A PARENTING EDUCATION CURRICULUM GUIDE

STRENGTHENING FAMILIES

FOR BETTER EARLY CHILDHOOD OUTCOMES

Australian AID

Developed by Deborah Llewellyn for Plan International Australia and supported by Australian Aid.

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Plan

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COVER: A Kenyan mother separates empty maize grains from nutritious ones, as she prepares to make her family a meal.

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SECTION A

ABOUT THE MANUAL

Right: When parents, like these in Indonesia, gain the confidence and skills to improve the lives of young children, they are in a better position to make the community a better place for all children.

MATERIALS ACKNOWLEDGEMENT

This early childhood care and development (ECCD) toolkit was written by Deborah Llewellyn for Plan International Australia, with the support of Australian Aid. The author developed some of the formative ideas for the toolkit during 15 years of fieldwork with several Plan International and Save the Children country offices. Special appreciation goes to Save the Children offices in the United States (US), Bangladesh, Mozambique, Tanzania and Bhutan, and to Plan International offices in Indonesia, Bangladesh, Egypt, Uganda, Ethiopia, Zambia, Bolivia and Timor-Leste for the early work that contributed to the thinking behind the model. Credits are provided where applicable. From 2008 to 2011 the author worked with Katie Ramsay and Nicole Rodger from Plan International Australia to further develop and extensively field test the evidence based strategies found in this toolkit.

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The photos found in this Guide were sourced from Plan International's Media Bank and Plan International Australia's photo archives from a range of photographers including Glenn Daniels, Deborah Llewellyn and Nicole Rodger. Photos have also been supplied by CBM Australia.

CURRICULUM SYNOPSIS

Plan International Australia's early childhood approach takes on the ambitious task of proving that 100 per cent of disadvantaged children of relevant age in a targeted high-poverty community can achieve child wellbeing indicators and school success through effective early childhood supports.

Positive changes in children are the result of building ECCD leadership skills in the community. With these skills, the community can manage an integrated system of child and family services, and an ethos of social and education equity. The integrated system includes: a parenting education program that improves knowledge and practical skills to improve child health, learning and protection in the home and wider community; a low-cost, high-quality early learning program that serves every child in the year before entering primary school; a transitions to primary program with school- and community-based activities that enable children living in poverty to enter school on time, and stay in primary school and learn; and innovations in sector integration and public-private partnerships to ensure that health, human services and UNESCO's *Education for All* commitments reach the most vulnerable children.

Strengthening Families for Better Early Childhood Outcomes: A Parenting Education Curriculum Guide provides an approach to parenting education. The curriculum explores how parents with low levels of education can gain the skills to effectively support their children's development, from birth to eight years. It aims to harness the best parenting practices that already exist in the community to build new effective practices through a specialised parenting education strategy. This strategy helps parents identify what they want for their children, and to gain the skills to achieve their goals. It aims to build early childhood leadership in communities, as well as a sustainable skills base for supporting and managing child health, learning, and protection initiatives in the community. In this way, parenting education is viewed more as a 'force for change' rather than a 'course'.

THIS PARENTING APPROACH RECOMMENDS A SIX-STEP PROCESS

1. Understand local perspectives about child wellbeing and identify existing supports and priority needs.
2. Nurture demand for interest in improved parenting and parenting education.
3. Establish parenting groups that build on group assets and promote learning from each other.
4. Provide skills building to use pictorial child development tools for monitoring and stimulating development.
5. Help parents develop in-depth knowledge and new parenting skills to address their concerns about child health, learning and protection issues.
6. Build confidence and commitment of parenting group members to work collectively to address community problems that affect all children.

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HOW THE PARENTING CURRICULUM WAS DEVELOPED

Since 2008, Plan International Australia has launched support for the development of comprehensive early childhood community models in Uganda and Indonesia. The aim was to identify the type and quality of early childhood supports that enable children living in high-poverty communities to succeed in primary school. Also of interest was finding a strategic approach that builds sustainable community leadership and action to improve child wellbeing in the home and community.

Early childhood specialist, Deborah Llewellyn, was contracted to provide technical help to the Plan International Australia Early Childhood Team, Kate Ramsay and Nicole Rodger. Llewellyn provided extensive field support in Uganda and Indonesia for: developing the conceptual framework, implementation methodology, and evaluation strategies; documenting the model development process; and revising approaches and tools based on lessons learned from the field. This contractual relationship enabled Llewellyn to refine, expand and field test a number of early childhood curricula, tools and training programs that she had previously developed and implemented for Save the Children (US) and Plan International in more than a dozen countries in Africa and South Asia over a 10-year period. It also enabled the development of a systematic approach for linking parenting education, early childhood centres, transitions programs and formal or non-formal partnerships in a holistic model.

This toolkit is a consolidation of the methodologies developed and lessons learned from early childhood literature reviews and practical field experiences. Plan International Australia and the Plan International Uganda and Indonesia field teams knew what they wanted to achieve, and had ideas about how the program components should unfold as part of a holistic model. But the most important learning occurred on the ground, and is ongoing. These experiences are highlighted in text boxes to explain how the field teams translated theory into meaningful, results-driven actions. It is hoped that these efforts will inspire and resource others to join a community of learners who work together to bring the changes in communities that create an environment for child wellbeing to emerge.

Some of the initial ideas for the parenting curriculum were derived from a *Fieldworker's Guide on Parenting* (2007) developed by Llewellyn for Save the Children Mozambique.[1] Over the next two years, she had the opportunity to work closely with a Save the Children field team in Tanzania and a Plan International team in Uganda to field test, monitor and revise the strategies and materials. Additional parenting education field experiences grew from work with Plan International Egypt and Plan International Ethiopia. In 2009 Llewellyn worked with Save the Children Bangladesh to develop and field test additional early childhood parenting modules, and to develop a parenting for primary years program. In 2010 she was invited to support the development of early childhood parenting education models for Save the Children Bhutan (with support from Save the Children US) and Plan International Indonesia (with support from Plan International Australia). The funding helped her improve the methodology and incorporate practical sessions that enable parents to use pictorial child development tools. In 2010, Plan International Finland provided the opportunity for the author to assess how Plan International Bolivia's holistic parenting education model contributes to child protection. This work contributed to the child protection indicators and strategies promoted in the *Strengthening Families* curriculum. Several Plan International national offices contributed to development of the child wellbeing index.

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[1] Please note that this is not a publication, but refers to the work undertaken with Save the Children Mozambique.

SECTION B

IMPORTANT THINGS TO KNOW ABOUT PARENTING EDUCATION

Right: Children and their families gather together at a new school in Moyamba district in Sierra Leone.

INTRODUCTION TO PARENTING EDUCATION

All children are born with enormous potential. However, children who are born in difficult and challenging circumstances need extra support in their early years to prepare them for success in school and to lead a fulfilling and productive life.

Vulnerable communities face circumstances that add stress to their lives. They also reduce their ability for optimal parenting. It is important to develop parents' and guardians' understanding about the importance of the early years, and the practical skills to provide effective care and stimulation. When they gain the confidence and practical skills to improve the lives of young children, they are in a better position to make the community a better place for all children. If families are strong it increases the likelihood that various government and social service initiatives will reach the children, because there will be greater demand and use from families. That is why families are a good place to begin when considering any aspect of community development. Effective family and community supports are essential to ensure that children survive, develop and learn to their full potential.

To provide these supports, parents and guardians need specialised knowledge about the early childhood years, practical caregiving skills, and the confidence to promote effective growth development and protection. Parenting education is a core strategy for improving early childhood outcomes. Organised

Parents in Cambodia come together for mutual support on child and community development.

parenting groups might develop into community action groups that have the skills to implement child services such as: early childhood education centres or playgroups; community libraries; after-school clubs for primary-age children; adult literacy programs; 'child watch' groups; birth registration; and vaccination drives. Government and development organisations are increasing support for early childhood preschools that provide access to vulnerable children. Community-based early childhood centres will be necessary to reach remote families. Parents should be an integral part of the management and operations of these community-based early learning centres. Parenting education can provide them with the skills base for managing effective early childhood programs and identifying potential caregivers.

Parenting education programs also contribute to a skills base for supporting quality primary education (Llewellyn 2010). Previously it was assumed that parents with little or no formal education were unable

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to contribute to children's learning. Families were involved through work and construction projects at the school. They were expected to contribute 'bricks' not 'brains'. 'Parent involvement' implied cooperating with a school's set agenda. Indeed, school management committees were institutions developed to involve the community in school management. Unfortunately, these rarely involve the poorest in the community. Effective parenting education programs can promote a new result – 'family engagement'. Parents living in poverty have a lot at stake when it comes to their children's wellbeing. They spend the most time with their children. They have valuable resources and reasons to support their children's future success. Parenting education can help parents play a more active role in the primary education of their children.

Community health clinics sometimes offer some form of parenting education. Topics generally include: prenatal care; newborn care; breastfeeding and nutrition; immunisations; vitamin A and iodine; hygiene; managing childhood illness; and safety and first aid. While these are important topics for parents, the content might be better applied if presented with a more holistic approach that includes in-depth dialogue about current beliefs and practices, provides modelling and practice rather than lectures, and works to solve the practical problems that prevent implementation. For example, parents might need help in planting kitchen gardens to increase micronutrients, rather than showing them a food pyramid. They might need to discuss their fears about vaccinations. This guide includes examples of parenting programs where health and survival are viewed as the entry point to social and emotional development and cognitive stimulation, and where effective child development practices are shown to strengthen health behaviours. This guide encourages collaboration between health, development and education sectors. It promotes more effort to ensure that interventions that support children are better connected. It also proposes that parents who have a better understanding about child development and more awareness about their own critical influence over a child's outcomes might be motivated to increase their health-seeking behaviours.

Disability inclusive parenting programs can positively contribute to changing attitudes and beliefs in the value and capacity of children with disabilities amongst parents and amongst children themselves, like these children in India.

THIS GUIDE ENCOURAGES COLLABORATION BETWEEN HEALTH, DEVELOPMENT AND EDUCATION SECTORS. IT PROMOTES MORE EFFORT TO ENSURE THAT INTERVENTIONS THAT SUPPORT CHILDREN ARE BETTER CONNECTED.

Disability inclusion, along with child protection and gender, are core issues to be integrated into parenting education programs. Disability inclusive parenting education programs can positively contribute to changing attitudes and beliefs in the value and capacity of children with disabilities among families and other children, and among children with disabilities themselves. Parenting groups can provide much needed friendship and support to counter stigma and the exhaustion often associated with caring for children with disabilities.

Child protection is another sensitive community issue that is best addressed through in-depth dialogue. Parenting groups provide an excellent setting to re-evaluate the cultural views and practices that promote positive growth in children. Parenting

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groups can function as 'child watch' groups to prevent and respond to child abuse cases in the community.

Parenting groups also have the unique potential to promote gender equality. In these groups women develop communication and problem-solving skills, self-confidence, and the conviction to promote changes in their home and community. Men become more active agents in childrearing and better communicators with their wives. Parents learn the importance of raising children without gender stereotypes.

Effective parenting groups are those that: meet regularly; hold in-depth discussions and skills-building sessions on early childhood development topics; achieve measurable changes in parenting practices associated with essential child development indicators; and promote collective action for child growth, development and protection in the broader community.[2] This guide proposes child- and parenting-level indicators, and a set of principles and methodologies to guide the development of a parenting program that influences both child and community development.

The child wellbeing index on page 43 provides an at-a-glance guide for the most essential concerns that are related to growth, development and learning, and protection from birth to eight years. Many colleagues at Plan International and Save the Children contributed to the development of the child wellbeing index. Other child development reference tools are provided for monitoring child development milestones in the areas of motor, social and emotional, language and cognitive development in the appendices. These can be reproduced in pictorial form for parents with low literacy levels. A more in-depth snapshot of indicators for children (aged four to six years) is also provided in the appendices as a resource for understanding the early childhood centre learning aims and a companion chart shows how parents can support these learning goals. Indicators were collected from dozens of sources, and they were crosschecked for accuracy. Child development milestone charts are also provided in the appendices. These were collected from dozens of sources and cross-referenced for accuracy. Each country program is advised to select two or three milestones for each age, stage and development domain that are most relevant to their context. These should be reproduced in pictorial form to aid parents with low literacy levels.

THE CHILD WELLBEING INDEX (ON PAGE 43) PROVIDES AN AT-A-GLANCE GUIDE FOR THE MOST ESSENTIAL CONCERNS THAT ARE RELATED TO GROWTH, DEVELOPMENT AND LEARNING, AND PROTECTION FROM BIRTH TO EIGHT YEARS.

This parenting curriculum focuses on generating interest and skills within families to improve the health, development and protection status of their children. It is goal- and skills-focused. The strategy is an empowerment approach – helping parents know what they want for their children and gaining skills to achieve these ends. It aims to build early childhood leadership in vulnerable communities and a sustainable skills base for supporting and managing child health, learning, and protection initiatives in the community. In this way, parenting education is viewed more as a 'force for change' than a 'course'.

The first meetings should enable parents to discuss their views and priorities about practices that contribute to child wellbeing – health, learning and protection. The initial parenting sessions should help parents appreciate their role. It will help parents reflect on their parenting practice in the context of past experiences, culture, child development, as well as their hopes for their child's future. As parents discuss childrearing, there are questions that arise and areas of interest for which new knowledge and skills are desired. Effective parenting groups enable members to influence the topics that are discussed. Topics come from the issues parents raise and from the risks in the community that affect outcomes. When parents discuss a topic they should understand what children need and why, and what is needed of them. They must have the chance to discuss current views and experiences that might prevent them from accepting new knowledge. If the parenting program aims to achieve wellbeing, any topic related to achieving the indicators is appropriate for discussion. The end result is measured at the child-level against a set of predetermined indicators; at the home level if the parent uses new methods from sessions covered, and at the community level by several collective actions to improve child wellbeing and child services.

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[2] Definition developed by Deborah Llewellyn.

FREQUENTLY ASKED QUESTIONS ABOUT PARENTING EDUCATION

Why is parenting education important?

The quality of care and stimulation children receive before they are eight years old determines much of what a child will become in life. "Family relationships in general and the parent-child relationship in particular have a pervasive influence on the psychological, physical, social and economic wellbeing of children. Although family relationships are important, parents generally receive little preparation beyond the experience of being parents themselves; with most learning on the job, through trial and error" (Sanders et al 2003). How can parents gain the skills to do this important work, especially when they live in vulnerable communities that add stress to life and reduce the ability for optimal parenting? Parenting discussion groups can bring attention to parents' vital roles, as well as strengthen their skills.

What are the aims of parenting education?

In the Community Led Action for Children (CLAC) program, the parenting curriculum aims to do the following: create awareness of the importance of the caregiver's role in relation to supporting children's wellbeing (growth, development and learning and protection); strengthen or modify caregiver's attitudes, beliefs, and practices in relation to caring for children; and develop motivation to work as a team with other members to address community issues that affect children. It is important to have an outreach strategy because some parents who need parenting education the most might be reluctant to participate in parental skills programs.

What is 'parenting empowerment'?

Parenting empowerment is both the 'means' and the 'end' of effective parenting education. A parenting empowerment philosophy emphasises the need to help parents analyse and solve their own parenting problems. A definition for parenting empowerment is: knowing what families want for their children and having the tools and resources to effectively support these goals.

What supports do children need from parents?

Parental care and support includes making sure that children have:

- protection from physical danger;
- adequate nutrition and health care;
- responsive loving interaction with significant, consistent people;
- consistency in the environment and in adult expectations of them;
- encouragement of effective language stimulation;
- opportunities to learn cooperation, sharing and helping;
- the chance to develop independence, take responsibility and make choices;
- activities that support cognitive development;
- support for the development of self-worth;

A mother in the Solomon Islands supports her son with cerebral palsy. Children with disabilities need extra parental care and support so they can reach their full potential.

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- socialisation into group membership and cultural identity; and
- positive role models.

(UNICEF 2004)

What do children from birth to three years need most from parents?

"Many of the inputs children need most from birth to age three are crucial to lifelong functioning of a healthy human being, but they are difficult to build into a program. The brain's pathways are likely established in these years and the first task is for parents to learn individualistic and responsive stimulation. The focus is not on what children learn but rather on how they need to be cared for. (Evans 1999)

Important parental inputs for young children:

- love and nurturing
- consistent adult responsiveness
- good nutrition
- appropriate stimulation and interactions with objects, sensations and people
- safety provisions
- relatively prompt responses to help them manage hunger, fatigue, feeling overwhelmed, boredom and discomfort
- language stimulation and interaction.

What key skills do parents need?

