregiving-specific factors that may influence the risk of harm and the potential for protection of children and adolescents with disabilities.

Children with disabilities experience more violence, abuse, neglect and exploitation than typically developing children, with children with disabilities being three-to-four times more likely to experience violence than their non-disabled peers and girls with disabilities being more likely to experience physical and sexual violence than boys with disabilities.[28]

Perpetrators of violence are most likely to be a family member or close family friend and children with disabilities may be isolated, kept at home or unable to tell someone about the abuse because they do not have the communication skills. Families with children with disabilities may also experience greater levels of stigma and isolation caused by the disability, and may face greater challenges due to the health or caring costs of the disability or lack of access to services. Issues of bullying and other forms of peer and community violence are also significant challenges.

Parenting programmes for children with disabilities can focus on basic concepts of parenting in a way that encourages a child's future autonomy:[29] emphasising the importance of nurturing and stimulation as a way of making a child feel safe and secure; providing developmentally appropriate rules, routines and guidance as a way of offering predictability and safety without rigidity; building up the child's confidence and self-awareness, through noticing and affirming what the child is feeling and doing; promoting the child's autonomy, by allowing the child to express feelings and encouraging the child's own control of the situation.

PRACTICAL IMPLICATIONS:

- **Interventions delivered through existing public services, by existing public service staff** (health personnel, teachers, etc): leverage existing resources and can achieve scale and sustainability, BUT effectiveness will be determined by extent to which existing public service personnel can easily take on the extra tasks of facilitating the parenting sessions, and have the required skills and the time to facilitate sessions and follow up on parents. Consider what changes would be required to their job description to take on the parenting facilitation roles, whether they would easily accept these additional tasks, and what kind of changes would be required to the existing supervision system.

- **Intervention delivered by NGO/CSO staff within existing public services, with government ensuring quality assurance and oversight:** cost savings regarding venue, design enables linking with/referral to public services, possibility of scale, BUT consider if such a public-private collaboration is possible across the country/region. What will it take for partner NGOs/CBOs to contribute the required staff to ensure session facilitation? There is a need to identify government staff to ensure oversight and quality assurance.

- **NGO-run with government only providing oversight:** relevant in areas where no government services exist, however unless the NGO has a very important and sustained presence, the programme will not endure.

2.6. IDENTIFYING, TRAINING AND SUPPORTING PARENTING FACILITATORS

One common factor in effective parenting programmes is **sufficient investment in training and ongoing coaching, mentoring and supportive supervision** of the workforce. This ensures that facilitators are able to deliver the programme and have the capacity to identify and respond to issues of violence against children and gender-based violence.

The competence of parenting programme facilitators to deliver parenting programmes and supportive activities depends on their pre-existing capacities, pre-service training, and ongoing mentoring and coaching.

Ideally, parenting programmes include: professionally qualified programme trainers to train, supervise and coach and para professional programme facilitators. At the start of a programme, supervisors and coaches of parenting intervention facilitators typically have higher education and professional qualifications than the para-professional facilitators. However, as more experience is gained with programme delivery, experienced facilitators may be recognised and promoted to take on a supervisory and coaching role.

Facilitators are often trusted community members or local service providers with strong social engagement and basic literacy skills. The benefits of working with non-professional parenting facilitators is that they are likely to be from the community and attuned to the needs and realities of target families.

Core competencies of parenting facilitators include:

→ Culturally relevant core competencies of adult teaching, including ability to stimulate interaction, listen, create a safe learning environment, and build on participants' existing knowledge and competencies.

→ Gender awareness and links to violence and violence against women, and ability to identify and refer participants in need of additional support

→ Trust and sensitivity and skills for providing support and referrals, and follow up for participants disclosing IPV.

Parenting facilitators must have enough initial training followed by a period of monitoring and evaluation leading to formal certification. Close supervision and mentoring of programme facilitators, both during their initial period of 'internship' as well as ongoing in-service training activities is critical. A hallmark of the effective programmes that inform many interventions[30] is the investment in training, supervision and quality assurance and oversight.

To encourage career opportunities, parent facilitators, with the appropriate skills and competencies, can be promoted to trainers. This opportunity contributes to skills building and retention of the parenting workforce and, in settings with high youth unemployment, can

contribute to the creation of a new workforce. While respecting cultural norms, involving both men and women as facilitators provide an opportunity to promote positive male parenting roles. However, in some cultures it is culturally necessary to have the same sex facilitators. If the intention is to promote positive male parenting role models, it is important to have male facilitators.

Parenting interventions delivered as part of an integrated package, such as delivering of home visiting interventions, are often delivered by existing service provided such as community health workers, nurses, social workers, or educators. Intensive parenting programmes (i.e. delivery of structured, curriculum- and group-based parenting interventions, or home-based visiting programmes) tend to be para-professionals focused specifically on that intervention. They tend to be either community-based and community-recruited 'volunteers'' receiving stipends, or part of the auxiliary workforce, such as community health volunteers or ECD workers, who are a recognised part of the workforce at a low and often unsalaried level. The following guides include additional information on planning, costing and scaling parenting programmes with workforce implications:

→ Clowns Without Borders South Africa: *Sinovuyo Teens Programme Implementation Manual*

→ International Rescue Committee: *Families Make the Difference Toolkit: Implementation Guide*

→ More information is available in the 'Implementing INSPIRE as a Package' section of the INSPIRE Handbook (pages 11-26).

CASE STUDY   **Gender-sensitive facilitation**

Program Abb (an adapted version of ProMundo's Program P implemented by ABAAD in Lebanon) aims to: create dialogues and build relationships with men and women that discourage the use of violence as a means to resolve conflict; promote the perspective that caregiving of children is the responsibility of both men and women; support effective communication between partners about safe sex and shared decision-making related to sexual and reproductive health. This is done by focusing on men's understanding of their own emotions and translating this understanding into greater involvement in caregiving and reduced violent behaviours.