Parents need the following key skills: (Landers 1992)

- knowledge about child development, health and nutrition needs, and how to meet needs
- observation skills to see the child's ability and how to help them achieve each developmental goal
- alternative strategies for problem prevention and discipline
- skills for using the home and everyday settings for learning experiences
- skills for using words to help their child make sense of the world and their feelings
- support to understand the important impact of parenting and to address daily childrearing challenges.

PARENTING EDUCATION INDICATORS

1. Discuss hopes and dreams for children and requirements to achieve the goals.
2. Identify helpful, harmful and/or discriminatory parenting practices in the community, including gender-based practices and what underpins these.
3. Acknowledge the benefits of parenting education and quality ECCD on children's future success.
4. Identify areas where more information and skills are needed, participate in discussions on topics, and gain new skills.
5. Practice new skills at home with children and discuss experiences with peers.
6. Prepare a census of children and discuss needs at each level, which disaggregates data by gender and disability. Take collective action to improve community supports for child wellbeing.
7. Help in setting up community ECCD centres or out-of-school clubs for primary children; visit and monitor programs.
8. Contribute to ECCD centre curriculum by teaching traditional games and crafts, songs, stories, etc.
9. Develop community leadership skills of both men and women in discussion, decision-making, action and reflection around a topic of great interest to parents – their own children.
10. Enrol children in Grade 1 at proper intake age, consult with teacher about children's needs and progress, encourage children to study and persist in primary school to completion.

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What are parenting education best practices?

As fields of child development, health and education have grown, so has the notion that parents are an indispensable ingredient for ensuring child survival, development and learning. Parenting education programs have emerged to provide parents with adequate skills and support. In the early childhood development field worldwide there is limited experience in the development and evaluation of parenting programs. However available evaluations suggest that there are positive long-term outcomes for all those who participate in such programs – parents, children and facilitators (Evans 2006).

More research is needed to clarify the best in parenting education.

However, some useful findings have emerged from existing programs (Garcia, Pence, and Evans 2008; Vargos-Baron 2006; Colosi 2003; Kagan 1995). These include:

- Assume that the people who are caring for children are doing their best and focus on strengths rather than deficits.
- Make sure program supports existing culture, support systems, available care and individual needs, and consider economic, political and social forces at work in a given setting.
- Reflect knowledge of childrearing practices that affect child outcomes in the targeted communities; share experiences and generate solutions while introducing ideas that might contradict current practices.
- Incorporate traditional and scientifically validated childrearing practices.
- Involve families who will benefit most (for example, single parents, families where children do not attend school or have high dropout rates, communities that have high levels of poverty, and those affected by HIV and AIDS).
- Take a systems view or 'ecological approach'. Focus on changing individual family practices, as well as changing community practices and child development support. Recognise the enormous impact of neighbourhoods, employment, housing, environment, peer groups, extended family, etc, on the quality of parenting and child outcomes.
- State program goals as very specific outcomes (eg behavioural or practice).
- Ensure active family participation in the planning and execution of the program.
- Ensure enough time. Interventions with high-risk families need 30 to 40 hours of contact time for positive and long-term impact. Low-risk families need less.

CO-ED PARENTING EDUCATION IS AN IMPORTANT AREA OF RESEARCH. IT IS CRUCIAL TO PROMOTE THE POTENTIAL OF WOMEN'S EMPOWERMENT THROUGH PARENTING EDUCATION AND TO ENGAGE FATHERS AS ACTIVE PARENTS. THIS MIGHT NOT BE POSSIBLE TO ACHIEVE IN CO-ED GROUPS. HOWEVER, OTHER INNOVATIVE STRATEGIES MIGHT EVOLVE FROM RESEARCH.

Should mothers and fathers attend parenting groups together?

In many cultures there is a tradition of children being raised by the extended family and community. Therefore, parenting program participants might include anyone in the community who can or does have an impact on a child's life.

There is increased recognition of the vital role that fathers play in all aspects of their children's lives. Parenting education that includes fathers offers the opportunity to strengthen this influence. Fathers also influence their children indirectly by the quality of the relationship with the mother of their children. Fathers should be involved whenever a parenting education program is made available (Rosenberg 2006). In many cultures, fathers make important decisions that affect the health, wellbeing and care of young children. "Fathers should be involved in childrearing because the relationship is good for children and for men. The love and responsibility a man feels for a child who looks up to him can be a strong motivator for him to work hard and to avoid hazards to his health" (Richter 2005).

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There is currently no research that determines the impact of co-ed parenting groups on gender equity or the enhanced empowerment of mothers and fathers in the family (UNICEF 2007). Interviews conducted with fathers in the US indicated that a father-led and fathers-only group gives them the safety and ability to open up about their doubts, fears and other emotions that would not be possible in a co-ed group (Rosenberg 2006). According to Paul Prichard at the Murdoch Children's Research Institute, "the nature of topics discussed in co-ed parenting groups is different from father-only and mother-only groups." A dad in Prichard's parenting group once said, "It's great to be able to ask stupid questions without feeling stupid for asking them" (personal communication 2011).

Prichard offers other reasons to provide separate groups for dads. "Men often use humour to discuss uncomfortable or sensitive issues. The type of group interaction makes a difference and can affect the content. For example, women are generally more comfortable engaged in circle group discussion with face-to-face discussion – men less so. Men are more inclined to relax when engaged in an activity with others without the pressure of having to look at others

A father in China supports his daughter to acquire early language and literacy skills.

while he talks the hard stuff. So how do you allow for both preferences in the one group process?" (personal communication 2011).

Parenting education has been a component of Women in Development (WID) approaches. The potential effect of co-ed groups on women's self-expression, and their ability to develop support systems and a sense of empowerment, must also be considered when deciding to conduct co-ed groups. Ideally women and men will meet together, discuss parenting and develop new skills as a family unit, but there might be less commitment to attend if social aspects impact on why women participate. Women might be reluctant to express ideas in the presence of men, just as men might be reluctant to do so with women. For example, in 2011, two mixed parenting groups were observed in Uganda. Men dominated the discussion in both of the groups. They were the small group leaders, note-takers and reporters, even though the ratio of men to women was one to five.

One approach that addresses the needs of men and women is for the women's parenting group to invite men to a quarterly meeting. The facilitator can help the women review the most important messages from the previous discussion. The women can decide which are the most important concepts and skills they would like their husbands to know and practice. Together they can plan how to have this discussion with their husbands. This builds further leadership skills development. Prichard agrees that this can be a useful approach. "I've seen this work very well as long as it is only used for information transfer (this is what we've learnt) and isn't used to hijack the men with confronting news about what needs to change from the mums' perspective" (personal communication 2011).

The family education approach used by Plan International Bolivia could provide a structure for the quarterly co-ed meetings. Its family workshop has several components:

1. Parenting discussion. If the family workshop serves as the co-ed parenting meeting, then topics for discussion are selected and planned by the women's parenting group.
2. Learning about nutrition and cooking a meal to share.
3. Making child development toys.
4. Health screening. Healthy baby check, growth monitoring, vaccinations, etc.

Co-ed parenting education is an important research area. It is important to promote the potential

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for women's empowerment through parenting education and to engage fathers as active parents. It might not be possible to achieve this in co-ed groups. However, other innovative strategies might evolve from future research.

Why is the parenting education approach the most effective?

Parent education includes a broad range of approaches to help support parents in their role as the primary teacher of their children (Child Care and Early Education Research Connections 2007). These include parenting classes, home visiting services, family literacy promotion, and mass media directed at improving child development through improved parenting. Early childhood expert, Caroline Arnold, notes that a wide range of parent education programs have been developed around the world. They tend to disregard parents' and caregivers' knowledge and achievements, even though observations and/or childrearing studies were conducted. In these programs people other than a child's parents determine what children need and then they 'educate' parents about what the parents should or should not be doing. Arnold argues that there is a need to change this perspective. She suggests that programs for parents should be developed with parents through a dialogue that respects different views and allows different voices to be heard. This process values diversity and openness in creating new knowledge and ideas. This open discussion would result in a generative curriculum, one that is created through genuine interactions with those for whom it would be created (Evans 1999).

What is disability and why is disability inclusion important?

The most commonly used definition of disability is from the Convention on the Rights of Persons with a Disability (CRPD) (2006): "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others." This definition comes from a social model of disability inclusion (rather than a medical or welfare model of disability) and means that the rights of people with disabilities must be respected, protected and upheld, and that society needs to change to ensure inclusion and eliminate barriers to participation

THREE PARENTING EDUCATION APPROACHES

1. Telling

Many proponents of parent education courses say that formal courses are the best option for improving the knowledge and beliefs of parents. In these programs, parents attend organised lectures where a specialist instructs family members about providing for a child's health, nutrition, and cognitive and/or psychological needs. There is little or no time for discussion and exchange among parents.

2. Modelling

This strategy involves having a trained facilitator discuss and then demonstrate a recommended parenting practice. It is frequently used in home visiting programs. As with the 'telling' approach, the facilitator is the one with the knowledge and the parent is the receiver of the knowledge. This method is improved when the facilitator prepares the session with a parent from the group. The parent, not the facilitator, models the new practice for the parents during the session. The method is further strengthened when parenting group members have a chance to discuss their reactions and to practice the method during the session.

3. Engaging parents in consultation and dialogue

Facilitators that engage parents in consultation and dialogue shift the power and control to the parent and the service delivered. The approach begins by consulting with parents about what they already know and what they want to know about a topic or issue. The emphasis is on working with parents to build on their knowledge and skills. It acknowledges the strengths of the parents as the basis for programming. This approach can also be used with predetermined curricula. In this case, the facilitator presents ideas for discussion rather than presenting the 'facts'. A good facilitator can stimulate parents to ask their own questions and encourage active discussion among parents as part of the process of introducing new information and skills. The most important measurements for parenting programs should be changes in parenting practices and improvements in child wellbeing. Programs that use discussion, demonstration and practice are more effective at changing behaviour than lectures and discussion without modelling and practice. Peer educators are more effective than 'outsiders' as facilitators.

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In the Philippines, Plan is working with parents from tribal communities to help ensure their children's language development is supported through mother tongue learning.

for people with disabilities. The implications for this definition are that disability is not about impairment, but the way the impairment impacts on a person's interactions and participation in society at all levels. The terminology most accepted is 'people with disabilities' or 'children with disabilities'. This puts the person first rather than the disability. Avoid using terms that have negative connotations.

Parenting programs should be inclusive of parents of children with disabilities. They are often excluded from vital early learning activities that help their transition into school. Over 90 per cent of children with disabilities in developing countries do not attend school (End the Cycle 2011). Children with disabilities might be hidden away by their families due to the stigma and discrimination they experience in their community. The attitudes of family, teachers and other children also contribute to the exclusion of children with disabilities.

Each child's basic needs are the starting point for all parenting. Parents of children with disabilities need extra support and early intervention, such as glasses or hearing aids, so they do not miss developmental learning windows. It is important not to further marginalise these families and to support them in a larger effort to help all children receive quality parenting and to have all parents feel that every child has equal value.

Are home visits or parenting discussion groups a more effective approach?

One of the most intensive ways to work with parents is through home visits by a trained home visitor. It addresses issues of care within the home and emphasises the caregiver's importance in the child's development. Parents might feel more at ease to express ideas and try out new practices in the privacy of their home. However, the approach has its limitations. Home visiting reduces the potential coverage of the program because of the time involved to visit each family. Home facilitators also need specialised training. The facilitator must be highly sensitive and not undermine the parents' position and confidence in their own home. The facilitator must also be highly trained to respond to multiple child development levels and home circumstances. It is difficult to measure the impact of visits as the outcomes depend on the circumstances of the homes visited. Often parenting facilitators are volunteers and the demands of home visits might exceed the time they have available. A community needs to clarify what they expect from home visits and decide if a group approach, such as parenting education discussion groups, might be more beneficial.

Parenting education discussion groups might have several advantages over the home approach. Parents enjoy meeting with other parents. They learn from each other, develop social support networks, and even influence each other. The approach also reduces volunteer time. Parenting groups can be separate or be offered in conjunction with other services such as home visiting, health clinic checks, and early childhood education centres.

Should parenting programs target child survival (health and nutrition), child development or learning?

Parenting programs should not solely target health, development, learning or protection. Instead, they should provide a holistic focus because all areas of the child's development are linked and interdependent. The emphasis should be on integrated programming to address the range of

HOLISTIC APPROACHES TO CHILD DEVELOPMENT

"The concept of the whole child is based on the accepted principle that all areas of human growth and development are inter-related. It is only for the purpose of studying one area or another in greater depth that categories have been created. In reality, one must be constantly reminded that all areas of growth and development are intimately related and mutually supportive. No aspect of development happens independently. Each skill, whether simple or complex, reflects a blending of other skills." (Landers, 2002)

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childhood experiences from birth into the early years of primary school.

The Consultative Group on Early Childhood Care and Development (2000) says integrated programming addresses a child's many rights in the family and community. Evaluations of single focus programs have demonstrated their limitations and ineffectiveness. For example, growth monitoring that charts children's development is a waste of resources if mothers do not have the knowledge and resources to provide the child with better nutrition. Preschool programs that try to teach a child who is hungry or who has experienced abuse at home will not produce a child capable of learning.

Programs that are effective see the child as a whole child. They work across sectors to address health, development, learning and protection needs. Past experiences have shown that integration is difficult to accomplish. Professionals from each sector might not be fully aware that success in their own sector requires that the child is also developing well in other ways. The ways that integrated programming works must be explored in the development of parenting programs that support the whole child.

Whatever the focus of the program – child survival, learning or holistic – the parent must see the impact on the child. Is the child healthier now? Is the child eager and confident to succeed in school? This is another reason why parenting programs must be exploratory, interactive and based on action. An effective approach does not just provide knowledge and practice but engages parents and caregivers in monitoring the impact of what they do on the child's survival, development and learning. Once parents realise they have the power to change their child's future, they will most likely want wider knowledge about how to do more. They will then contribute to an integrated focus for the parenting program.

How will I know the program is effective?

Parenting programs of varying quality are found all around the world, but few evaluations of them have been conducted. An extensive formative evaluation was conducted on parenting programs in the regions of Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS) (Vargos-Baron 2006). This study provides implications and recommendations for developing parenting programs. It can be relevant to countries outside the region. It also suggests possible standards in terms of criteria for effective parenting classes. Vargos-Baron emphasises the need for more scientific research to clarify what types of programs increase parenting skills, knowledge and motivation to parent more effectively.

Parenting program evaluations should be formulated at the start of the program. They begin with a clear picture of the health, development and protection status of a child who has received good early childhood care and is off to a good start in life. This needs an extended conversation to understand local perceptions about child wellbeing priorities and needs, the status of supports that exist, and the changes in families and communities that are needed to achieve child wellbeing. A parenting program can then be developed to maximise parenting strengths and to address the issues and beliefs that might impede children's development. The situational analysis will guide the development of a parenting program, as well as the selection of modules and points for discussion. Most programs lack the resources to conduct formal research. However, key findings of effective programs can be applied to programs that conduct internal, informal and low-cost impact research. Programs are advised to:

PLAN INTERNATIONAL INDONESIA – HEALTH AND DEVELOPMENT INTEGRATION

Plan International Indonesia took a deliberate approach to integrate health and development when it embarked on a new approach to strengthen parenting and early learning in its impact areas. It worked in partnership with the Ministry of Health to develop a mother child handbook, similar to UNICEF's *Facts for Life*. The approach was not as effective in changing parenting practices and improving child indicators as desired. A review and training exercise took place in July 2010. The Plan International Indonesia team wanted to adopt the parenting program presented in the workshop, and to enhance this material with more deliberate integration of health practices alongside the child development priorities.

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- establish clearly measurable goals at the start of the program; and
- focus more on specific impacts on parenting attitudes and behaviours, and less on participant satisfaction.

Examples of research questions:

- To what extent does the program affect parents' knowledge, beliefs and practices about their understanding of early childhood development and parenting?
- Does program participation affect parents' childrearing style, parent-child communication, and teacher ratings of child behaviour?
- Does a child participating in an early childhood program receive additional benefits from also being in a family that participates in parenting education programs?
- To what degree does the parenting program affect parents' use of healthcare services, and the use of health and safety promotion practices? Or affect children's health and development?
- Has the parenting program influenced improvements in gender equality, child protection and disability inclusion?
- How do the children of parenting group members perform in primary school in comparison to other children in the community with a similar socio-economic status?
- How has the parenting program increased engagement of fathers in childrearing?
- What aspects of the parenting program influenced positive attendance and participation, changes in family and community perceptions, changes in home practices and community action, and sustainability?

What indicators should I use to measure changes in parents and children?

The focus of a parenting program is to help children develop well. This guide provides a child wellbeing index on page 43 as a frame of reference for key indicators associated with health, development and protection. These indicators provide a starting point for conducting a situational analysis, identifying priority issues, and planning how the various sectors will contribute support to enhance child wellbeing. The child wellbeing indicators act as a tool for planning, reflection and impact research. Parents should be consulted with for their views about indicators for a child who is healthy, well developed (emotionally, socially, cognitively and physically), safe and protected, as well as the parents' priority concerns. The parenting program should support parents to achieve the outcomes they want for their children. In addition, the program staff should develop an awareness of the science of early childhood development, child health, and child protection. There might be times when what parents want is not in the best interests of children, according to global ECCD standards. The Stage 1 modules provide information that will support this conversation with parents.

A mother with her baby and a volunteer look at a chart that tracks the growth of babies at a nutrition post in Indonesia.

Child wellbeing indicators provide a guide for parenting program content. Additional child development milestones and indicators are also useful for parents to gain a more

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in-depth understanding about what is normal development and how to support children as they progress to the next stages of development. The *Strengthening Families* curriculum recommends the development of pictorial child development milestone cards that can be used by parents with low literacy levels. A third set of indicators is provided to highlight the 63 skills associated with school readiness and social/emotional adjustment. This chart provides the basis for the ECCD learning centre curriculum and is a helpful tool for talking to parents about how they can support learning. A companion chart suggests parenting practices that support each of the child indicators. Sample modules are provided in the parenting curriculum for discussing how to support school and life skills.

How do I use this information?

The curriculum guide covers four areas:

- Understanding parenting education key concepts and approaches.
- Designing a parenting program.
- Implementing the program.
- Evaluating the program.

The first section explains important background information about parenting education and principles that guide program design, implementation and impact assessment. This content should be included in a 'training the trainer' program for parenting educators. It is not enough for field staff to know what to do, they must know why. Take time to read and discuss the background information, facts about parenting education and the principles that should guide the program. It is important to revisit these principles throughout the design, implementation and evaluation phases of the program.

While the guide provides a great deal of parenting education theory, practical steps and implementation tools, it cannot be used without deep reflection on key questions:

- Why is parenting education needed?
- What are the changes in families that will enable child wellbeing?
- What are the principles that enable the changes to emerge?
- How will I know the program is effective?

Section C takes the reader through the design and evaluation process. The curriculum and parenting modules are found in Sections D to H. Additional tools and checklists are found in the appendices.

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PRINCIPLES TO GUIDE EFFECTIVE PARENTING EDUCATION

This section explains important parenting education principles promoted in the *Strengthening Families* curriculum.[3] These principles should be read and discussed before the design work begins. This section will provide a good understanding of the characteristics of parenting programs that influence both family and community change. These principles reveal the thinking and strategic approaches that shape the program for sustainable outcomes. It is the principles that enable parenting education to function as a strategy, rather than an activity. Sometimes it is difficult to translate theory into action. Several practical examples and implications for action are provided to further explain each principle.

1 Parenting is a core activity because families have the most influence over child outcomes

Early childhood development is considered the most critical period of human development because it influences all aspects of later life. Parents are the primary influence over early childhood development outcomes. Therefore it is important to develop parents' understanding about the importance of the early years, as well as their practical skills to provide effective care and stimulation. It is also important for parents to identify success in school as a priority concern, and for them to become informed consumers of public education. When parents gain the confidence and practical skills to improve the lives of young children, they are in a better position to make the community a better place for all children. They can also contribute to quality improvements in schools. If families are strong, there is a greater chance that various government and social service initiatives will reach the child, because demand and use by families will be strong. That is why families are a good place to begin when considering any aspect of early childhood or community development.

A mother in China has begun the important role of supporting the development and learning of her child in the early years.

IMPLICATIONS AND ACTIONS

- Vulnerable families need added support. Parenting education should be available to all parents in every community. The initial parenting groups should be selected to ensure a multiplier effect. For example, select parents who are motivated to share what they learn with others and who can become positive examples for their neighbours.
- Parenting education programs should help parents clarify their support role in health, development and learning. Even parents with low levels of education can gain the skills to significantly improve child development and educational outcomes.
- The name of the activity should capture the core values. 'Parenting leadership forums' or 'family workshops' might be a more effective name than 'parenting education'.

[3] These principles were compiled by Deborah Llewellyn in 2005–2010 and are based on literature reviews and field research.

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2 To improve parenting it is necessary to respect the cultural values, traditions and aspirations of families that shape perspectives on child wellbeing

The ultimate aim of an early childhood care and development program is to improve the ability of families and communities to respond to young children's needs and potential in a more holistic and integrated way. Communities must be able to use these programs, and they need to have a direct impact on children's outcomes and community development. What research tells us about getting good learning outcomes is that discussions about child development needs to connect to what people know and believe to be true. All knowledge systems have limitations, but it helps to realise that education is a process of gathering information from different sources and perspectives, and then evaluating its worth and usability. The process of thinking about how local knowledge contributes to or undermines a parent's goals for their children is the fundamental skill we want parents to gain in the program.

Parenting education is considered to be a core activity in an early childhood model that might also include ECCD learning programs, transitions to primary school supports, and integrated sector partnerships. The success of a parenting program is measured by improvements in child wellbeing, parenting practices associated with positive child development outcomes, and increased actions in the community to improve early childhood growth, development and protection. Parenting education begins with a situational analysis of current practices. It needs multi-sector consultation to identify the range of desired outcomes. A parenting program can then be developed to increase parenting strengths, and to address issues and beliefs that might impede children's development. The situational analysis and child wellbeing indicators guide the development of a parenting program and selection of modules and discussion entry points.

IMPLICATIONS AND ACTIONS

- Form multi-sector teams to identify indicators for child growth, development and learning, and protection, based on globally accepted, culturally adapted principles.
- Involve parents and elders to identify indicators of child growth and development that already exist in local knowledge systems.
- Conduct focus groups with leaders, parents and providers to find out:
  - What parents see as their resources and problems in achieving optimal child development.
  - What skills parents think would be really useful to them for improving optimal parenting for child development.
  - Obstacles and opportunities that exist in the community related to child health, development and protection.
- Conduct observations to learn about:
  - What parents in a community know and do well.
  - Understand the experiences of young children in the community at each stage of development and how these experiences compare with widely accepted child development indicators.
- Develop background knowledge/expertise to support each of the child development indicators. Also identify other resources that might be helpful.
- Clarify vision for the program with clearly stated measurable objectives at child, family and community level.

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3 Effective programs take a holistic child development focus, recognising that all areas of development are linked and interdependent

The science of child development clarifies how each area of development is linked to and dependent on other areas. To improve child survival, development and protection outcomes, it is necessary to ensure that the initiatives funded through different sectors (for example, health, child protection, etc) work together in an integrated way. Working with parenting groups enables a development organisation to pay attention to how various initiatives are understood and appreciated by families. A development organisation can also understand how local beliefs and perceptions might challenge change.

Often a health or education sector implements a good practice but fails to ensure that support is in place. For example, growth monitoring that charts children's development is a waste of resources if mothers are not educated in how to provide the child with better nutrition to avoid stunting. It would be difficult for preschool programs to teach a child who is hungry or has experienced abuse. The parenting groups enable us to explore how interventions that support children can be better connected. Providers will then be able to make good use of resources, and have a better impact on child and community development.

In Indonesia, posyandus (community health centres), provide health services for children under five. A pilot posyandu program in Nusa Tenggara Timur is integrating health and child development. Parents will learn to monitor development, just as they do health outcomes. The program aims for a strong health and development team. As part of the new parenting program, health workers will be provided with child development training to emphasise children's needs for psychosocial support along with good health practices. Health workers will encourage parents to maintain health and child development cards. Posyandu health workers will also be encouraged to employ an early childhood screening tool during the health check-ups. Developmental screening should take place at around 18 months to detect any developmental delays and their possible medical causes. The parenting program facilitators will encourage

A mother and child in Indonesia show a special bond. Love and nurturing is important for a young child's brain development.

TO IMPROVE CHILD SURVIVAL, DEVELOPMENT AND PROTECTION OUTCOMES, IT IS NECESSARY TO ENSURE THAT THE INITIATIVES FUNDED THROUGH DIFFERENT SECTORS (FOR EXAMPLE, HEALTH, CHILD PROTECTION, ETC) WORK TOGETHER IN AN INTEGRATED WAY.

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parents to see health professionals when children are not achieving development milestones. Both health and child development programs will work as partners to ensure holistic outcomes. The discussion guides and background notes will be developed by child development and health professionals using a template for effective parenting discussions. The template will include: review, discussion, demonstration, practice and home application.

In Bhutan, the government is committed to promoting early care and development to ensure the best possible start to life for children aged from birth to six years. The Royal Government of Bhutan sees the family as the main source of a young child's survival, growth, development, socialisation and education. It is therefore using many approaches to reach parents. The new parenting program, supported by Save the Children, will be included as a part of all newly developed early learning centres. Parenting education is expected to extend the benefits of early learning centres because parents work in partnership with caregivers to address children's needs and to promote their potential.

Parenting education topics will also be included in monthly community discussions on health topics through the Ministry of Health's basic health centre. Trained health staff and village volunteers have contact with most parents of young children. They now focus on the prevention and treatment of illness, referral and health promotion, immunisation, and antenatal and postnatal care. The Royal Government of Bhutan will also use this venue to strengthen overall child development. The government recognises that health and survival can be viewed as an entry point to social and emotional development and cognitive stimulation, and effective child development practices can improve health behaviours. The outreach health volunteers will be trained in child development. They will be asked to emphasise areas where health and development links are strong, such as nutrition. The community health clinics will also serve as the venue for monthly parenting sessions, which are designed to strengthen children's wellbeing.

In Bolivia, families in many areas have the opportunity to attend monthly parenting workshops developed by Plan International Bolivia and the Ministry of Health. At the start of each session, children are weighed and measured. The health workers provide important tips about an aspect of healthcare. Parents are then divided into four groups. One group learns how to stimulate and monitor children's physical, social and emotional and cognitive development. Another group learns about nutrition and prepares a meal. The third group makes developmentally appropriate toys. The fourth group learns how to interact with children to support learning while children play with educational toys in the 'playhouse'. At the end of the meeting parents and children come together, share what they have learned about health, development and learning, and enjoy a meal together. Child development promoters then visit the home of each family every three months to follow up on health and child development cards. This is an example of an integrated health and development program that has demonstrated improvements in child development and health indicators among participating families.

IMPLICATIONS AND ACTIONS

- Parenting curriculum should emphasise the importance of all areas of development and show how development in one area influences development in all other areas.
- Families should maintain health and child development cards. Health clinics should provide periodic developmental screening and be prepared to identify resources for families when developmental delays are identified.

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4 Parenting education has the potential to build bottom-up leadership among people who are normally excluded from participation, such as women and the extremely poor. Selecting members to reach the ultra-poor and marginalised needs new ways of working with communities.

Many non-government organisations (NGOs) are successful in developing community-level leadership in marginalised communities, and in engaging the community in decision-making and development. However, these efforts do not always reach the poorest and most excluded segments of the population in ways that improve the quality of their lives and their children's futures. A new way to approach this is to find out how a group of ultra-poor families can be empowered to become sustainable agents for improving child wellbeing. People considered as the most excluded tend to shy away from contact with formal institutions because they view themselves as outsiders. They lack the confidence, capacity or motivation to interact. Unfortunately, this is because one measure of child wellbeing is the number of contacts the mother has with formal institutions during a particular timeframe. Parenting education is a low-threat activity for poor and uneducated parents. They enjoy talking about their children and it appeals to their needs and interests: all parents love their children and want something better for their future.

Engaging the poorest members of a community requires particular ways of working. Uganda CLAC learned that holding a community-wide meeting about parenting education was not effective in reaching the most disadvantaged families. The Uganda team recommends conducting five or six informal focus groups with parents at the neighbourhood level to assess the status of ECCD supports in the early childhood years, and to generate interest in parenting education. Most of these discussions need to be held with the most vulnerable and excluded families. The discussion might focus on their interest in participating in a parenting group, and their ideas about members for a parenting group. This is to ensure that families will become sustainable agents for modelling improved practices in the home, and for addressing community barriers to early development.

IMPLICATIONS AND ACTIONS

- Most activities planned for people who live in poverty actually measure levels of interest and participation from those with perceived higher status, not the poorest. Finding the poorest requires a new approach.
- When leaders are asked to help in identifying parenting facilitators or parenting group members, their selections are sometimes political or familial. Explain the goals and ask for their advice on how to reach families that are generally unreachable. Recognise that it is up to you to find the targeted beneficiaries.
- Door-to-door outreach is required. If you want to involve people who live in poverty in parenting education you have to use different channels to reach and invite them, such as spending time walking in the community, chatting informally, showing friendliness and positive interest in their children and lives, and starting informal parenting discussions to identify potential facilitators and mentors.
- Develop a set of criteria for parenting group membership. If you meet with the right people at the initial stages, they will become aware of what is planned and see its value. Ideally the members will be self-selected, but that means all the initial group meetings must target the families you want to support.
- While the focus might be on the ultra-poor, outcomes might be greater if there is a mix of social and education levels.
- To achieve ultimate goals for community change, it is necessary to build social inclusion and for the group to be in a good starting position.
- To practice leadership, invite parenting group members to take turns as co-facilitator for the session. The trained facilitator should make a visit to that home, discuss the next topic and its relevance, and jointly plan discussion and demonstration components.

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5 Parenting interventions should empower families. Parenting programs that build leadership among people living in poverty are not 'lesson driven', but instead are 'capital producing'.

An integrated sector approach to parenting education helps to develop 'family capital', a broader set of skills that affect the ability to provide for children. A new and broader conception of parenting education proposes that effective parenting groups are not 'lesson driven' but 'capital producing' (Picus and Associates 2009). Capital is a set of valued resources that people gain, accumulate and use toward a purpose. Family capital has human (knowledge), social (cultural), and political (citizenship) aspects. Human capital refers to training, skills and knowledge about child development, and personal skills that have an impact on how well the family can provide for the child. Social capital includes interpersonal skills and connections between families, neighbours and the community. It creates an environment of support and education, and enables marginalised families to gain the confidence to interact with institutions and services. Citizenship capital (also referred to as political capital) increases the ability to access child services and education that relates to decision-making processes and advocacy roles. The focus is on engaging members to promote more supportive community environments for children and families. It builds interest in working as a team to address issues that affect all the children in the community.

For children's lives to improve, their parents must have the confidence and skills to interact with service agencies such as primary schools and health centres. They must also be able to recognise and promote community activities that positively affect their children. As children enter the primary school years, they need a strong and caring community that provides a safe place to live and play. They also need opportunities for school success and to contribute to community development. Parents have to be engaged in their children's learning. With this in mind, parenting groups should reduce the fear of talking to teachers, and help parents see how they contribute to a child's preschool and primary school success, even though they might have low levels of literacy or formal education.

Parenting programs might also have a role in linking parents of poverty with additional services or to improve child development services in the community. Children will benefit when parents have improved skills and the confidence to interact with and use various social services such as health centres and schools, and self-help activities such as micro-credit programs, literacy classes, poultry or agriculture production to improve household nutrition. Parents with additional skills might start an ECCD playgroup or organise an out-of-school time club, learn to read to their children, or grow a household garden to improve nutrition. When parenting facilitators enlist people to support parents to achieve these goals, it might actually strengthen the social fabric needed to change the future for children living in poverty.

IMPLICATIONS AND ACTIONS

- Aim to enhance individual ability, and the family's ability, to solve problems for themselves.
- Support parenting education links to literacy programs, village savings and loan programs, small business development, agriculture production, etc.
- Build warm, caring relations between members. Create a feeling of belonging by modelling new ways of sharing and responding to personal experiences.
- Make sure the groups are fun, that laughter is shared, and there is respite from a hard day's work.
- Coach members to talk to health practitioners, school officials, and other child service providers.
- Encourage group members to reach out to extremely marginalised parents such as teen mothers, mothers of children with disabilities, and families affected by illness.
- Take a family approach to parenting education, while also ensuring women's empowerment to negotiate with husbands or extended family members to use more effective childrearing practices.

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6 Effective programs build on existing strengths to create energy for change

A lot of important information about effective and harmful practices already exists in the community. A role for parenting education programs is to help parents do more of what they know is effective and to work toward reducing harmful practices in the home and community. This requires specialised parenting education and an effective facilitator. Facilitators must think more about what they can learn, which is as much as what they can teach. Appreciating and building on strengths can provide marginalised communities with the energy for change. Many of the obstacles to effective child development require the evaluation of beliefs. This will not be accomplished in a didactic program that focuses on what parents are doing wrong. It should be one that empowers people to believe they can change their child's future.