ABAAD recruits facilitators who are already working with ABAAD delivering Women's and Girls' Safe Spaces, or who are interested in Program Abb. Potential facilitators must participate in ABAAD's masculinities course themselves and have some experience of working with men. Facilitators are both male and female. ABAAD has found that having female facilitators has not been a barrier to success of the program. Men have said they do not mind whether there is a male and female facilitator, only that the facilitator is confident and well-trained.[31]

PRACTICAL IMPLICATIONS:

Three cadres are required to deliver parenting programmes:

1. **Trainers:** professionally qualified to train, supervise and coach
2. **Programme facilitators:** often trusted community members or local service providers with strong social engagement and basic literacy skills
3. **Supervisors and coaches:** typically, at start of the programme, similar qualifications are required as for trainers, however, over time, it is recommended to upgrade experienced facilitators to supervise and coach others.

2.7. GENERATING DEMAND

One of the challenges in parenting programmes is reaching the target audience, especially when these are families at risk of or experiencing violence, or marginalised or stigmatised families at risk of experiencing community or family violence, for example families living with disability, adolescent parents and/or single mothers.

Parents and caregivers need to know about the parenting programme that is available and know where and how to access it, they need to be able to get to the programme, and they need to be motivated to access the services.

It is essential to involve potential participants in the programme, of all ages including children and adolescents, at design stage and when identifying and developing or

adapting a suitable curriculum (See Focus Box 9: Child and adolescent participation, for example). When identifying delivery platforms and approaches, it is necessary to understand and address the many known barriers to participation of vulnerable populations, including issues of child care, transportation, and the opportunity costs of lost work time, particularly for parents in the informal sector. It is important to build on existing experience from programming from, for example, the health and protection sector, in order to understand the gender-specific barriers and opportunities. Programmes that are delivered at the workplace have high rates of male enrolment, for example, as do programmes that reach men's leisure or religious venues such as tea houses or places of worship.

Ensuring ongoing demand for the programme, before and during delivery, can be achieved by measures such as conducting mass media information and communication campaigns (using local languages and adapted to specific cultural/local contexts), linked to violence prevention communication messages. Some programmes have effectively engaged former participants and community leaders and influencers, religious leaders and counsellors, celebrities and youth-led networks in promoting parenting support.

A central element to generating demand is ensuring quality of programme delivery by investing in facilitator support and supervision, and supporting participants to apply learned skills, through home visits between group sessions, or mobile follow-up. Such follow-up also provides a way to understand reasons for any drop-out and an important opportunity to identify parents, caregivers or children potential at risk of violence.

One priority and a challenge faced by many parenting programmes is the under-representation of fathers and other male caregivers in the programme. (*See Focus Box 6: Engaging men in violence prevention programmes*).

FOCUS BOX 9

Child and adolescent participation in parenting programmes

Parenting programmes are generally delivered to adults only, either in groups or home visits, or with some child or adolescent participation.

Many adolescent parenting programmes are delivered in joint adult-adolescent sessions throughout (for example, Parenting for Lifelong Health) or a combination of separate and combined. Other programmes reach parents of adolescents and offer parallel adolescent life skills sessions.

There is limited research about benefits of child and adolescent participation on programme outcomes, and limited information available on if and how children and adolescents are involved in the design of programming. However, it is very important that programmes are grounded in child and adolescent needs.

The recent adolescent parenting programmes review found that studies did not explicitly study the benefits programme participation on, for example, increased influence of adolescents on family decision-making. However, it is likely that improvements in family communication discussed earlier imply some greater space for adolescents to express their thoughts and wishes;[32]

The following aspects are important to consider at design stage:

- Identifying child and adolescent perspectives on positive parenting at needs assessment stage, through locally suitable consultation methods

- Deciding whether children and adolescents should participate in the parenting programmes, by reviewing the desired outcomes and age of children to be reached, target parents and caregivers, and proposed delivery platforms (for example, a programme delivered through schools may find child and adolescent participation straightforward, whereas a programme delivered through household economic strengthening programmes may need adaptations to ensure meaningful participation).

- Ensuring that children and adolescent perceptions on parenting are built into the monitoring and evaluation plan. For example, in adolescent parenting programmes where adolescent and parent or caregiver perspectives are both measured, the areas of common agreement and areas of difference, both in terms of which parenting skills are being applied and the value of these skills, are important for reviewing the programme.[33]

- Identifying the most effective means for engaging children and adolescents in programmes in which they are participating, including time, location, how the programme content is delivered (instructional components).

- Ensure inclusive participation, so that children and adolescents with disabilities are not excluded (*also see Focus Box 8: Inclusive parenting programmes.*)

Some programmes that actively involve older children and adolescents include: Parenting for Lifelong Health for Teens and Strengthening Families Program (developed in the US for diverse communities and transported to over 30 countries), adapted as Familias Fuertes by PAHO and used in many Latin American countries.

CASE STUDY **Delivering parenting programmes to address trauma**

International Rescue Committee's parenting programme for families in a range of humanitarian contexts includes content on how caregivers can recognise and help children cope with symptoms related to trauma exposure. There are different curricula for three age groups – 0-5 years, 6-11, adolescent and for young caregivers and the interventions seek to reduce violence within the home, promote child wellbeing and – most importantly – address parental stress and promote well-being for caregivers in crisis situations. "As long as parents don't understand their own stress, it will be challenging for them to implement parenting process. The idea was to give them the skills to cope. This is very basic, it's not a specialised mental health intervention. It is about basic techniques like respiration, deep breathing, and then making the links between when I feel angry and how I treat my children." IRC staff member. Studies have shown that the programme has reduced child and maternal mental health symptoms including PTSD and depression in Lebanon.[34]

CASE STUDY **Investing in community outreach to engage under-represented groups**