IMPLICATIONS AND ACTIONS

- To feel safe, parent groups should be small (no more than 30 members) and maintain the same members over time. Each member's contribution must be acknowledged and respected.
- Plan several sessions that focus on helping parents appreciate their significant role in a child's life, and reflect on parenting practices in the context of past experiences, local beliefs and a positive vision for the child's future.
- Establish rules of respect while people are expressing ideas. Model active listening and acceptance.

A parenting program in Laos supported by Plan helps parents learn new skills for using toys and games to stimulate all areas of child development.

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7 In-depth dialogue in discussion groups is more effective than awareness campaigns

Awareness campaigns are not effective for changing behaviours. Adults might listen to an idea and discard it because it does not fit with their way of seeing the world. It is not a matter of 'hearing' a message. A person needs to decide that the message has value in their life. They then need to have the desire to change, and to have access to a new practice to replace the old.

Adult learning is best achieved in dialogue[4]. The facilitator must spend time developing caring and respectful dialogue between members. This creates an environment where people are comfortable to discuss childhood experiences and life stresses that prevent them from using 'information' about child development and learning. If these discussions are helpful, enjoyable and empowering, they will most likely want to meet on a regular basis. They will learn from each other, develop social support networks, and even influence each other. This 'appreciative approach' is based on the belief that parents change most easily if they have a positive image of their own ability to bring good outcomes for their child.

Through dialogue, 'positive deviants' are identified. These are people who have special attitudes and behaviours that enable them to be more successful parents than others who have the same resources and conditions. Positive deviants are role models to others, and they are potential parenting group leaders. They are the primary catalysts for change. They should be identified, provided with extra skills-building support, and given leadership positions within the parenting groups, or as facilitators.

IMPLICATIONS AND ACTIONS

- Members should sit in a circle. Talk between members is as important as talk between members and the facilitator.
- The group should develop guidelines for talking and listening respectfully to appreciate one's own efforts and those of others.
- Facilitator needs the skills to probe: *Please explain more about that. Does someone have something to add? Does someone have a different view about this?*
- Facilitator needs the skills to respond when parents describe a view or practice that is considered harmful to child development.

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[4] Adults have enough life experience to be in dialogue with any teacher about any subject, and will learn new knowledge or skills best in relation to that life experience.

8 Effective parenting groups reflect priority concerns and include a structure of review, discussion, demonstration, practice and action components

At the beginning, parenting programs need to provide some foundation skills that generate a demand for child development knowledge (see the Stage 2 modules). Subsequent parenting program content works with priority issues and needs, rather than random or interesting topics that are less essential to their lives. Effective parenting groups enable members to influence the topics that are discussed. As parents discuss childrearing, there are questions that arise and areas of interest for which new knowledge and skills are wanted. Topics come from the issues parents raise and from the risks in the community that affect child outcomes. When parents discuss a topic they should understand what children need, and why, and then what is required of them. They must have the chance to discuss current views and experiences that might prevent them from accepting new knowledge. They benefit when facilitators show concrete practices to replace the old, and when members then practice these new skills as part of the session. It is not a matter of 'hearing' but deciding it has value and then getting comfortable with a new way of interacting with children. Parenting groups that begin each session with time to talk about how new practices were applied, and how children responded, are honouring the focus on action for children. Key elements of effective groups include discussion, demonstration, practice, application at home, and a review of the experience.

IMPLICATIONS AND ACTIONS

- Give parents the opportunity to discuss what they want to learn, and to influence the curriculum content.
- When teaching new skills, give parents the opportunity to practice the new skill, and to explain their concerns and issues related to the practice.
- Parents should also provide feedback on what happened when they used the skill at home. Other issues and concerns might arise. For example, the father might oppose a discipline method that is presented, or an older child might break the toys that the mother made for the baby. Parents in the group can help to troubleshoot these problems. In addition, the facilitator should keep a record of these issues, and discuss them at the next three-month review. They provide rich insights about what the program is doing well and how it can better respond to the real-life situations of the families.

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9 Parents with low literacy levels can promote child development and learning with effective tools

When parents are non-literate, do not assume that they are unintelligent. Parents who are knowledgeable about child development will make good 'first teachers' for their children. They have the skills to ensure quality in preschools and ECCD centres. This requires giving tools that parents with low literacy levels can use to monitor and support child development.
In this parenting program, parents will receive their own pictorial child development cards that enable them to monitor development from birth to six years. They will receive a toy-making guide that enables them to produce stimulating toys for each stage of development. Finally they will practice using a tool that enables them to conduct parenting discussions with friends and neighbours.

IMPLICATIONS AND ACTIONS

- Provide pictorial tools that help them understand and access knowledge.
- Speak in plain language and connect facts to everyday experiences.
- When an idea seems strange to them, talk it out. Provide a model so they can see how it is done. Let them practice, apply at home and then discuss some more.

Pictorial tools are used in Indonesia to help parents learn about the importance of breastfeeding.

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10 Effective parenting groups model how children should be treated and cared for

Parenting program facilitators should be child- and parent-centred. Nursing babies and toddlers will need to attend with their parents. If parents have to bring older children with them to the meeting, then they must be provided with safe and interesting things to do. One important way to model the effective care of children is to set up an informal play space for infants and toddlers who attend the parenting meeting. The facilitator should engage members to plan and implement the activity. A suggested arrangement is to provide mats for the children and to prepare two toy bags with no-cost toys that stimulate growth in different age groups from birth to one year, and two to three years. If no ECCD centre program exists for children aged four and five years, then the playgroup activities should also provide for them. This enables mothers to concentrate on the discussion. It also gives young children a chance to overcome their fear of strangers and to make their first friends. It gives facilitators and parents a ready source to 'model' new practices being discussed at the meeting. Parents might organise a rotating schedule for older children or adolescents to play with the babies during the session. A short training course could provide them with some tips on activities and interactions with children. Older primary school children might enjoy making toys for the babies. From these experiences, parents might be encouraged to start playgroups in their own neighbourhoods or work collaboratively to develop an ECCD centre.

IMPLICATIONS AND ACTIONS

- Plan materials and activities for the children who come with their parents.
- Engage adolescents to help with caring for the children while the parents talk.
- Encourage primary school children to make the toys and gather materials for the parenting playgroup.
- Store materials in bags, according to age appropriateness. Assign mothers to store the materials and bring them to the meeting.

In Laos, grandparents also play a vital role in supporting child development.

Parents and caregivers in Uganda are involved in making learning materials for children as part of Plan's Community Led Action for Children project.

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11 Effective parenting groups promote disability inclusion

Disability inclusion in parenting education is essential to ensure that all children are able to participate, learn and contribute according to their evolving skills, and to reach their full potential.

Diversity is a fact of life. Difference is normal. Some people are excluded from society because of difference. Inclusion is about society changing to accommodate difference, and to combat discrimination. Tolerance for differences and respect for the opinions and experiences of others is a core value of the parenting group. The parenting groups can be influential for building inclusive community practices by removing the barriers that exist, building capacity of families to support their children with disabilities, and improving community support for parents and children with disabilities.

Benjamin lives in the Solomon Islands and uses a wheelchair to move around. He wants to go to school but has experienced many barriers to this. Parenting groups that promote disability inclusion can help children like Benjamin reach their potential.

IMPLICATIONS AND ACTIONS

- Identify and reach out to families of children with disabilities and to parents with disabilities. Set up parenting networks to support people with disabilities. Help build partnerships between people with disabilities and their local community.
- Include discussion about disability and inclusion when discussing normal child development.
- Contact local disabled people's organisations and look for opportunities for collaboration. Invite a person with a disability to talk to parenting groups.
- Help families to access specialised training (eg sign language) if needed, or specialised services (eg speech therapy) to help with skill development.
- Identify physical and attitudinal barriers that decrease access and participation of people with disabilities. Consider the location of parenting group meetings to be accessible to people with disabilities.

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12 Effective parenting groups promote child protection

When we think about child wellbeing we generally include three sets of indicators: healthy body, development and learning, and protection/ participation. All areas of development are interdependent. For example, physical and emotional abuse, neglect, sexual abuse and exploitation undermines child protection, as well as the child's health, cognitive and emotional development. There is need for greater understanding about child abuse and neglect issues that exist in the community. There is also need to reach a shared understanding about what constitutes children's rights to protection and the changes in attitudes and practices that are required for children to be safe and protected. Child protection is an important action research topic.[5]

Within Plan International, "Child protection is the term used to describe the responsibilities and activities undertaken to prevent or to stop children being abused or ill-treated. In more detail this means protecting children from specific acts of intentional or unintentional harm, which might harm them physically, emotionally, sexually or by neglect". Parenting programs have unique leverage to localise and take action on Article 19 (general protection from all forms of abuse and neglect); Article 34 (right to protection from sexual exploitation and abuse); Articles 2, 3 and 6 (basic principles of child's right to life, survival and development, non-discrimination and of the child's interest being paramount); and Article 12 (right for a child to have views heard and taken into consideration) of the Convention on the Rights of the Child.

IMPLICATIONS AND ACTIONS

- Develop a shared understanding about the meaning of child protection, particularly the responsibilities and activities undertaken to prevent or stop children being abused or maltreated.
- Develop a community-led child protection structure (such as 'child watch'). Promote community dialogue to set a community standard that physical abuse, emotional abuse and neglect is not acceptable, and plan ways to improve the treatment of children.
- Develop a strategy to address family violence. This might include more participation by fathers in the family workshops, and more direct discussion about the problem and how it affects the children.
- Teach positive discipline (versus punishment) techniques in the parenting classes. Discuss how positive discipline contributes to academic and future productivity, and what harm comes to children from corporal punishment. Increase opportunities to model and practice unfamiliar concepts (eg conversation with children or setting guidelines for children's behaviour) that contribute to child protection and development. Improve understanding about child protection indicators and the variety of ways children can practice these skills.

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[5] Action research is a form of investigation or 'learning by doing' that involves exploring an issue or challenge to increase understanding of practice with the aim of solving real problems.

13 Effective parenting groups promote gender equality

The parenting program promotes the development of the full potential of every girl and boy. To achieve this, gender-based discrimination and bias must be addressed in the program. Under UNICEF's Convention on the Rights of the Child, girls and boys have the same rights and entitlements to human rights, but they face different challenges in accessing them. In many families, communities and societies in which they live, girls and women are given less social status than boys and men, based on social and cultural beliefs and attitudes about the roles of women and men, and the unequal distribution of power and control between women and men and between girls and boys. In many countries, across a range of wellbeing indicators, girls and women face systemic disadvantages in health, education, nutrition, participation in the labour force, and the burden of household tasks. While some progress is being made in gender equality, overall, girls and women tend to be less educated, less healthy, have less access to services and resources, and are more limited in their life choices than boys and men (Levine, Lloyd, Greene, and Grown 2009). For many women and girls, gender-based violence and fear are part of their everyday lives. Some are married early and motherhood comes before their bodies are able to bear children without harm.

The parenting program provides the opportunity for women to build self-confidence, and the knowledge and skills to strengthen their capacity to shape and support their children's wellbeing and positive life outcomes. They can then be empowered to negotiate relationships and opportunities.

The parenting program should focus on strengthening women's awareness of their rights and contribute to strengthening family relationships in ways that promote gender equality in the household. It is important to create opportunities to explore gender-based decision making and the distribution of domestic work and resources in the family, and how this affects the wellbeing and opportunities of women and daughters when compared to husbands and sons.

It is also important to increase fathers' knowledge about child development and their role in taking care of children. Evidence shows that children benefit when parenting is shared. In addition, it is important to engage fathers in discussions about gender equality. In many communities and societies, men hold the key levers of power, and therefore they have the power to bring about change. This is also true in the family, where fathers have a key role to play. Their attitudes and actions will influence how both their sons and their daughters behave, think and feel throughout their lives, and will influence their access to resources and opportunities (Plan International 2011). (See Section B: Frequently asked questions about parenting education for more information about co-ed parenting education.)

IMPLICATIONS AND ACTIONS

- Learn more about community views on gender equality. Promote discussion about how gender-based discrimination and bias impacts on the wellbeing of boys and girls, limits family and community development, and contributes to poverty.
- Encourage mothers and fathers to pay close attention to differences in their aspirations, expectations and treatment of their sons and daughters. What has shaped the way they think about their sons and daughters and how they treat them? Is there reason to change these practices?
- Encourage mothers and fathers to think about how gender has shaped their own personal and professional lives, while exploring and challenging their own attitudes and behaviours in ways appropriate to local context. What are the relationships between family members and differences in how access to resources, domestic chores and decision making is shared in the household between husbands and wives and sons and daughters? What has shaped this? Do family relationships, access to resources and the division of chores equally support the wellbeing of sons and daughters?
- Use facilitation processes that build women's empowerment.
- Support fathers to think about their own role in challenging gender inequality.

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14 Effective parenting programs design for scale-up

Most parenting programs are designed as pilots and they are rarely scaled-up. Achieving the potential benefits for children, their families and community needs strategic thinking on a broad population scale. Change might occur in small pilots that have unsustainable inputs of time and resources. Avoid this by designing the scale-up to serve an entire region. Pilots are important for validating and improving the methodologies, while also enabling parenting group members to participate or lead the scale-up. There are four important aspects of scale-up:

1. Make sure that parenting group members are committed to improving their own practice and sharing strategies with others in the community.
2. Make sure the parenting group facilitators are deeply committed to community change for children, and are held accountable for effective facilitation and monitoring impact.
3. Take into account a mapped expansion strategy when selecting facilitators and locations for core groups.
4. Implement a program advocacy and partnership strategy with more organisations from government, civil society and the private sector for collaborative learning and expansion.

The objective shouldn't be to implement 'parenting education' but to demonstrate how a 'parenting education strategy' can improve child development and community supports throughout a targeted area of high-risk families. Think of parenting education as a force for change.

Both the selection of parenting facilitators and group members should take into account plans for future expansion. Facilitators should be geographically dispersed in a way that enables them to train others in their area later. Parenting group members who are motivated to learn, committed to change and willing to share new knowledge with neighbours are a better investment than those who are passive during the meetings and reluctant to apply knowledge and improve parenting. As mentioned, in this way, parenting group members can participate in the scale-up.

To improve the scale-up, program managers should participate in coordination activities and networks that link all the main actors and involve parents in ongoing planning. They should conduct ongoing monitoring, special evaluations and action research to ensure that the parenting approach is making a difference and that continuous program innovation and quality improvements are evident. A program advocacy plan should ensure that programs are sustainable and go to scale if the parenting program demonstrates that vulnerable families with effective supports can improve child outcomes.

Parents in Timor-Leste show their children the importance of hand washing for good health and hygiene.

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PRINICIPLES TO GUIDE EFFECTIVE PARENTING EDUCATION

Offshoot parenting groups are expected to emerge from the core group if the training has provided them with in-depth knowledge about child development, and adequate skills and commitment to take a community change role. Maximum investment from skilled trainers is needed for the support and skills building of core parenting groups in each community. It is believed that the provision of in-depth support and training to small groups of 20–30 families over one to two years will be more effective than the delivery of messages in large-scale community meetings and mobilisation drives. A core group of 20–30 families, with parenting knowledge and practices in place, and the skills to work as a team, might be a better investment for sustainable community change for children. Another approach is to develop initial parenting groups from the parents of children attending the ECCD centres. These parents are often convinced about the impact of early childhood education. They understand the importance of making it available to all children. ECCD centre parents can become strong agents in leading community action for children.

IMPLICATIONS AND ACTIONS

- Think strategically and design for scale-up from the start.
- A parenting program must include a vision for how the initial groups can continue to consolidate knowledge, and how these groups can lead to other groups.
- A parenting program must also include a vision and method for reaching more parents through partnerships and links.
- Facilitators should be geographically dispersed in a way that enables them to train others in the area later. The locations for the first groups are strategic.
- Establish the criteria for the parenting facilitators, and a description of the role. Share the information in the broader community for transparency, but assume that finding them will require work by the program managers and lead trainers.
- One way to identify potential facilitators is to begin with parenting focus groups that are designed to generate community dialogue about parenting strengths and needs that will help the children develop well. Note those who speak up and are listened to by others, even if they might be doing things outside the community norm. Early childhood centre teachers are a good source for parenting educators.
- The trainer will need to spend time walking in the community, talking with families and inviting them to attend the focus groups. Those who attend the focus groups might show a special interest in attending the parenting group.
- Engage community members to help establish the criteria for parenting group members and promote the concept in the community.