In Lebanon, UNHCR Refugee Outreach Workers are engaged as mobilisers for parenting programmes, for example, across a wide range of parenting programmes, in order to reach refugees living within communities.[35]

The Ugandan version of Parenting for Lifelong Health, Esanyu Mu Maka Parenting Programme, has been developed to support the reintegration of children living in residential care back into family-based care.[36] Families in which children have been placed in residential care need additional support to address underlying issues of family violence, harsh parenting practices and to address the underlying causes of family stress and separation. The Parenting for Lifelong Health for Kids programme was adapted to use a strengths-based approach, provide additional content on pre-reunification preparation, building support networks, emotional resilience, learning support, family connections, stigma and discrimination. A core part of the programme was to engage community leaders and caregivers who have already completed the programme

as community change agents – 'community champions' to both promote participation in the programme and to tackle issues of stigma against reintegrated children and families.

CASE STUDY **Raising awareness and generating demand for promoting non-violent parenting in Egypt**

In Egypt, the multimedia campaign "Awladna" (meaning "Our Children") aimed at raising awareness on non-violent discipline reached approximately 15 million people in 2017. Communication channels included TV and radio Public Service Announcements, SMS transmission, social media posts engaging celebrities under the slogan #Calm Not Harm, as well as printed press, outdoor advertising, and direct public interaction. The campaign helped generate demand for and promote acceptability of more targeted parenting interventions. In particular, it encouraged parents and caregivers to seek assistance, including advice and counselling on positive parenting and non-violent discipline, from the National Child Helpline. In 2018, another multi-media campaign "#IamAgainstBullying" was launched under the Awladna brand, which also included master classes with parenting experts. The campaign had a reach of 117 million on social media and "triggered a large demand from parents for additional information on how to address the risks faced by children in the digital age."[37]

PRACTICAL IMPLICATIONS:

To generate interest of the target population(s) and motivate them to participate in the parenting programme and adopt positive parenting practices:

- Information dissemination on the parenting programme: What, Where & How to access
- Involve potential participants in programme design
- Address barriers to participation (appropriate scheduling, transport costs, …)
- Promote the programme through campaigns, media, experience sharing by participants, local leaders, …
- Ensure programme quality by investing in facilitator support and supervision
- Provide follow-up between sessions through home-visits or mobile follow-up

2.8. SCALE, SUSTAINABILITY AND NATIONAL POLICY IMPLICATIONS

Taking parenting programmes to scale is the "deliberate effort to increase the impact of [parenting] innovations successfully tested in pilot or experimental projects so as to benefit more people and to foster policy and programme development on a lasting basis." All parenting support interventions should seek to reach all eligible parents and caregivers, which may mean universal coverage in the context of mass information or may be targeted to a specific group of parents who are selected according to demographic and/or economic need.

The following are likely to be key considerations for taking to scale:

→ Existence of effective coalitions or partnerships that can ensure that policy, programme and resources are in place and can take sustainable leadership.

→ Human and financial resources to enable ongoing capacity development of the workforce, including training, maintenance of delivery, supervision, and overall coordination and oversight (the 'investment case'). This includes including opportunities for upward mobility of human resources implementing the programme, specifically creating a career pathway for best performing parenting facilitators within the programme, thus contributing to scaling and sustainability of the programme as well as to job creation.

→ Monitoring and evaluation mechanisms, including a way to monitor change of social norms at scale, in addition to measuring caregiver and child outcomes at the level of the programme itself.

An overarching policy and implementation strategy are needed to anchor parenting programmes and to ensure commitment of key decision makers across sectors. A lead agency with a recognised mandate must be identified and empowered to provide oversight and guidance, and to engage actors across sectors towards a common goal.

For sustained adoption of positive parenting practices at scale, it is recommended that:

→ The parenting programme should purposefully enable service providers engaged in programme delivery

(including health and education workers) to consider VAC prevention and response as part of their core responsibilities.

→ It is critically important that parenting programmes include strategies to create an enabling environment for adoption of positive parenting practices, for example, through Communication for Development (C4D) interventions to reinforce the parenting messages delivered through parenting sessions, or harnessing social media to positively influence prevailing norms, knowledge, attitudes and behaviours regarding parenting. Communication in support of individual interventions should be coordinated to ensure simultaneous and mutually reinforcing messaging.

→ To enable parenting programming that is responsive to different levels of risk, it is recommended to develop a pyramid of tiered and mutually supportive parenting interventions: broad-based public services delivering and reinforcing messages to increase the general awareness of desired parenting practices; individual and group interventions for families at higher risk; and more intense parenting support services for specific target groups that have experienced violence, abuse or neglect. Whereas broad-based parenting interventions can relatively easily be delivered through existing public services, more intense programming often requires a partnership between government and civil society actors whereby the government provides quality assurance, oversight and referral and the civil society provider is engaged to deliver the intense parenting interventions.

→ Embedding the programme within an existing accepted and trusted structure that is accessible to the target population contributes to sustainability, local ownership and buy-in.

→ For positive parenting practices to be sustained beyond the lifetime of the parenting programme sessions, it is essential that programme participants continue to be encouraged to practice what they learned through the programme. Sustained practice of positive parenting is encouraged by ongoing messaging, occasional check-in by the programme facilitator, and importantly, peer support provided by other programme participants with whom contact has been maintained through, for example, the savings and loans group they established together and are still part of (see Case study: Linking parenting programmes with economic strengthening) or another joint initiative of parenting group participants that is sustained beyond the duration of parenting sessions.

PRACTICAL IMPLICATIONS:

To achieve scale and sustainability ensure:

- An enabling environment, including through communication interventions
- Pyramid of tiered parenting interventions with different intensities and scale for different levels of risk (less intense & big scale for low risk vs. very intense & small scale for high-risk)
- Encourage sustained practice of the positive parenting practices by linking the parenting programme to other group interventions with a longer project lifetime and building in the other group intervention opportunities for ongoing reflection on positive parenting practices

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2.9. MONITORING AND EVALUATION

Monitoring and evaluation of parenting programmes should be guided by clearly specified parenting goals and objectives, a clear monitoring and evaluation framework and an articulated theory of change. Parenting programmes should be piloted, their effectiveness assessed, and revisions incorporated to address undesired piloting findings before they are taken to scale.

MONITORING IMPLEMENTATION WITHIN THE UNICEF STRATEGIC PLAN (2018-2021)

Given the potential contribution of parenting programmes to achieving SDG 16.2 - ending all forms of violence against children - UNICEF's Goal Area 3 Strategic plan includes two relevant outcome indicators:

Outcome indicator 3.2. Percentage of adults who think that physical punishment is necessary to raise/educate children

The indicator tracks the extent to which adults perceive physical punishment to be necessary to raise children. It measures changes in individual attitudes about the necessity of using physical punishment with children. Reducing the proportion of adults and adolescents who believe that physical punishment is necessary for childrearing is an intended result of at least two INSPIRE strategies, including norms and values and parent and caregiver support. Globally, around 1.1 billion - slightly more than 1 in 4 - caregivers say that physical punishment is necessary to properly raise or educate children.

Outcome Indicator 3.3.a Core prevention and response interventions addressing violence against children through UNICEF supported programmes: (a) number of mothers, fathers and caregivers reached through parenting programmes.

The indicator expresses reach and includes UNICEF's support to any or all of the five domains of parenting programmes (caregiving, stimulation, support and responsiveness, structure and socialization), with the aim of contributing to achieving the result on children receiving prevention and response services for violence against children. In 2019, UNICEF-supported parenting

programmes that include a violence prevention component reached over 2.2 million mothers, fathers and caregivers in 79 countries.

Details guidance on these indicators is found in the UNICEF Strategic Plan Goal Area 3 Indicator Manual.

MONITORING IMPLEMENTATION IN THE CONTEXT OF GLOBAL VIOLENCE PREVENTION

It is also recommended that parenting programmes utilise standardised indicators to enable comparison of outcomes across programmes, such as the four indicators suggested in the INSPIRE handbook:

➔ **Non-violent discipline by caregivers, past month** (SDG Indicator 16.2.1): Percentage of girls and boys aged 1-17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month, by sex and age (Sustainable Development Goal Indicator 16.2.1);

➔ **Early childhood caregiver engagement and nurturing:** Percentage of girls and boys aged 36 to 59 months with whom an adult household member engaged in four or more activities to promote learning and school readiness in the past three days;

➔ **Parent/guardian understanding of adolescents' problems, past month:** Percentage of female and male adolescents aged 13-17 years who report that their parents or guardians understood their problems and worries most of the time or always during the past 30 days, by sex and age; and

➔ **Parent/guardian supervision of adolescents, past month:** Percentage of female and male adolescents aged 13-17 years who report that their parents or guardians knew what they were really doing with their free time most of the time or always, in the past 30 days, by sex and age.

Additional indicators that are proposed for other areas of violence prevention programming but can also be useful for measuring the impact of the parenting programme on partner violence of both parents and caregivers, and adolescents include:[38]

➔ **Physical and/or sexual violence by an intimate partner:** Percentage of ever-partnered adolescent girls aged 15-19 years subjected to physical and/or sexual

violence by a current or former intimate partner in the past 12 months (SDG indicator 5.2.1, sub-indicator 4)

➔ **Ever-partnered women and girls subject to IPV:** proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age (SGD indicator 5.2.1).

There is so far limited experience of measuring IPV reductions as a direct result of a parenting programme. A recent review of parenting programmes that sought to identify programmes that intentionally link IPV and VAC found that IPV and VAC were inconsistently measured, largely relying on adult self-reported behaviour, with recommendations on how to address this gap.[39] Given the interlinkages between IPV and VAC, it is advisable to monitor IPV in relation to outcomes. However, the most suitable indicators will need to reflect an intentional design to address issues of IPV within the parenting programme and use locally validated IPV indicators as identified through SGBV and other health programmes.

MEASURING CHILD AND CAREGIVER OUTCOMES

While monitoring and evaluation is viewed as crucial for donor reporting for compliance and advocacy, effective collection and use of M&E data should also be focused on understanding if, how, and why a programme is working or not working. Collection and analysis of M&E data needs to occur regularly and rapidly in order to inform real-time improvements to the programme. M&E and supervision systems should 'speak' to each other in order to enable adaptive learning, course corrections, and continuous improvement to programme implementation. M&E is an ongoing, cyclical process that contributes to generating evidence and lessons learned, which in turn contributes to further developing or improving the intervention.

The table below suggests M&E questions to assess child and caregiver outcomes, and programme implementation. The table also includes questions related to equity (i.e. gender equity, socio-demographic equity) to enable assessment of whether the quality and effects of the programme are equitable across different gender and socio-economic groups.