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15 Effective parenting programs prioritise rigorous monitoring and evaluation

The success of a parenting program is measured by: improvements in child wellbeing; improved parenting practices associated with positive child development outcomes; and increased actions in the community to improve parenting, early learning and child services. Results monitoring will inform the team about the success of the strategy and any need for changes in the strategy. Most programs lack the resources for formal research. However, key findings of effective programs can be applied even to programs that conduct internal, informal and low-cost impact research. Programs are advised to: establish clearly measurable goals at the beginning of the program; and focus less on participant satisfaction and more on the specific impacts on parenting attitudes and behaviours.

There are many advantages for involving field staff in data collection and review. This will help them stay focused on outcomes rather than inputs, feel more engaged in the work, and be more aware of the impact they are having.

Record keeping is an essential role for all program implementers. Facilitation guides can be designed with step-by-step directions that help facilitators develop new ways to respond to comments and interact with the group. Completing a self-monitoring form immediately after the session helps community facilitators reflect on practice. It helps them be more intense listeners because they will need to remember what was said to record it later. This builds active listening, which is needed for good facilitation. Parenting supervisors should use the same forms when observing parenting sessions. This provides a concrete way to discuss perspectives about the same event and to further improve facilitation skills.

There are two ways to measure changes in practice. Parents self-report how they applied new knowledge from the previous session. Home visits will enable implementers to observe and measure changed practices in the home. Facilitators can involve these families in consultation by asking how they have been able to use the information and what changes they might recommend. Where parenting group members share the role of co-facilitator, the facilitator can collect this information

Plan-supported parenting programs in Indonesia encourage changed practices in health and hygiene behaviours.

Parenting programs in China encourage parents to use outdoor activities as a learning opportunity for children.

Parenting programs in Vietnam help build support for, and understanding of, the importance of exclusive breastfeeding for child health and development.

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when they go to that home to discuss and plan the next session.

Effective parenting programs also engage parents in monitoring the impact of their actions on the child's growth, development and learning. In doing so, participating parents, in spite of high poverty and low education, will realise they have the knowledge and skills to change their child's future. Through participation in the parenting program, parents and guardians will:

- realise their influential role;
- gain parenting practices;
- learn to use tools to monitor and stimulate development;
- initiate child development discussions among joint family members and neighbours; and
- gain the confidence and competence to access the required services for their children.

It is hoped that the initial phases of a parenting program will stimulate further demand for knowledge and skills, and therefore contribute to a growing integrated approach to addressing children's needs and potential in a holistic way.

IMPLICATIONS AND ACTIONS

- State assumptions and rationale and then develop simple, integrated monitoring tools to know if the program is changing parenting practices, child outcomes, and is having a multiplier effect.
- Consider providing each parent with a notebook to record pictures or words to capture the major decisions agreed upon, and to record how they used the practice in the home. Review experiences in a group setting. Facilitator notes the level of use and success, as well as ideas and suggestions from parenting group members.
- Provide each facilitator with a monitoring tool to be completed after implementing the session. Facilitators should discuss findings from each session. This will enable them to provide valuable recommendations for improving the content and facilitation methodology.
- Use parenting group members as co-facilitators to help shape the content for the local context, and to provide feedback on the perceptions of participants. When the facilitator visits the home for planning, the opportunity exists to observe changes in the home due to the parenting program.
- One individual should take on the role of trainer, supervisor and mentor to a group of parenting facilitators. Field visits should be regularly scheduled and observations recorded about process and outputs. Quarterly training provides the opportunity to collect and review field data.
- All members of the team should conduct special studies that take a closer look at changes in people due to the interventions (eg changing parental practices in one family due to parenting education, or changes in a parent's approach to discipline). Case studies also track solutions for complex issues for which there are no easy answers (eg changes in home practices that increase language and literacy development, or how to engage fathers and how this effects children). This ongoing data collection is reviewed at the quarterly training sessions or at semi-annual meetings focused especially on these investigations.
- Develop village profiles. Key strengths and issues identified in the special study are recorded and tracked over time.
- Develop appropriate means to track changes in child wellbeing in a sample group of participants' children.

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16 Parenting program managers and field teams should prioritise time for professional reading, reflection and documentation

The science of early childhood development is growing rapidly. Professionals need high levels of expertise to do the work. The team needs to invest adequate time for studying child development to appreciate the enormous range of skills, talents and aptitudes that are formed before eight years old. This is especially important to understand the holistic nature of development and the links between physical, affective and cognitive development.

During the parenting discussion any topic might come up. The facilitators should respond honestly when they do not know the answer to a question. Make a note of these topics, follow them up with research and reading, and then provide feedback to the parenting group members at the next session. All management staff and field facilitators should be provided with a set of professional readings. They should be expected to read and discuss selections at monthly team meetings. The internet is another vast resource for accessing information.

All team members should move together in implementing the parenting curriculum, rather than encouraging people to develop their own strategies. This will build a sense of a team. It also helps maintain momentum, and ensures there is continuity across programs. It also enables team members to gain the background knowledge required for each session, and for them to be able to provide accurate information during the session.

Note taking and documentation are other essential skills. All field team staff should carry a notebook, date entries and be asked to discuss their observations during monthly meetings. The central work of ECCD model development is to understand the vulnerabilities of excluded children and their families, and to develop a system of supports that change outcomes. It is an ambitious goal that requires professional standards of behaviour, and a focus on inquiry and reflection.

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ESTABLISHING THE RATIONALE AND PRIORITY ISSUES FOR PARENTING EDUCATION

Parenting education can be a useful tool for improving early childhood outcomes. However, the rationale must be clearly established.

An essential first step is to clarify why parenting education is needed. We might refer to this as the 'thinking level' of program development. Useful questions include:

- What is the vision for early childhood wellbeing that prepares children well for school and life success?
- What is the actual status of children in the home and community relative to this vision?
- Where are the gaps and priority issues revealed?
- What is the change we want to see in parents that leads to change for children?
- Why is this so important?
- What does this mean for the way we think about the program?

Plan works with families from ethnic minority groups in Vietnam to support child development.

Consider the following steps:

1. Identify child wellbeing indicators.

To assess child wellbeing, it is helpful to think about the three categories of indicators, which are health, development and learning, and protection/participation. Think about critical indicators that should be in place by the time a child reaches eight years of age. Conduct independent research or consider using the child wellbeing index on page 43. While the chart might serve as a basis for thinking and planning, it is essential to consider the cultural context and adapt indicators for national norms and expectations.

It is also important to recognise the holistic nature of human development. While the chart suggests specific indicators for each category, these are actually inter-related and mutually supportive. It means, for example, that we need to understand the cognitive, social, emotional, protection and participation dimensions of feeding children, not just the clinical and nutritional aspects. That is the only way that measured outcomes will be achieved because these other influences can prevent and/or enhance the capacity to make use of new information.

In the category of development and learning, more specific information about child development milestones

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Parents in Uganda attend a parenting group meeting as part of Plan's Community Led Action for Children project.

FOCUS GROUPS WITH PARENTS ARE ESSENTIAL FOR ESTABLISHING THE RATIONALE AND FORMULATING THE PROGRAM CONTENT.

for social and emotional, physical, cognitive and language development, as well as approaches to learning, will be needed. These are the indicators used by parents to monitor and stimulate age-appropriate development. ECCD centres or playgroups use these in planning appropriate curriculum for children at different ages and stages of development. Child development milestone charts are provided in the appendices. They can be reproduced with pictures, which enables parents with low literacy levels to use them.

2. Facilitate discussions with parents to understand perceptions about child wellbeing.

Even parents living in extreme poverty have substantial knowledge about child wellbeing. They certainly know what their own priorities are and can describe the status of their own children in relation to their highest hopes and expectations. It is important to understand their perspectives about the challenges and obstacles that exist in their home and community that threaten child wellbeing. It is also a good time to engage them in thinking about what information and skills they need to achieve the results that they want for their children.

These focus groups with parents are essential for establishing the rationale and formulating the program content. Parenting group modules for understanding the priorities, status and needs of children in the three child wellbeing categories are provided in the Stage 1 modules. These can be used when conducting a situational analysis on early childhood development in targeted communities. These are also recommended as entry discussions for any new parenting group that is established in the community. It is hoped that these focus group discussions set the tone for a parenting education approach that builds on existing knowledge and group assets to strengthen childrearing practices. It is also hoped that they create demand for more child development knowledge and skills.

3. Identify priority issues and determine how these might be addressed and evaluated in the parenting program.

Information from the parenting discussions can then be compared with the child wellbeing indicators. Note the indicators that the parents are aware of and have attained. These are not the priority concerns for the program; they are the assets the parents bring to the program. Instead look to the areas that parents prioritise but are unable to achieve due to lack of knowledge, skills or resources. These are priority issues of the program that emerge from parent demand. There might be other indicators not mentioned by the parents, but they are considered a priority by the development organisation. These should be addressed in the parenting program. Parents will respond well if the organisation describes the parenting program as a tool to help them achieve what they want for their children, and asks permission to introduce some discussion about other areas that the organisation thinks might be important for good child outcomes. The program's success will be measured by changes in knowledge and practices to achieve the priority indicators.

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CHILD WELLBEING INDEX[6]

HEALTH/GROWTH	COGNITIVE/PSYCHO-SOCIAL	PROTECTION/PARTICIPATION
1. Fully immunised, takes vitamin A supplement, and is de-wormed.	1. Child likes self and feels valued.	1. Birth is registered and certificate provided.
2. Breastfed exclusively for first six months; includes colostrum; no other food or drink provided.	2. Has at least one friend.	2. Knows name, address and guardian's name.
3. Eats three nutritious meals every day; includes protein, fruit and vegetables; eats breakfast before going to school; eats from own bowl to measure sufficient quantity for age; girls and boys served same amount and quality.	3. Shows acceptance of people who are different.	3. Receives consistent love and support from primary caregivers.
4. Has shelter that is hygienic, safe, warm and dry.	4. Solves conflicts without aggression.	4. Neighbours provide caring support and supervision against physical and emotional abuse/harm.
5. Has clean place to sleep and gets approximately ten hours sleep per night; girls and boys have the same quality bedding and hours of sleep.	5. Follows through on simple tasks to take care of self and help others.	5. Begins to sense dangers and seeks help from trusted adults.
6. Uses toilet and washes hands with soap after toilet and before eating.	6. Is learning to practice cultural and spiritual values.	6. Can distinguish between right and wrong, truth and lies.
7. Drinks safe water.	7. Curious about things around them and actively engaged to 'find out'.	7. Can resist peer pressure.
8. Brushes teeth before sleep.	8. Persistent and creative in solving problems.	8. Child's guardians are aware of where and what child is doing at all times.
9. Girls and boys participate in recreational activities every day.	9. Asks questions without fear.	9. Child and guardians know how to report and respond to child protection violation.
10. Provided time for physical exercise in a clean and safe outdoor environment every day.	10. Has time and materials for enriched play and learning with friends and mentors in the community.	10. Can identify at least one source of adult support.
11. Can identify health worker within their community and seeks their support when in need.	11. Has a conversation with adults that builds language, knowledge, thinking skills and sense of competence every day.	11. Child understands, can follow and achieve positive guidelines for behaviour.
12. Weight and height normal for age.	12. Is read to and told stories.	12. Able to control own behaviour and impulses.
13. Provided medical care when ill, without gender discrimination.	13. Engaged in learning: participates in ECCD centres (four to five years) and primary classrooms that promote social, emotional, physical, cognitive, and language development; and achieves quality scores for emotional and instructional support.	13. Shows empathy for peers; stands up for what is fair and right.
14. Knows/practices accident prevention relative to setting.		14. Able and allowed to make small decisions appropriate to age and capacity.
	Note: When assessing child wellbeing ensure that girls, boys, children with disabilities and those from other vulnerable groups are valued and treated equally. Children with disabilities should be assessed and provided with necessary referrals and appropriate support.	15. Communicates needs and views and feels that views are taken seriously.
		16. Participates in activities that cross gender barriers.

Revised April 2012

[6] Deborah Llewellyn compiled these indicators from multiple sources, with assistance from Plan International country offices in Australia, Finland, Uganda, Egypt, Indonesia and India, and Save the Children offices in the US, Mozambique, Tanzania, Bangladesh and Bhutan. Plan International Finland and child protection consultant Stephanie Delaney provided valuable input for child protection indicators. The indicators should be in place by the time the child reaches eight years.

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SECTION C

DESIGNING AN EVIDENCE-BASED PROGRAM

Right: A mother carries her young son in Ethiopia. Plan is supporting the CLAC parenting program in Ethiopia to help build the knowledge and skills of parents for improved child wellbeing.

FRAMEWORK FOR PLANNING AND LEARNING

Parenting programs include planning, implementing, evaluating and scaling-up phases.

- **Program logic phase** – establish rationale for the program, clarify changes you want to see, create a results framework with goals and major objectives.
- **Planning phase** – develop design, identify the important actions that will lead to the objectives, clarify outputs and identify inputs needed to resource activities and achieve outputs, establish implementation structure, the content and materials, the personnel selection and training plan, and the budget.
- **Curriculum development phase** – consider what you will teach, why and how.
- **Implementation phase** – consider how the program will be managed, how it will function in the community, and how field personnel will be supervised and mentored.
- **Training and supervision phase** – ensure that the field staff will be able to implement the program effectively.
- **Monitoring and evaluation phase** – look at the inputs, outputs, processes and outcomes of parenting interventions.
- **Scale-up phase** – incorporate lessons, refine program for better outcomes, and build partnerships for expansion.

In Laos, Plan is supporting parenting education in remote communities.

The parenting program model development checklist describes important things to think about and do during each program development phase. Before the planning phases begin, clarify the rationale for the program. The most fundamental question is, *Why are we doing this?* Think about the changes your team wants to see in children, and the changes that families and the community want to see. The child wellbeing index on page 43 offers a reference for identifying important health, development and learning, and safety and protection indicators associated with early childhood readiness to succeed in life. Selected indicators should reflect both global and local thinking about good development for children.

Next, develop awareness about the current status of child wellbeing, and the existing needs and priorities that are identified by parents and program staff. Think about changes

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in parents that will contribute to changes in children and the type of parenting supports that will bring these results. Practice habits of reflection (become more aware of own thinking and reasoning) and inquiry (asking others about their thinking and reasoning) during all phases of planning, implementing, evaluating and scale-up. This practice will generate knowledge, strengthen professionalism, and enhance outcomes.

It is also important when planning, designing and evaluating your parenting program to ensure that the program is sensitive to gender discrimination and other forms of inequality and exclusion. The parenting program should include strategies to address these. This means ensuring the collection of gender and disability disaggregated data, as well as gender analysis in all key aspects of the development, delivery and evaluation of the program, including the situational analysis, goal setting and the measurement of results. It is important to recognise that boys and girls have unique needs and face different challenges and discrimination based on gender, and that children with disabilities also have special challenges that need to be addressed.

Essential program logic questions: Why? What? How? How will we know?

1. **Why? (Thinking level):** Why is an action needed? What are the changes we hope to see? Why are these changes so important?
2. **What? (Design level):** What programs, curriculum, training tools and structure are required to achieve this goal and objective? Examine the materials that are designed. Are they compatible with the goal? Will they lead to the goal?
3. **How? (Implementation level):** What are people actually doing on the ground? What is their understanding of the rationale for the program, the curriculum and the methodologies? How are they prepared, evaluated and mentored? Does the implementation structure enable the field staff to carry out the design? Is implementation compatible with the design and goal?
4. **How will we know? (Measuring):** What kind of data is needed? How often? Who will collect and analyse the data? How will the data feed into the reflection and action cycle? Is the program designed to enable changes based on knowledge? Is the program having an impact on the beneficiaries? If not, at what level(s) do(es) the problem lie?

The parenting program needs a systematic method for documenting progress and engaging all stakeholders in continuous improvement. While outcome and impact assessment might involve an external consultant, everyone on the team is responsible for conducting regular evaluations of the various components and reflecting on how these did or did not add up to achieving the objectives. All programs should be designed for scale-up. Therefore the thinking about consolidation, sharing and expansion influences all other phases and is strategically planned from the start.