TABLE 6: SAMPLE M&E QUESTIONS TO ASSESS CHILD AND CAREGIVER OUTCOMES AND PROGRAMME IMPLEMENTATION

CHILD OUTCOMES: Children are safe from violence in home/family settings, and have improved socio-emotional, cognitive and behavioural development.	**OUTPUTS:** Caregivers have increased knowledge and skills on positive parenting, non-violent discipline, and positive coping and stress management skills, through consistent and active participation in the programme.
After caregivers' participation in the programme, is there a change in the target child's…	After participating in the programme, is there a change in caregivers' knowledge and skills?
• Exposure to harsh physical or verbal punishment in the home/family setting?	Do female and male participants consistently attend the programme?
• Emotional, social, and behavioural wellbeing?	Do female and male participants express satisfaction with the programme?
• Prosocial behaviour?	Which aspects of the programme (e.g. facilitator skill and knowledge, home practice, social interaction and support, session content) do female and male participants find most useful?
Do children of different backgrounds and characteristics (e.g. gender, age, socio-economic status, refugee status) demonstrate comparable changes in the above outcomes after participating in the programme?	
CAREGIVER OUTCOMES: Caregivers practice more positive and nurturing parenting behaviours and interactions, reduce harsh treatment of children, and have improved parenting self-efficacy.	**IMPLEMENTATION MONITORING** (Quality of Inputs)
After participating in the programme, is there a change in female and male caregivers'…	Do facilitators consistently deliver programme content as designed (i.e. programme fidelity and quality)?
• Use of harsh physical or verbal punishment?	Does programme implementation achieve gender parity, based on a predefined proportion of female and male participants?
• Use of positive and nurturing parenting behaviours?	Is the programme being implemented at equitable levels of quality across partners, geographic areas, and contexts (e.g. host community and refugee camps)?
• Level of parenting self-efficacy?	
Do caregivers of different backgrounds and characteristics (e.g. gender, age, socio-economic status, refugee status) demonstrate comparable changes in the above outcomes after participating in the programme?	Is the programme being implemented at scale, as defined by a predetermined proportion of population reached in target areas?
What are the underlying processes that drive changes in caregiver and child outcomes, as perceived by caregivers?	How much does it cost per participant to deliver the programme?

PRACTICAL IMPLICATIONS:

• Standardised indicators enable comparison of outcomes across programmes

• M&E should address donor reporting AND inform understanding whether, how, and why a programme is working or not, thus enabling real-time improvements to the programme.

• Indicators to assess: impact on VAC, impact on IPV, child and caregiver outcomes, programme implementation and equity.

SUMMARY: PROGRAMME DESIGN AND DEVELOPMENT CHECKLIST

STEPS	KEY ACTIONS	CHARACTERISTICS	INTERVENTION DEVELOPMENT & DELIVERY	SUSTAINABILITY
Step 1: Needs assessment/ formative research (Individual, family, community level)	Identify what the need is, for whom, where there are gaps. This can involve a needs assessment, a mapping of existing interventions that directly or indirectly support parenting interventions, and formative research on the factors that shape parenting practices.	What are current parenting practices? How, if at all, do these differ for boys and girls? What are local needs in relation to parenting support? What are the social and gender norms that underly parenting practices, including a focus on violence and IPV?	How will the intervention address local needs, values and intervention compatibility with the local context?	How will parenting needs be regularly reviewed and considered in strategic and programming frameworks?
Step 2: Identify programme target group	Present and validate needs assessment findings with key partners for advocacy and engagement. First decision is target group.	Who will access the intervention? What is the size of the target population? Are there participation eligibility criteria (e.g. age of children; socio-economic status of parents; risk of child maltreatment)? Are there sub-populations to be targeted (e.g. minority ethnic communities, children and families that are in contact with the law, marginalised groups of children and families)?	How will the target population access/ be recruited into the intervention? What will motivate or incentivise them to take part? How will you ensure equity of access for disadvantaged subgroups? In general, it is advisable to avoid screening for violence-affected families, but explore referral mechanisms from violence prevention and response programmes into parenting programmes.	How will retention be supported and monitored? How will you ensure those who may be at higher risk of attrition will be retained and how will this be monitored?
Step 3: Enabling environment	Parenting at scale requires an enabling policy and regulatory environment, especially in terms of: A core part of coalition-building is to link with violence against children and violence against women coalitions and coordinating bodies.	What are the options available nationally: investment and financing to support delivery of the parenting support interventions, coordination to secure adequate financing and ensure systematic implementation? Are there legal and policy provisions that define parenting support as a priority area, state specific goals and provide a strategic plan for action?	Is it possible to integrate with appropriate broad-based national services to facilitate sustained programme delivery at scale?	How will the design and delivery be built into longer-term investment and financing?
Step 4: Piloting, adapting and implementing	Ensure that there is strong evidence for effectiveness, even if that evidence may not be from the country or region. Build in a piloting stage.	What is the intervention design (i.e. strategies, underlying principles, delivery format, duration, resources required)? What are the core and adaptable elements (i.e. flexibility)? How simple/complex is the design and what relative advantage does the intervention provide?	How will the intervention and plans for implementation, be developed so they align with organisational missions, values and infrastructure (i.e. size, resource availability)? How will the intervention integrate into existing service delivery platforms/settings?	How will the intervention and associated costs and resources for delivery (i.e. materials) be sustainably funded? How will intervention implementation processes (e.g. setting/staff training) be integrated into organisational policies and job descriptions? How will implementation capacity be developed and sustained at scale?