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PARENTING PROGRAM MODEL DEVELOPMENT CHECKLIST[7]

Date	Activity	Progress Low: 1 High: 4	Additional actions needed
A. PLANNING PROGRAM DESIGN			
	1. Ultra-poor neighbourhoods identified and community profiles developed in relation to parenting and child development.	1-2-3-4	
	2. Indicators for child growth, learning and protection identified through cross-sector consultation and expert resources on child development.	1-2-3-4	
	3. Needs, opportunities and potential barriers identified.	1-2-3-4	
	4. Define goals, objectives and results.	1-2-3-4	
	5. Explain strategy that improves parenting practices in the home.	1-2-3-4	
	6. Explain parenting education approach that builds group solidarity and leads to collective action for child development.	1-2-3-4	
	7. Explain expansion plan, design to scale-up from the start.	1-2-3-4	
	8. Identify potential partnerships and linkages.	1-2-3-4	
	9. Decide on name that captures purpose.	1-2-3-4	
	10. Describe how parenting group will lead to improved quality of preschool education in the community.	1-2-3-4	
	11. Describe how parenting education will lead to improved primary school success.	1-2-3-4	
	12. Ensure that program is officially sanctioned in the communities.	1-2-3-4	
	13. Ensure that program fits within national ECCD framework.	1-2-3-4	

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[7] Emily Vargos-Baron (2006) identified seven phases of parenting program development based on formative evaluation of parenting programs in four countries and extensive global review of parenting education evaluation literature. Items in this list summarise Vargos-Baron's research and Deborah Llewellyn's field experiences implementing parenting programs in East Africa and Asia.

Date	Activity	Progress Low: 1 High: 4	Additional actions needed
B. PLANNING PROGRAM IMPLEMENTATION			
	14. Target parents with children from birth to eight years to improve early development for school success.	1-2-3-4	
	15. Explicitly state parenting membership criteria and rationale.	1-2-3-4	
	16. Plan group size, no more than 30.	1-2-3-4	
	17. State criteria for facilitators and rationale (with community input).	1-2-3-4	
	18. Select community parenting facilitators who meet criteria and are willing to undergo all changes expected of parenting group members.	1-2-3-4	
	19. Establish groups, plan meeting locations where members feel comfortable and have easy access, and that it is at a convenient time for working parents.	1-2-3-4	
	20. Decide how often group will meet (twice a month is recommended to complete the course in one year).	1-2-3-4	
	21. Select volunteer parent co-facilitator (rotating basis) to help in facilitation, and model new practice.		
	22. Encourage members to share knowledge with extended family members and neighbours, and to lead offshoot parenting discussion groups.	1-2-3-4	
	23. Plan potential links with other programs, such as adult literacy, savings and loan groups, kitchen gardens, etc.	1-2-3-4	
C. PLANNING CONTENT, MATERIALS AND METHODS			
	24. Content planned to achieve identified child wellbeing and development indicators.	1-2-3-4	

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Date	Activity	Progress Low: 1 High: 4	Additional actions needed
	25. Content is scientifically sound and culturally appropriate.	1-2-3-4	
	26. Content reflects parents' interests and addresses their priority concerns, as well as those of the sponsoring organisation.	1-2-3-4	
	27. A curriculum that promotes conversation and in-depth dialogue that brings out deep-seated beliefs and practices that might be counter to preferred parenting practices.	1-2-3-4	
	28. Facilitator builds on strengths that exist and promotes learning and problem solving within the group.	1-2-3-4	
	29. Sessions are designed to last less than two hours. Respect members by starting and ending on time.	1-2-3-4	
	30. Each session has clearly stated objectives and includes discussion, model and practice of new skills.	1-2-3-4	
	31. Parents agree to standards of behaviour in the group that promote feelings of support and acceptance.	1-2-3-4	
	32. Children who attend with parents are supervised and provided with play materials. Parent group members help with planning and managing this component.	1-2-3-4	
	33. Field test with the same type of parents who will be in the program.	1-2-3-4	
D. PLANNING TRAINING AND SUPERVISION			
	34. Trainers also supervise and mentor, trainers gain skills by experiencing the program, implementing and shaping the program through reflection and experimentation.	1-2-3-4	
	35. Prepare terms of reference for trainers/supervisors that spell out responsibilities, expectations and benefits.	1-2-3-4	

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Date	Activity	Progress Low: 1 High: 4	Additional actions needed
	36. The lead trainers/area managers should be highly trained professionals with extensive field experience.	1-2-3-4	
	37. Trainers should be trained through in-depth discussion about how content relates to own life experiences; and through modeling and practice. Use the same curricula and facilitation methods that the trainers will be expected to use.	1-2-3-4	
	38. Training of trainer workshops should use active approaches such as demonstration and practice, role-playing and open dialogue to train parent educators. This provides a model for how they will train parents.	1-2-3-4	
	39. Trainers receive additional skill building in child development, facilitation skills, and principles of the parenting education program.	1-2-3-4	
	40. Trainers should be trained at least every three months, providing a half-day for each new topic to be covered, and more time to review and discuss all previous sessions and responses. Training should be linked to field practice.	1-2-3-4	
	41. Trainers should adhere to core curriculum, only augmenting to ensure cultural relevance and good communication with participants. Parenting facilitators should be coached to reply, *I do not know but I shall find out by our next session.*	1-2-3-4	
	42. Provide continuous and ongoing support and training to parenting facilitators; the job needs continuous learning to achieve a high level of quality and competence.	1-2-3-4	
	43. Facilitator completes a self-monitoring form after each session. Supervisor should use same form when observing facilitator.	1-2-3-4	
	44. Decide on compensation. Lead trainers should be compensated otherwise investments in training might be lost.	1-2-3-4	

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Date	Activity	Progress Low: 1 High: 4	Additional actions needed
	45. Subsequent and offshoot parenting groups should be facilitated on a volunteer basis, with in-kind benefits such as training and community recognition.	1-2-3-4	
E. PROGRAM IMPLEMENTATION			
	46. Design a system for program management that gives managers enough time for monitoring and mentoring in the field.	1-2-3-4	
	47. Use various means to communicate with communities about the program to ensure transparency and access by those with an interest.	1-2-3-4	
	48. Plan regularly scheduled review and reflection meetings; these might be in conjunction with training.	1-2-3-4	
	49. Use checklists to ensure consistent performance at the community level.	1-2-3-4	
	50. Prepare and review budgets; assess ongoing expenditures.	1-2-3-4	
	51. Plan ways to make the program financially sustainable through integration into other programs, and tapping public and private sectors.	1-2-3-4	
	52. Establish a learning organisation approach. Seek to achieve results by evaluating all processes and responding flexibly to recommendations.	1-2-3-4	
	53. Communicate effectively and respectfully with parents and other community members.	1-2-3-4	
	54. Establish training system for scale-up and evaluate training systems at least annually.	1-2-3-4	
	55. Establish partnerships with universities, government agencies and institutions of civil society.	1-2-3-4	

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Date	Activity	Progress Low: 1 High: 4	Additional actions needed
F. PROGRAM MONITORING AND EVALUATION			
	56. Clearly state expected results related to child wellbeing, parenting practices, and community change.	1-2-3-4	
	57. Conduct situational analysis (joint inquiry with the community) and identify gaps.	1-2-3-4	
	58. Develop strategic framework with major objectives, key indicators.	1-2-3-4	
	59. Involve program facilitators in developing community profiles.	1-2-3-4	
	60. Develop monitoring and evaluation system, manual, and review schedule.	1-2-3-4	
	61. Develop instruments and data collection schedule to track progress on key indicators.	1-2-3-4	
	62. Collect and analyse gender and disability.	1-2-3-4	
	63. Plan special studies and action research to investigate assumptions and complex issues. All field staff and program managers should be engaged in qualitative and quantitative research.	1-2-3-4	
	64. Develop standardised data collection system; involve field staff to monitor inputs, processes, and outputs of monthly activities.	1-2-3-4	
	65. Develop forms and sharing process for facilitators to conduct regular self-assessments of own performance.	1-2-3-4	
	66. Conduct baseline study on randomly selected members of parenting groups and their children with consent. Track over time to monitor impact of parenting program on home practice and improvements in child wellbeing.	1-2-3-4	
	67. Review progress at all levels with all staff at least quarterly.	1-2-3-4	

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Date	Activity	Progress Low: 1 High: 4	Additional actions needed
	68. Refine program based on evaluation.	1-2-3-4	
	69. Assess stakeholder satisfaction on annual basis.	1-2-3-4	
	70. Schedule forums with stakeholders at regular intervals to discuss findings and solicit input for program improvement.	1-2-3-4	
G. CONSOLIDATION, SUSTAINABILITY AND SCALING-UP			
	71. Develop program model that includes scale-up vision and strategy.	1-2-3-4	
	72. Plan a system of long-term support serving an entire region through direct support and partnerships.	1-2-3-4	
	73. Seek additional support annually to ensure program innovation and quality improvement, and design new program designs.	1-2-3-4	
	74. Seek short-term international help for special training workshops, evaluations and action research, and other innovative work.	1-2-3-4	
	75. Participate in partnerships and networks on parenting education; involve parents in ongoing planning.	1-2-3-4	
	76. Establish a national centre for parenting and early childhood development to ensure continuous innovation, coordination research and training.	1-2-3-4	
	77. Ensure transparency and accountability in financial and program terms.	1-2-3-4	
	78. Plan program advocacy strategy that promotes sustainability and going to scale.	1-2-3-4	

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ORGANISATIONAL AND IMPLEMENTATION STRUCTURE

The parenting program implementation structure takes into account the managerial, supervisory, field staffing and coordination activities. It is useful to develop some realistic implementation charts before developing the staffing, finance and costing system.

In the CLAC model, an ECCD community facilitator will manage three early childhood activities in each community: the parenting program, early learning centres, and transitions to primary activities. In addition, the facilitator is responsible for developing the partnerships needed for sustainability and scale-up.

In some CLAC programs, an ECCD community facilitator effectively manages activities in four or five villages, spending one day per week and three days per month in each of the villages. During the weekly visit, the ECCD facilitator works with several village volunteers. These include a parenting co-facilitator, ECCD centre caregivers and helpers, and transitions to primary coordinator. Research will clarify the point at which scale-up is possible. When scale-up occurs, the volunteers are able to implement the programs directly with some ongoing supervision and training from the support organisation. During the scale-up phase an ECCD facilitator might add four new villages, visiting each three times per month, and using one week per month to visit the four villages from the initial start-up program or pilot.

The new program will need an ECCD facilitator to directly implement activities, alongside the community volunteers, for one year. The ECCD facilitator is a paid staff member from the sponsoring organisation. After one year of intensive support, the program activities will be well known and volunteers will have learned effective practices because of the modelling and support from the ECCD facilitator. In a scale-up phase, the ECCD facilitator might move on to two or three new villages while providing some ongoing training and supervision to the initial villages.

Each village has a parenting co-facilitator. This person is in training to become the facilitator. The co-facilitator shares the role of facilitation, therefore pre-planning for each session is needed. To nurture the multiplier effect and scale-up, it is also important to develop the leadership of parenting group members. At the close of each session, one of the parenting group members volunteers to help co-facilitate the next session. This person is described as the parent volunteer co-facilitator. The role is rotated so that, over time, all members have the opportunity to co-facilitate. So,

STAFFING CHART

Area	Area manager	ECCD facilitators (paid staff)	Community parenting facilitators (volunteer or honorarium)	ECCD centre caregivers (honorarium)	Transitions to primary activity leaders (honorarium)
A	1	12	48	48	48
B	1	12	48	48	48
C	1	12	48	48	48

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in effect, there are three facilitators for each session – the salaried ECCD facilitator, the community volunteer (honorarium or no pay) and the parent volunteer (no remuneration).

If possible, conduct two parenting sessions each month to keep the momentum going. On alternate weeks, the ECCD facilitator and the parenting co-facilitator can visit the home of the parent volunteer facilitator. This is a strategic activity because it allows the facilitator to get direct feedback from parents on how well the parent is able to appreciate and use the information and skills, and to enable the parent volunteer to provide input into the next session. In each session the facilitators model a new recommended parenting practice. During the home visit the parent prepares for this role. The assumption is that parenting group members will be more likely to accept a practice promoted by one of the members rather than an 'outsider'.

Consider the following structure: the ECCD facilitator works in four villages. They spend one day in each village every week. During the visit, they facilitate a parenting session, or conduct follow-ups on the previous session. They also plan for the next session with co-facilitators. One day per week is used for consolidating notes on field research, preparing for facilitation, writing reports, and attending monthly scheduled meetings. In the example on the next page, the ECCD facilitator conducts two parenting meetings per month. During alternate weeks the facilitator meets with the parenting co-facilitator, and the parent volunteer co-facilitator.

One field manager trains, supervises and mentors about 12 ECCD facilitators, covering about 48 villages. A schedule is developed so that the supervisor covers all four villages of each facilitator over four months.

In Indonesia, the Plan-supported parenting program is integrated with an 'Expecting Parents Module' for expecting and new mothers.

The parenting education implementation steps include:

1. Selecting the communities.
2. Selecting and training area managers and ECCD facilitators.
3. Promoting parenting education and conducting the situational analysis.
4. Conducting parenting sessions and monitoring results.
5. Evaluating results and impact.
6. Refining the program and scaling up.

ECCD facilitators field implementation structure

Each ECCD facilitator manages parenting education, early learning centres, and transitions to primary activities. As shown in the ECCD area manager chart on the next page, the ECCD facilitator works in four villages each month, one day per week in each village, over three weeks. One day per week, the facilitator is in the office. At that time they document and prepare. Every two weeks, the community facilitators meet with the field manager for one day to prepare activities for the next two weeks. The chart on the next page shows a sample structure for the parenting program work in each

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village. Every three months, five days are allocated for field facilitators and managers to meet to reflect and plan, under the direction of the project coordinator. During the review and training sessions, the organisation does not provide field supervision for the community ECCD activities.

ECCD project coordinator

Each quarter, the ECCD facilitators and field managers will meet with the ECCD project coordinator for one week of reflection and planning. During this time, preparations for about six parenting sessions will take place, as well as new curriculum activities for the early learning centres and transition programs. The number of parenting sessions implemented every three months takes into account cancellations due to village issues and the week of training that the facilitator will attend. By scheduling two per month, the maximum number every three months will be six sessions.

The ECCD project coordinator should spend two weeks each month in the field supervising the field managers and the community activities. If the project coordinator manages three areas, the coverage will be 144 communities. The project coordinator is the learning leader. Therefore it is essential for the project coordinator to spend time in the field. A project coordinator should aim to spend two weeks of each month in the field. Consider visiting one area for three days of observations during these weeks. Over three months, all areas would receive two visits. Not all program sites will be visited, but the snapshot visits will provide valuable insights for monitoring progress and areas for improvement.

ECCD FACILITATORS FIELD IMPLEMENTATION STRUCTURE

Days	Week 1	Week 2	Week 3	Week 4
Monday: village 1	Facilitate parenting session one	Parent home visit and planning with volunteer parent co-facilitator	Facilitate parenting session two	Parent home visit and planning with volunteer parent co-facilitator
Tuesday: village 2	Same as above	Same as above	Same as above	Same as above
Wednesday: village 3	Same as above	Same as above	Same as above	Same as above

ECCD AREA MANAGER

	Week 1	Week 2	Week 3	Week 4
Three days weekly	Field supervision of ECCD facilitators one to three	Field supervision of ECCD facilitators four to six	Field supervision of ECCD facilitators seven to nine	Field supervision of ECCD facilitators 10–12
Two days weekly	Documentation, planning and training (two days monthly). Coverage 48 villages/12 facilitators.			

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ECCD PROJECT COORDINATOR – IMPLEMENTATION ACTIVITIES QUARTERLY

	Week 1	Week 2	Week 3	Week 4
Month 1	Field visit area 1	Administrative work	Field visit area 2	Administrative work
Month 2	Field visit area 3	Administrative work	Field visit area 1	Administrative work
Month 3	Field visit area 2	Administrative work	Field visit area 3	Quarterly review and training

DIRECT BENEFICIARIES (ILLUSTRATIVE) YEAR 1

Area	Communities	Children – school readiness program (30 per site)	Parenting group members (approximately 30)	Children – transitions program services (approximately 60)
A	48	1,440	1,440	2,880
B	48	1,440	1,440	2,880
C	48	1,440	1,440	2,880
Total beneficiaries	144	4,320	4,320	8,640

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GETTING STARTED

How to conduct the situational analysis and promote parenting education

Introduction

The situational analysis is the first activity in the community. Think of it as a conversation with the community, not a quantitative survey. It should be conducted in a way that creates participant demand for further discussions about the value of parenting and early learning programs for the community. The situational analysis should generate interest in joining a parenting group. It is the first step in promoting the concept.

A situational analysis enables program organisers to begin a conversation with the community about the status of child development and to promote the importance of the birth to eight-year period. Conducting the interviews is the first step to establishing a relationship with the community and to identify potential advocates and implementers for the parenting education program, early learning program and transitions to primary program. A composite of this information enables the development of a village profile and community map, which helps define the focus of the program.