STEPS	KEY ACTIONS	CHARACTERISTICS	INTERVENTION DEVELOPMENT & DELIVERY	SUSTAINABILITY
Step 5: Delivery platforms	The selection of appropriate programme delivery platforms is informed by the initial needs assessment, the target population and expected programme outcomes. In the humanitarian context, one significant factor is the security situation and the availability of resourcing for completion of a parenting intervention.	What is the target delivery setting(s) (i.e. setting, size) and are there eligibility criteria for adoption (i.e. possess certain resources, accessibility to target population)? How will you engage settings that provide services to disadvantaged subgroups?	How will target delivery settings be identified and be made aware of the intervention? What will motivate or incentivise the setting to adopt and implement the intervention? How can parenting interventions be linked with violence prevention and response, e.g. through neighbourhood centres, health facilities or through more specialist GBV and child protection services?	Who will take ownership of the intervention and how will adoption, delivery, impact, and sustainability be monitored? How will start-up and ongoing costs be considered when planning for sustainability and implementation at scale?
Step 6: Parenting workforce	Investment in the parenting workforce is central to success. This includes determining who will deliver the parenting intervention (the parenting facilitators) and supervision and coaching support.	What is the intervention trying to achieve? For whom? Where? And How? Who will deliver the intervention? How many implementers (e.g. facilitators, trainers) will be required? Are there eligibility criteria to deliver the intervention (i.e. level of skill, knowledge, education)? How to ensure positive attitudes towards gender equity and violence prevention? Should facilitators undertake gender sensitivity training?	How will implementers be identified/engaged and trained? What will motivate or incentivise them to implement the intervention? How will you facilitate engagement with disadvantaged groups?	How will implementers be supported (e.g. ongoing training, mentorship/ coaching, performance feedback) to sustain intervention fidelity and delivery? How will you prepare for sustainability in lower-resourced and/or humanitarian settings?
Step 7: Demand generation	Ensuring that parents/ caregivers know that services exist and where and how to access them, have the capacity and ability to access the services; and are motivated to access the services.	What strategies will best generate demand for parenting support? (consider a mix of social mobilisation, advocacy and social and behaviour change communication approaches)	What mass and local media campaigns will best inform parents/caregivers about the relevance of parenting support and availability of services? How can social and community mobilisation normalise and de-stigmatise help-seeking behaviour? Which platforms are best utilised, e.g. faith-based networks, workplaces?	How will you advocate to win the support of decision-makers and raise the visibility of parenting support?

STEPS	KEY ACTIONS	CHARACTERISTICS	INTERVENTION DEVELOPMENT & DELIVERY	SUSTAINABILITY
Step 8: Monitoring and evaluation	Consider the desired outcomes and ensure that GBV and VAC elements are considered.	Is the programme able to monitor both the programme delivery (quality, fidelity) and impact on parents and children? Is the data collection process suitable for use at scale and easy to use by the workforce?	Do data collection and recording follow the protocols and procedures for data collection, storage and use as for child protection interventions? Are they in line with national and regional child protection protocols and standards?	How best to develop a culture and system of using data for reflection, learning, and continuous quality improvement through continuous quality control and performance management?
Step 9: Taking the programme to scale	All parenting support interventions should seek to reach all eligible parents and caregivers, which may mean universal coverage in the context of mass information or may be targeted to a specific group of parents who are selected according to demographic and/or economic need.	How may wider interlinked policy, institutional, economic and sociocultural factors influence the effectiveness, scalability and sustainability of the intervention?	How will political will/ commitment influence implementation and scale-up? What measures will be taken, if any, to combine the parenting intervention with other interventions that address the larger contextual issues that affect parents' and children's lives (e.g. access to economic resources, basic social services, safety and security)?	Who at the systems level will be responsible for the intervention and provide oversight? What (multi-sectoral) coordination mechanisms are in place or will be put in place to ensure a clear division of roles and responsibilities between relevant actors and clear lines of accountability?

ANNEX 1: EVIDENCE INFORMING THIS GUIDANCE NOTE

This guidance has drawn on a wide range of global evidence on effective programming for the prevention and response of violence against children and effective parenting programmes. The documents listed below contain a comprehensive bibliography of the evidence contained in this guidance.

GLOBAL EVIDENCE ON THE BENEFITS OF PARENTING INTERVENTIONS

- Daly, M., et al. (2015) Family and Parenting Support: Policy and Provision in a Global Context, Innocenti Insight explores the difference between parenting support and broader family support interventions, and provides guidance on engaging with policy development.

- Gardner, F., Leijten, P., Melendez-Torres, G.J., Landau, S., Harris, V., Mann, J., Beecham, J., Hutchings, J., Scott, S. (2019). 'The earlier the better?' Child Development 2019: https://doi.org/10.1111/cdev.13138 is a review of meta-analyses and demonstrates that parenting support intervention benefits are more pronounced with older children.

- Olds DL, Eckenrode J, Henderson CR, Kitzman H, Powers

J, Cole R et al. Long-term effects of home visiting on maternal life course and child abuse and neglect: fifteen-year follow-up of a randomized trial. JAMA 1997: 278:8, 637-43.

- Sim, A, for Maestral International. (2019) *What Do We Know About What Works in Parenting Programmes Over the Life Course? A Comprehensive Literature Review.* Report produced for UNICEF MENARO. This literature review focuses on global systematic reviews on the evidence for effective parenting.

EVIDENCE ON PARENTING PROGRAMMES FOR VIOLENCE PREVENTION

- Bacchus, LJ, Colombini M, Contreras Urbina M, Howarth E, Gardner F, Annan J, et al. Exploring opportunities for coordinated responses to intimate partner violence and child maltreatment in low- and middle-income countries: a scoping review. Psychology, Health & Medicine. 2017; 22:135– 65.

- Chen, M., & Chan, K. L. (2015). Effects of parenting programmes on child maltreatment prevention: A meta analysis. *Trauma, Violence, and Abuse,* 17 (1), 88 104. doi: 10.1177/1524838014566718 provides the core global evidence on preventing all forms of violence.

- Johnson, S. L., Elam, K., Rogers, A. A., & Hilley, C. (2018). A meta-analysis of parenting practices and child psychosocial outcomes in trauma-informed parenting interventions after violence exposure. *Prevention science,* 19(7), 927-938.

- Knerr, W., Gardner, F. & Cluver, L. (2013). Improving Positive Parenting Skills and Reducing Harsh and Abusive Parenting in Low-and-Middle-Income Countries: A Systematic Review. *Prevention Science,* 14(4), 352–63.

- Ligiero, D., Hart, C., Fulu, E., Thomas, A., & Radford, L. (2019). What works to prevent sexual violence against children: Evidence Review reviews evidence-proven interventions and promising practices, using the INSPIRE Framework.

- Mccoy, Amalee & Melendez-Torres, G.J. & Gardner, Frances. (2020). *Parenting interventions to prevent violence against children in low- and middle-income countries in East and Southeast Asia: A systematic review and multi-level meta-analysis.* Child Abuse & Neglect. 103. 104444. 10.1016/j.chiabu.2020.104444.

- The Prevention Collaborative. (2019) *Parenting and Caregiver Support Programmes To Prevent and Respond to Violence in the Home* provides a comprehensive bibliography of parenting interventions that have evidence on VAC and IPV outcomes, including many case studies.

- Sim A, Puffer E, Green E, Chase R, Zayzay J, Garcia-Rolland E, and Boone L. *Parents make the difference: findings from a randomized impact evaluation of a parenting programme in rural Liberia.*

- Tully, L. A., & Hunt, C. (2016). Brief Parenting Interventions for Children at Risk of Externalizing Behavior Problems: A Systematic Review. *Journal of Child and Family Studies,* 25(3), 705–719. https://doi.org/10.1007/s10826-015-0284-6

- van der Put, C. E., Assink, M., Gubbels, J., & Boekhout van Solinge, N. F. (2018). Identifying Effective Components of Child Maltreatment Interventions: A Meta-analysis. *Clinical Child and Family Psychology Review,* 21(2), 171–202

- Vlahovicova, K., Melendez-Torres, G.J., Leijten, P., Knerr, W. & Gardner, F. (2017). Parenting Programmes for the Prevention of Child Physical Abuse Recurrence: A Systematic Review and Meta-Analysis. *Clinical Child and Family Psychology Review,* 20(3), pp.351–65.

- World Health Organization (2016) *INSPIRE: seven strategies for ending violence against children.*

- World Health Organization (2018). *INSPIRE Handbook: action for implementing the seven strategies for ending violence against children* provides a wide range of practical actions and further resources for parenting interventions that reduce violence.

EARLY CHILDHOOD DEVELOPMENT

- Bray, R. with A. Dawes (2016) *Parenting, Family Care and Adolescence in East and Southern Africa: An evidence-focused literature review,* Innocenti Discussion Paper 2016-02.

- Landers,. (2013). *Preventing and Responding to Violence, Abuse and Neglect in Early Childhood: A Technical Background Note.*

- UNICEF (2017) *UNICEF's Programme Guidance for Early Childhood Development* contains key evidence for early childhood development and a programmatic framework for action.

- UNICEF (2017) *Standards for ECD Parenting Programmes – In Low- and Middle-Income Countries* sets standards backed by global evidence for essential elements of ECD parenting programmes.

ADOLESCENCE

- *The Lancet Commission on Adolescent Health and Wellbeing* sets out the key evidence for the role of parents and family, as well as other important influences on adolescent life.

- Marcus, R., Kruja, K. and Rivett, J. (2019) What are the impacts of parenting programmes on adolescents? A review of evidence from low and middle-income countries. London: Gender and Adolescence: Global Evidence provides a comprehensive and practical review of which elements of parenting programmes are relevant for adolescents.

- UNICEF (2018) *UNICEF Programme Guidance for the Second Decade: Programming with and for Adolescents* provides an extensive summary of the role of parents, alongside other influences. Parents remain central to adolescent development even up to the end of adolescence at 19 years, and beyond.

- UNICEF Europe and Central Asia Office (ECARO) (2019) *Parenting adolescents: A Regional Study on Parenting Adolescents and Parenting Support Programmes in Belarus, Bulgaria, Georgia, Moldova, Montenegro and Romania* provides a synthesis of global and regional research on adolescents and parenting, and a useful summary of the key questions to ask in development of adolescent parenting.

INCLUSIVE PARENTING PROGRAMMES / CHILDREN LIVING WITH DISABILITIES

- Child Welfare Information Gateway. (2018). *The Risk and Prevention of Maltreatment of Children with Disabilities.*

- Raising Children: https://raisingchildren.net.au/disability

- Zero to Three early years parenting website: https://www.zerotothree.org/parenting integrates disability into ECD programmes.

- FHI360 Ethiopia's *Better Parenting Training Manual* and *Job Aid* are not disability-specific but have a strong focus on non-literate materials and are useful resources for working with both parents and caregivers with disabilities, and children and adolescents with disabilities, such as.

- The Parent Center has resources for discussing sexuality education with adolescents with disabilities and the organisation Autism Speaks has a manual on puberty and adolescence.

- The Women's Refugee Commission has a range of training resources and job aids on addressing gender-based violence against children and youth with disabilities, including an easy-to-read guide on understanding and addressing violence and guidance for psychosocial support facilitators on disability inclusion.

GENDER NORMS, GENDER SOCIALISATION AND PROMOTING GENDER EQUITY THROUGH PARENTING

- Nandyose, H., Ruskin, L., Swan, M., Tanner, S. (2018) *Early Childhood Development, gender socialization and men's engagement*

- National Center on Parent, Family and Community Engagement. (n.d.) *Healthy Gender Development and Young Children: A Guide for Early Childhood Programs and Professionals* is a US-focused practical guide giving evidence about development of gender norms in young children and what can be done. The guidance is focused on the US so needs cultural adaptation but is a good entry point to explore culturally-appropriate guidance for young children.

- Neetu, J.A., Stoebenau, K., Ritter, S., Edmeades, J., Balvin, N. (2017) *Gender Socialization during Adolescence in Low- and Middle-income Countries: Conceptualization, influences and outcomes*

- Prevention Collaborative. (2019). *Evidence Review: Parenting and Caregiver Support Programmes to Prevent and Respond to Violence in the Home.*

- Promundo and Sonke Gender Justice. (2018). *Breaking the Cycle of Intergenerational Violence: The Promise of Psychosocial Interventions to Address Children's Exposure to Violence.* Washington, DC: Promundo-US and Cape Town: Sonke Gender Justice.