Once the interviews are conducted, it is a good time to hold a community meeting to discuss interest in starting a parenting discussion group. Do not assume that all potential parenting group participants will be at this meeting. It will require additional work to find them. However, a community meeting to discuss the idea of a parenting group is important to prevent any negative suspicion from community members about the group. It can also generate a lot of enthusiasm. When community members observe the group meeting, we want them to know what is happening in that group and to be curious about what they are learning.

Understanding the status of child development is an important start-up activity for the Plan-supported parenting program in Indonesia.

A SITUATIONAL ANALYSIS ENABLES PROGRAM ORGANISERS TO BEGIN A CONVERSATION WITH THE COMMUNITY ABOUT THE STATUS OF CHILD DEVELOPMENT AND TO PROMOTE THE IMPORTANCE OF THE BIRTH TO EIGHT-YEAR PERIOD.

Once the parenting group is formed, three in-depth focus groups are conducted to find out parenting group member views about important child health, learning, and protection priorities and needs. The findings from these three sessions form the baseline for measuring changes that result from the parenting program.

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Developing a data collection plan

To develop a parenting program or other early childhood learning centre, we must first understand the values, expectations, practical needs and realities that exist in the communities being served. A situational analysis is a tool for understanding the community, planning action, and evaluating progress. The first step in conducting the situational analysis is to prepare a data collection plan.

Here are some questions to guide the plan:

1. Who do you want to interview and why?
2. What other ways will you gather data?
3. What are the social, cultural and political considerations to keep in mind?
4. Who should collect the data?
5. What key questions are important to ask? (The child wellbeing index on page 43 contains priority indicators. You will want to find out current perspectives about child wellbeing priorities and challenges, as seen by families and the community.)

Why conduct interviews? Who should be interviewed?

ECCD model development begins with an attempt to identify essential supports for early childhood care and development of young children (birth to eight years) that would enable every child in the community to begin school and be ready to succeed, along with life skills and values that are important to the community. The goals are to improve health, development and protection (child wellbeing), and community capacity to take collective action for children. To understand the supports that already exist and those that are needed it is important to conduct interviews and focus groups with the following:

- Significant partners (ie government, NGOs)
- Community leaders
- Parents
- Children
- Health providers
- Teachers/primary school and ECCD centres
- Child protection service providers

Engaging support from community leaders

It is necessary to get the approval of village leaders before introducing the idea to community parents. Village leaders play an important role in the success of a parenting program by sanctioning the activity. A customary way of working through community leaders – letting them select parenting members, locations and times for meetings – would counter the goals and principles of the program that promote leadership of the most marginalised sectors of society.

An alternative strategy is to generate discussion about the importance of the early years and how parenting and supports for children might have changed over the years. The conversation with leaders is an inquiry into what they think and perceive to be true. The conversation should generate interest to support the effort rather than the urge to control the membership, logistics and approach.

The meeting requires preparation. Community facilitators should be aware of the purpose of the meeting and any potential pitfalls. They should

QUESTIONS FOR COMMUNITY LEADERS

- As community leader(s), what do you see as some positive things that are happening in the community related to childcare and the development of young children aged from birth to eight years?
- What are the most significant unmet needs (aged from birth to eight years)?
- Are there examples of the community taking action to solve a problem related to children's needs?
- What are your ideas on improving early childhood development in this community?
- Do you think parents would be interested in attending a parenting group to discuss ways to help children develop?
- How can we identify and encourage participation by those with most need?

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plan the questions carefully and practice the interview. The next step is to set up the meeting. Explain your interest in discussing views about the status of child development in the community and request a time to do so. Ask the leader whether they think it is useful to invite the participation of several other women and men who hold leadership positions in the community. There are many benefits to including others. These individuals are likely to be the ones who can help you identify community 'gatekeepers', those people you are required to talk to at the neighbourhood and family levels. Their awareness and approval of the early childhood activity is essential to prevent suspicions once you begin walking around the community to discuss the parenting groups.

In this meeting, ask them how well children are developing in the community, as well as some of the issues and problems they see. Encourage them to discuss whether parents of high poverty are having more difficulty and poorer results with their children. After sharing their views, ask them the following question: *Do you think there would be interest from parents to attend a parenting education program to improve child development outcomes?* Mention that the parenting group will be open to all parents, but the interest of this organisation is to reach those from the most disadvantaged segments, because they are the children who need extra support. Ask them how you can identify all the parents with preschool children, especially the more disadvantaged parents.

DOOR-TO-DOOR OUTREACH IS REQUIRED. IF YOU WANT TO INVOLVE THE POOR IN PARENTING EDUCATION YOU HAVE TO USE DIFFERENT CHANNELS TO REACH AND INVITE THEM, SUCH AS WALKING IN THE NEIGHBOURHOOD, CHATTING INFORMALLY, SHOWING FRIENDLINESS AND POSITIVE INTEREST IN THEIR CHILDREN AND LIVES, AND STARTING PARENTING DISCUSSIONS INFORMALLY TO IDENTIFY POTENTIAL FACILITATORS AND MENTORS.

Conducting interviews and focus groups in the community

The ECCD facilitators are now ready to talk with many families and other service providers in the community. This might be done individually or in small focus groups. Facilitators will reach out to the most vulnerable families and neighbourhoods, as these are the primary targets for the early childhood supports and services. The situational analysis provides the opportunity to establish the strengths and needs in the community, in terms of supporting early childhood development. The baseline information can be summarised as part of a village profile. See tips on conducting interviews, as well as sample questions, in the next section.

Who should collect and analyse data?

Situational analysis data is often collected as a project development requirement for funding grants. An external consultant might be hired to collect this data. Sometimes the data is analysed long after the project begins and the implementing field staff is unaware of the findings. There are advantages for the implementing field staff to collect and analyse the data. Collecting situational analysis

A father in Laos is learning toy-making skills that will stimulate child development.

data can be thought of as a staff development tool. Through this exercise the staff begins to understand and care about the problems in the community. It also enables them to recognise the strengths that exist. Through this exercise they establish rapport with the community and begin to develop relationships. The way that data collectors interact with communities is a step in establishing positive relationships and promoting the involvement of communities in the planning and management of their future program.

The data collection might be done in collaboration with other sector specialists in the organisation. It is the first step in recognising the value of multi-sector collaboration to ensure

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that families and the community are equipped and motivated to support optimal early childhood outcomes.

Data collection methodology

Interviewers should work in pairs. One person will collect the data while the second takes notes. Immediately following the interview, the two researchers should sit together and go over what was written and share observations to ensure the accuracy of your report. Be prepared with plenty of sharp pencils, a clipboard, and folders to keep your work. Plan ways to organise note taking so that things go smoothly.

Data analysis and reporting

The interview team can now begin the development of a village profile. This profile is a tool to monitor changes in the community, and to ensure that the fieldworker's support efforts are targeted to the needs of the community. The community profile also provides a reminder that resource persons and service organisations within the community should be involved in activities and periodic reviews. After every interview, data should be transferred to a computer.

Plan is supporting parenting programs in India that focus on building interest and skills within families to improve health, development and protection of children.

Several ECCD team meetings should be scheduled so that all field interviewers can share and discuss their experiences and findings. Together the team will identify key resources and problems, and draw implications for action. Findings related to child development supports, priority needs and proposed actions should be compiled into a report. The following is a suggested situational analysis summary tool.

Instructions

Program managers and facilitators should conduct the situational analysis in the communities where they will work. This has benefits over hiring external consultants to conduct a situational analysis. Here are some of the benefits:

- It helps program facilitators establish rapport with the community.
- It helps them develop first-hand awareness of the problems in the communities, as well as the assets and strengths.
- It causes program staff to emotionally connect with the community and care about solving the problems – a critical asset for change agents.
- It enables them to identify individuals who might provide support or leadership for the early childhood activities.

Once the focus groups are completed, each interviewer should produce an electronic document that includes all the notes. Transferring the notes from a handwritten to an electronic format provides time for reflection about the findings. It is important to transcribe each immediately after each interview. It is easier to do this one by one and lessens the chance that something will be forgotten, or that the pressure of composing all the interviews at once will lead to important things being left out.

There are two more important steps: each interviewer should complete the summary form below and prepare a village profile. Plan to bring this to the team meeting along with printed copies of the electronic interview documents. Each person should be able to discuss

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priority findings and these should be backed up with hard data.

From these findings the team will be able to identify the priority issues to be addressed through the ECCD supports. A specific baseline regarding status of child wellbeing indicators is derived once the program begins.

Sharing findings with the community

After conducting a series of small focus groups and individual interviews with targeted families, provide a brief summary of the findings to the community leaders. Explain your interest in holding a community meeting to further discuss early childhood development needs, and the establishment of a parenting education group. The purpose of the community meeting is to raise awareness of the crucial role of families in child outcomes, and to identify families who would like to join a parenting group. This meeting also makes public the information that a parenting education program will take place. In the future, when people see the parenting group meeting, they will know why it is taking place. This will reduce suspicions about the purpose of the meetings and hopefully arouse curiosity about what the members are learning.

SITUATIONAL ANALYSIS SUMMARY TOOL

Community/Village: Date:

Source	Prioritise important findings related to child wellbeing indicators	Implications for action to strengthen supports for child wellbeing
Community leaders		
Parent focus group(s)		
Household interviews and observations during community visits		
Children – focus group interview		
Health provider		
Primary school head teacher and Grades 1 to 3 teachers		
Primary school classroom observations findings		
Preschool observations (if program exists in community)		

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If the community leaders agree that this is a good idea, then propose a date and time for a community meeting with the leaders and guardians of young children aged from birth to eight years.

The community leader will announce the date and time for the meeting. In addition, the facilitator should personally invite the targeted beneficiaries – families who rarely attend community-wide meetings due to marginalised status.

Be clear and careful in the community meeting. Capture their interest by talking about the importance of ECCD, and the role of parents. Emphasise love for children and the strengths that currently exist to make ECCD a productive time for good development. Discuss the purpose of parenting education and the organisation's willingness to hold monthly meetings to share experiences, learn and try new practices. Ask about their interest in participating. Ask whether the meeting should be for mothers only or for both parents. Propose membership criteria and ask for their feedback, as well as additional suggestions about membership.

Set up a time for a follow-up meeting. Ask all who are interested to attend this meeting. Tell them you will conduct the first parenting session so they can see what it is like. While the group size should be relatively small (no more than 30), encourage all who are interested to attend the first meeting. They might need more information about the style and content of the parenting group and whether the time and location fits their needs.

SAMPLE COMMUNITY SPEECH TO PROMOTE PARENTING EDUCATION

Below is a sample community speech for promoting parenting education:

Introduction

My name is

I work with

I am here and you are here for the same reason – you love your children and want the very best for them. (Organisation name) works to support parents in that very important role.

Objective – why we are here

- *Each of you has a young child.*
- *You love them very much and want them to grow well and have a successful life.*
- *For many reasons you might feel that what you can do for your child is limited.*
- *You might have little formal education; you might have little money and little food.*
- *And you might think that it is the primary school that can give your child what you cannot.*
- *But it is very important to start working with children at a very early age, long before they start primary school.*
- *The early childhood years, from birth to eight years, are considered the most important time in a child's development. What happens then affects how well they will do in school and what kind of adult they will become.*
- *There are things that parents can do that make a big difference.*
- *In fact, the knowledge on how to care for young children so they begin school ready to succeed is already known in this community.*
- *You over there are doing something with your child that is very beneficial. If I knew it my own child would benefit. And you over there are doing something else.*
- *(Organisation name) believes that, if parents come together on a regular basis to discuss issues and share ideas, parenting will improve and the outcome for children will be great.*
- *Parents are the first and most important teachers in a child's life.*
- *Let me give you some examples:*
- *How many of you talk to your children in a conversational tone much as you would do with another adult, ask them questions and tell them about your own experiences? This helps children build the language skills necessary for reading and writing.*
- *When you want your child to behave in a certain way, how many of you explain the reasons why rather than just saying, "No!" You are helping your child understand your values.*

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- *How many of you give your child some sticks, rocks and little plastic lids or cups to play with while you are cooking? You are helping to develop your child's mind.*
- *How many of you are growing some greens or fruit to feed your child, or raising chickens to give your child an egg every day? How many of you give food to your young child when they wake up in the morning? You are not only feeding the body, but also the brain. The brain needs nutrients and protein to grow.*
- *How many of you count with your young child and help them notice things that are alike and different? You are doing a great thing to help your child develop the skills for math.*
- *(Organisation name) has an interest in supporting a group of parents in your village who want to come together, share ideas, and learn some new skills that will help your child grow well.*
- *(Organisation name) is willing to support a group of families to develop skills and practices, if they are willing to notice and report positive changes in their children, and if they are willing to support their neighbours to also learn the skills that have a good impact on children's development.*
- *Are any of you interested in joining such a group?*

Planning the start-up

Tell the community what the organisation can offer. It is important to clarify that a facilitator can only be in a community on a certain day of the week. Here is an example:

An early childhood facilitator will be working in the community one day each week, talking to parents and listening to views on issues about childrearing, as well as the gaps that exist between what outcomes you want for your child and any current gaps. This person can help you to facilitate a parenting discussion group and assist you in monitoring the positive changes in your child. We are willing to support you in achieving the changes you want to see in your children.

What are some of your ideas about the parenting group?

Please raise your hand if you are interested in joining such a group.

Ask those who are interested to come to a follow-up meeting. Encourage them to invite other neighbours to the follow-up meeting, even if they did not attend the community meeting. The follow-up meeting will discuss what is expected of members, when and how often they will meet, and what will be discussed.

Parents are the most important teacher in a child's life. A mother in Vietnam bonds with her child.

Tips for conducting interviews and focus groups to assess the status of child wellbeing

1. **Make introductions:** Clarify who you are and ask permission to talk to the parents and ask questions.
2. **Explain purpose:** *Parents are the most important teacher in a child's life. They influence much of what the child will become as an adult. We see that children in this community have caring parents. We would like to learn more about parent views on childrearing. Do you mind sharing some of your experiences and views about childrearing in the first eight years?*
3. **Ask questions:** Select six to 10 questions from the list below.

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Questions one to four, 13 and 18 are highly recommended. Suggested methodology: ask question one. Go around the circle, one by one, enabling each to answer the question until you have five or six comments for each question. Ask question two to the next person in the circle; continue around the circle enabling five or six people to comment on question two. Continue through all selected questions. In this way you will go around the circle several times and reduce the likelihood that one or two people will dominate the discussion. The interviewer will receive five or six answers for each question. This is a snapshot of the group's understanding of child wellbeing needs for health, development/ learning and protection.

4. **Time:** The interview should be conducted in less than one hour.

Some interview questions to consider:

Status of child development

1. ** What do you see as some positive things that are happening in this community, in relation to the childcare and development of young children aged from birth to eight years?*
2. ** What are the most important childrearing practices for the early childhood years (from birth to eight years) related to physical growth and health? What are the biggest challenges in this area?*
3. ** What are the most important early childhood parenting practices that help children develop skills such as talking, thinking and good behaviour? What are the biggest challenges in this area?*
4. ** What are the most important early childhood parenting practices in relation to keeping children safe and protected? What are the biggest challenges in this area?*

Child labour

5. *At what ages do children begin to help their parents? What are examples of the chores and responsibilities given to children aged from four to eight years?*

Coping with societal changes

6. *All parents try to teach their children good behaviour. What would parents consider to be naughty behaviour for children aged from three to five years old, and how might parents discipline them?*
7. *What about naughty behaviour for children aged from six to nine years, and how might parents discipline them?*
8. *Do you think children behave differently from when you were growing up? If so, how is it possible that this has changed?*
9. *Do you think that parents discipline children differently today than in the past? If so, how is it possible that this has changed?*
10. *Have you heard about children's rights? What does the community make of this idea?*

Equity and inclusion practices

11. *Do boys and girls have the same needs? Are they cared for in the same way?*
12. *Do you know of children with disabilities? Do you think there are improvements in their care today compared to past years?*

Community role in supporting the growth, development and protection of young children

13. ** Are there examples of the community taking action to solve a problem related to children?* (Interviewer will note whether the community responses relate to growth, development/ learning or protection.)
14. *If a family or child was having problems, who do you think they would go to for help? Why? Who would they not go to for help?*
15. *How do you think the community would define child abuse and child neglect? What is done to protect a child who is abused or neglected?*
16. *How is a child's safety and protection ensured in this community? Do you have any views on how this could be improved?*
17. *If Plan International is currently working in this community, how would you describe the role of the Plan International project in supporting children and families?*
18. ** What are your ideas about improving children's wellbeing in this community? (Interviewer will note whether the community responses relate to growth, development/ learning or protection.)*

** Highly recommended questions.*

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SELECTING PARENTING GROUP FACILITATORS AND PARENTING GROUP MEMBERS

Selecting parenting group facilitators

Every community will need several child development volunteers to manage early childhood activities, including parenting education, ECCD centres, transitions to primary activities, and health activities. The roles require specialised training. Sometimes an outside organisation goes into a community and asks community leaders to select facilitators for parenting education and early childhood centres, or to establish a committee for organising the parenting or ECCD centre programs. Often those selected are busy with many other community duties and have less time or commitment than needed. There are several ways to mitigate the problem.