- Promundo, UN Women (2018). *Raising Children More Gender Equitably: A Guidance Note to Inform the Development of National Policies and Programmes Based on Results from the International Men and Gender Equality Survey (IMAGES) – Middle East and North Africa* provides core content on actively promoting gender equity within parenting programmes.

- Plan International (2018). *Early Childhood Development, gender socialization and men's engagement* summarises research on the role of parents as actors in gender socialisation in low- and middle-income countries, with practical guidance on integrating into parenting and other early childhood development interventions.

- Gender Spectrum, a US-based organisation, has practical guidance on parenting that addresses issues of gender inclusiveness and diversity. https://www.genderspectrum. org/explore-topics/parenting-and-family/

MALE INVOLVEMENT

- Guedes A, Bott S, Garcia-Moreno C, Colombini M. Bridging the gaps: a global review of intersections of violence against women and violence against children. Global Health Action. 2016;9(1). doi: 10.3402/gha.v9.31516

- Promundo's *Program P,* available in English with adaptations in Arabic, Spanish, Portuguese and Russian, aims to engage men in active caregiving from their partner's pregnancy through the early years, and in

reducing violence against women. by male caregivers and has a strong and growing evidence base from Latin America, Africa and the Middle East.

- The *Prevention Collaborative* serves practitioners and social movements working to prevent violence against women and children. Their web-based knowledge platform has a wide range of resources, including case studies and reviews of parenting programmes with an intentional focus on gender, prevention of violence against women and violence against children.

CHILD AND ADOLESCENT PARTICIPATION IN PARENTING PROGRAMMES

- UNICEF MENARO. (2018). *Toolkit for Adolescent and Youth Engagement.*

- UNICEF. (website.) *UNICEF Innovations: Adolescent Kit.*

- CAN Child is a research centre focused on children and youth with developmental conditions and their families and includes a range of resources to promote child and youth participation in family, school and community life. https:// www.canchild.ca/en/resources#/?category=44#$

PARENTING PROGRAMME DESIGN, DELIVERY AND EVALUATION

- Loening-Voysey, H., Doubt, J., King, B., Byrne, J and Cluver, L. (2018). *Policy and service delivery implications for the implementation and scale-up of an adolescent parent support programme: a qualitative study in Eastern Cape, South Africa, Innocenti Working Paper* describes the policy and service delivery elements of an adolescent violence prevention parenting programme, providing useful suggestions on key questions to explore to ensure alignment with policy, culture and service delivery capacity.

- Religions for Peace and UNICEF (2019). *From Commitment to Action: What Religious Communities Can Do to Eliminate Violence Against Children* is designed for religious communities to advocate for and contribute to the protection of children from violence. The guidance includes information on what religious communities can do themselves and in coordination with other key stakeholders. Parenting is one of the core aspects addressed within the guidance.

- Wessels I, Ward C, Lester S. (2016). *Engagement in parenting programmes: exploring facilitators of and barriers to participation.* Institute for Security Studies Policy Brief: 82.

- World Health Organization. (2010). *Nine steps for developing a scaling up strategy.*

- Parenting Resources for COVID-19

- UNICEF. (2020). COVID-19: *Protecting children from violence, abuse, and neglect in the home.*

- UNICEF. https://www.unicef.org/parenting/topics/covid-19

- UNICEF. Tips for parenting during the coronavirus (COVID-19) outbreak. https://www.unicef.org/coronavirus/covid-19-parenting-tips

ENDNOTES

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2 United Nations Children's Fund (2017). A Familiar Face: Violence in the lives of children and adolescents.

3 World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), Global Partnership to End Violence Against Children, Pan American Health Organization (PAHO), President's Emergency Plan for AIDS Relief (PEPFAR), Together for Girls, United Nations Children's Fund (UNICEF), United Nations Office on Drugs and Crime (UNODC), United States Agency for International Development (USAID), & the World Bank. (2016). *INSPIRE: seven strategies for ending violence against children*

4 Gardner, F., Montgomery, P., & Knerr, W. (2016). Transporting Evidence-Based Parenting Programs for Child Problem Behavior (Age 3–10) Between Countries: Systematic Review and Meta-Analysis. *Journal of Clinical Child & Adolescent Psychology*, 45(6), 749–762; McCoy A., Melendez-Torres G.J. & Gardner F. (2019). Parenting interventions to prevent violence against children in low- T and middle-income countries in East and Southeast Asia: A systematic review and multi-level meta-analysis.

5 UNICEF. (2017). *Standards for ECD Parenting Programmes in Low- and Middle-Income Countries.*

6 Daly, M., Bray, R., Bruckhauf, Z., Byrne, J., Margaria, A., Pecnik, N. & Samms-Vaughan, M. (2015). *Family and Parenting Support: Policy and Provision in a Global Context,* Innocenti Insight, UNICEF Office of Research, Florence.

7 Daly, et al. (2015). Op.cit.

8 Council of Europe, Committee of Ministers Recommendation (2006) 19 on policy to support positive parenting.

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10 "Social learning theory proposes that new behaviours can be acquired by observing and imitating others, and observing rewards and punishments associated with the behaviour. When a particular behaviour is rewarded regularly, it will most likely persist. The most important tenet of attachment theory is that an infant needs to develop a relationship with at least one primary caregiver for the child's successful social and emotional development, and in particular for learning how to effectively regulate feelings. In the presence of a sensitive and responsive caregiver, the infant will use the caregiver as a "safe base" from which to explore." World Health Organization (2018). *INSPIRE Handbook: action for implementing the seven strategies for ending violence against children*

11 Ward, C., Sanders, M. R., Gardner, F., Mikton, C. & Dawes, A. (2016). Preventing child maltreatment in low- and middle-income countries: Parent support programs have the potential to buffer the effects of poverty. *Child Abuse & Neglect,* 54, 97-107.

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26 University of Glasgow, *RCT of Skilful Parenting.*

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