One way to identify community members who could be effective facilitators (but might not otherwise be suggested) is through the first parenting focus groups in the community. These discussions are held to generate community dialogue and assess parenting practices, strengths and needs (situational analysis). The facilitator will note who spoke up and were listened to by others, even if they might be doing things outside the community norm. For example, in one country, a father told how he not only asks the child about his day, but also tells the child about his day. In another country, one mother explained why she encouraged 'self-feeding' with her toddler. In both focus groups other parents were in awe and proceeded to ask the parent further questions about the rationale and results of their methods. Each of these parenting focus groups had potential 'positive deviants' with special attitudes and behaviours that allow them to function more effectively than others with the exact same resources and conditions. They would make excellent facilitators, but would not have been recommended if community leaders were asked to make the decision.

A mother in Indonesia supports the physical growth and health of her child through good nutrition practices.

Selecting facilitators needs an active search by the program organisers, in collaboration with community leaders. The program organiser will become aware of potential candidates during focus group discussions and by spending time informally in the neighbourhoods. If parenting groups consist only of mothers, it might be beneficial to have a woman facilitator. Since this is not always possible, research should be conducted to understand the different impact of men-led and women-led parenting groups on women's participation and

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empowerment. In mixed groups a facilitator could be a man or woman, or ideally a husband-and-wife team.

Over time some lessons emerged that might be useful for others when planning who will facilitate the parenting groups and how the person will be selected. In Uganda, the ECCD facilitators identified a parenting facilitator and trained them to conduct the parenting groups. In many cases, the facilitation and commitment was less than expected.

It became apparent that a better way to train parenting co-facilitators is through modelling. In the new approach, the ECCD facilitator leads the parenting group, with the help of the co-facilitator. They plan the session together and share the facilitation tasks during each session. Over one year the co-facilitator will have covered all the modules and learned from an experienced facilitator. The co-facilitator will be in a strong position to take over the program in the next phase.

Parents in Uganda have been trained as parenting co-facilitators as part of Plan's Community Led Action for Children project.

Another lesson that came from the Uganda experience was the value of using the early childhood caregiver as the co-facilitator. The early childhood teacher was becoming a child development specialist and was better able to respond to parents' practical child development concerns and questions. The warm and enthusiastic personality traits that are needed to teach children also transferred well to the parenting facilitation role. Combining the roles created a stronger link between the parenting and ECCD centre components. In each community there were two or three ECCD centre teachers, with one excelling as a lead teacher. It was decided that the lead teacher would be provided with an honorarium for both positions, therefore giving them a full-time income and a major ECCD leadership role in the community.

In the Plan International Indonesia program, the community leaders chose the parenting facilitator, called a parenting 'cadre'. In most cases the community health volunteer was selected for the position. This person already knew all the parents of the children, as their role was to help parents to improve the health and hygiene of children under five. This worked well to strengthen links between health and child development. However, Plan International Indonesia wanted new early childhood leadership to grow from the program. This was resolved through rotating the parent volunteer co-facilitator position between parents.

In both Uganda and Indonesia the parent volunteer co-facilitator was one of the strongest innovations to emerge. The concept is that a member of the parenting group would take the co-facilitation role on a rotating basis. Prior to the parenting meeting, the ECCD facilitator and co-facilitator (selected by the community) should visit the home of the parent volunteer co-facilitator to discuss and plan the next meeting. These visits allow the facilitator to directly observe the parenting skills and issues that exist in the home, as well as the changes that result from parent education. Using a parent volunteer as a co-facilitator ensures that the discussion topic and approach is well adapted to the interests and context of the community. It shares and builds leadership within the group.

Each parenting session will have a model and practice component. The parent volunteer co-facilitator can plan this session along with the facilitator. Ideally the parents will plan

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to model the practice with their own child. Over time it will be easy to see which parents have the most interest and commitment to strengthen their own parenting and to reach out to others. In this way, a community parenting facilitator will emerge and their skills will have been validated during the sessions. They could then begin parenting training to take on the official role as facilitator by the second year. This approach builds sustainability for parenting leadership.

Suggested criteria for parenting group facilitators:

- Parent who has had good success in rearing own children.
- Highly respected by families in the neighbourhood.
- Deeply concerned about child development issues in the community.
- Interested in learning and eager to be trained.
- Gentle and outgoing.
- Effective communicator, good listener and talker.
- Gets along with others in a group.
- Honest and reliable.
- Can afford to work as a volunteer or at level of remuneration offered.
- Has sufficient time for job.
- Ability to read at Grade 8 level.
- Physically active.

Should community facilitators be paid an honorarium?

At the beginning a paid staff member of the organisation, helped by a community facilitator, leads the parenting sessions. Over time the community facilitator will become the lead facilitator. The issue of paying the community facilitator is important on many levels. Ideally there would be no initial payment or honorariums for work conducted in their own village or neighbourhood. There are several reasons for this. First, the community facilitator role will not require large amounts of time, just an average of two to two-and-a-half hours per week. Second, the most effective person for the job might not be identified until the program is under way. The volunteer status provides more flexibility for the program managers to change to a new parenting facilitator should a more committed and skilled individual emerge from the initial activities. Once the most effective trainers are identified, consider paying an honorarium. The investment in skills training is significant and the community facilitator will eventually become the parenting facilitators in the community. Each parenting group should expand into other groups through the interest of volunteers trained in parenting groups. However, the lead parenting facilitators should be paid an honorarium to ensure that the program has quality trainers who can promote the changes in families and the community that bring better child outcomes.

Parenting education in China helps parents to improve childrearing practices.

Selecting parenting group members

Parenting education is seen as the first entry activity for promoting interest and motivation to develop ECCD supports in the community. It is hoped that those attending will use improved childrearing practices, strengthen the extended family's capacity to work toward the same

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child development goals, and become a model of good parenting in the neighbourhood. Another expected outcome is the increased motivation of members to work as a team to address child health, learning and protection needs in the community.

Community organisers should approach the parenting group as if this is the only time the NGO will be funded to support the members. The first group must have the skills and commitment to model new practices, and to spread ideas in the community. So the question becomes how can the group be organised to ensure a multiplier effect?

Parenting facilitators should therefore take a careful approach to selecting parenting group members. Finding the parenting members happens in much the same way as finding the facilitators. Parenting facilitators should spend time in the targeted area talking to families informally, and collecting observations about the status of parenting and child development in the community. There might be several informal discussions held in community members' homes to get their views about some of the strengths and needs of parents in caring for their children. The facilitator can enquire about parents' interest in participating in ongoing discussions, and to gather ideas about the content, location and time. Special attention should be given to identify people living in the most vulnerable and marginalised households and neighbourhoods. Groups should be small, no more than 25 to 30 members, and membership should be stable. Members should have children aged between birth and eight years, and understand that the focus of the discussion is early childhood. Along with interested members, the facilitator can establish the criteria for participation. There is a need to identify families that are taking care of children with disabilities and to provide special outreach to enrol them in the group.

Plan's parenting program in Indonesia encourages parents to use new practices for better child outcomes, including in nutrition.

If more than 30 people show strong interest, do not turn them away. Suggest that everyone join together and try out a session or two and then discuss if there is sufficient commitment and interest to start two groups. Another option is to encourage members of the parenting group to share what was learned in small neighbourhood gatherings after the session. One program in Ethiopia does this as part of the afternoon coffee ceremony.

Suggested criteria for parenting group membership:

- Caregivers (mother, father, grandparent or others) who provide direct care for at least one child between birth and eight years, including children with disabilities.
- Willing to share childrearing views and experiences with others in the group.
- Willing to listen and learn new parenting practices from each other.
- Openness to developing friendships with those from different social, economic, religious and cultural circles.
- Interest and willingness to try new parenting practices, and observe changes in children.
- Willing to share what they learn with joint family members and neighbours.
- Willing to meet two to two-and-a-half hours twice monthly.

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TRAINING PARENTING GROUP FACILITATORS

Effective training for facilitators includes reflection, modelling and mentoring that is focused on outcomes, and the opportunity to learn and grow as part of a team.

Background information

The parenting program methodology should reflect principles about how people learn and change. It should also pay close attention to how parents living in high-poverty communities with low levels of education can gain the skills to support their children's development. Parenting programs that build leadership among people living in poverty are not 'lesson driven', but 'capital producing' (Picus 2009). Focus on strengthening families with a set of valued resources that enable them to identify and achieve what they want for their children. The facilitator must think about how to do that. The parenting approach is also intended to inspire families to work together to solve community problems that undermine child wellbeing. An assumption is that certain kinds of parenting programs and facilitation can actually build the leadership skills of women and people living in poverty. These characteristics, such as taking the initiative or being proactive about important issues, are skills used by effective parents and community change agents.

Sixteen parenting principles are described in Section B (principles to guide effective parenting education).

In China, parenting education promotes engagement with children during everyday activities to help stimulate learning.

Facilitators should explore these principles and think about what kind of facilitation methods support the achievement of these principles. For example, parenting programs that build parenting empowerment shift the power and control to the members. The emphasis is on working with parents and building on their knowledge and skills. Effective facilitators stimulate parents to ask their own questions and encourage active exchange among parents, which is part of the process of introducing new materials and concepts. Facilitators should reflect on practice while conducting the group. They should recognise their own behaviours that might support or hinder group engagement, enjoyment and learning. In this way facilitators add to the knowledge base about effective parenting facilitation.

Encouraging parents to use new practices for better child outcomes needs a special kind of facilitation. We now know that having information does not bring about new behaviours. When parents passively participate in information sessions, they might gain new knowledge without the interest or skills to use the knowledge. Adult learning is best achieved through dialogue. Facilitators must be trained to go beyond giving out

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WITHOUT FOCUSED DISCUSSION THEY MIGHT LISTEN TO A NEW IDEA, BUT DISCARD IT BECAUSE IT DOES NOT FIT WITH THE WAY THEY SEE THE WORLD. THIS EXPLAINS WHY 'AWARENESS RAISING' CAMPAIGNS ARE NOT EFFECTIVE FOR CHANGING BEHAVIOURS.

messages or conducting awareness sessions or campaigns. They must create an environment where adults are comfortable to discuss their attitudes and beliefs about bringing up children, and to listen to others who respond with their own views. The facilitator must stimulate shared learning where people negotiate what they intend to do individually and collectively. This calls for a different role for the facilitator, and their skills in using adult learning principles.

Adults learn as children learn through active experience, trial and error, exploration, discussion, participation and interest. Training trainers and supporting families should be an interactive process, not a didactic one. Most adults do not respond to being lectured, drilled or put through rigid exercises. If we want to train parents to be flexible, responsive, loving and interactive with their children, the program methodology must reflect these approaches and values. In working with parents it is important to develop activities that keep in mind some of the principles that guide adult learning.

Here are some basic principles of adult education:

- Under optimal conditions of safety and challenge, human beings are inherently curious, intrinsically motivated, and can work as self-directed learners.
- Knowledge is constructed by the learner through action in the environment and in interaction with peers.
- Learning is not as logical as we might think; it involves social and emotional connections.
- Learning takes place in the context of social and political realities. In a diverse society, members of groups with unequal access to power often internalise oppression and fail to develop an effective voice.
- Education is never neutral, it can be designed to maintain or change the status quo (Evans 1999).

Generally people are not aware of the origin of their beliefs and how these beliefs shape day-to-day behaviour. Without focused discussion they might listen to a new idea, but discard it because it does not fit with the way they see the world. This explains why 'awareness raising' campaigns are not effective for changing behaviours. Telling someone what you want them to know and do is efficient but not effective. Effective parenting groups provide substantial time for processing ideas and experiences (dialogue) in an appreciative, non-critical atmosphere. Discussions that are helpful, enjoyable and empowering will motivate members to attend regularly. They will learn from each other, develop social support networks, and even influence each other. This 'appreciative approach' to discussion is based on a belief that parents change most easily by moving toward a positive image of their capacity to bring good outcomes for their child.

Training parenting group facilitators to use dialogue and appreciative inquiry needs modelling. It is difficult to explain the concept of deep discussion to parenting facilitators who come from hierarchical family settings and didactic schooling experiences. For many reasons, parenting facilitators should be trained as a group with the facilitator modelling the program rather than presenting facts and directions. Think of the group of parenting facilitators as the 'mother parenting group'. The core team of parenting facilitators should evolve into a team of leaders who identify child development problems throughout their local region. If the trainer is not effective at generating changes in the facilitators, then the program is fundamentally flawed from the start.

Parenting facilitators should meet every month or every three months. At these meetings they should review individual successes and challenges, gain skills and background knowledge to implement the next session, and deepen understanding about the core parenting principles. The trainer will model the new session and the facilitators will act as parenting group members. Upon completion, they should discuss and analyse the session before practicing it. The training workshops should also provide time for learning more about child development, facilitation techniques, and research methodology. The training cycle ends once field

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supervision and direct consultation about the session has been conducted.

An effective mentor should sit quietly, out of the way, and observe an entire parenting session. Use positive, encouraging body language, even if concerns arise. After the session take time for consultation about what was seen. Some consultation tips include:

- Always lead with a question, such as, *How do you think you're doing?*
- Never give criticism unless it has been invited, otherwise it will be discounted.
- Mention several strengths that were observed and why these were positive.
- Mention two or three concerns. State these directly as observations. Explain what you saw. Give the facilitator the opportunity to explain. Discuss what can be done differently next time.
- Record the things that were discussed. Both parties should sign this record.

Facilitation skill building

Effective training for facilitators includes reflection, modelling and mentoring that is focused on outcomes. An essential training device is for the trainers to use and model excellent facilitation skills by demonstrating how a session should be facilitated. These skills can also be demonstrated in the way that they interact with trainees and work to build the team. Trainees should practice facilitating the sessions in front of their peers. They should also receive encouragement and suggestions for improving their skills. Facilitation training continues in the field when the supervisor gives feedback on actual sessions.

Facilitators are responsible for the outcomes. Training is not an input or an activity to deliver. It is an opportunity to improve lives. Carry that spirit and participants will be inspired by the care and conviction. The most significant changes in a person's life come from relationships with people who see brighter possibilities in the world. They also see themselves as part of the solution.

Reflection on practice is one of the key skills for improving facilitation. A reflection on practice tool is provided in Section H. If used regularly, facilitators will become more thoughtful and aware of their day-to-day work. This thinking about thinking is called 'meta-cognition'. It improves performance.

Plan-supported parenting programs in India move beyond awareness raising to a dialogue-driven approach targeted at behaviour change.

Parenting group facilitation basics

This section introduces facilitation basics that are needed to achieve the program objectives. Facilitators should be able to explain why these facilitation strategies are essential. The monitoring and evaluation tool 2 – facilitation provides a checklist of effective facilitation skills. Facilitators should use it regularly to help them remember the key skills and to self-check how well they are doing. The facilitation monitoring form also provides a reference for discussion during the supervisor's field observations, and during the monthly and three-monthly reviews.

Things to keep in mind:

- Provide a quiet and comfortable location that encourages the exchange of ideas.
- Learn everyone's name. Greet them by name when they arrive and use their name during the meeting. This validates the individual and shows respect. We also want to encourage parents to use their child's name when talking to them.
- Honour time commitments. Parents have many competing priorities. Start and end the session on time.
- Parents might need to bring young children with them. Provide supervision and interesting things for children to do so that parents

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can speak without interruption. This also shows respect for children's needs for activity, stimulation and friendship.

- Facilitate dialogue, rather than 'telling or teaching'. Use probing questions: ask members to explain more about their idea; ask others to comment on what is said; ask others if they see this from a different point of view.
- Give voice to all members, as it helps them to be mentally and emotionally 'present'. Early in the session make sure that each member gets to say something in a large or small group. To prevent one person from dominating, use group work to give everyone a voice. Use group reporting time for the analysis and evaluation of ideas that were discussed in a small group.
- During group work, parenting group members will be encouraged to draw graphic symbols to represent ideas for several reasons. It puts literate and non-literate on the same level. Drawing symbols also needs higher-level thinking and wakes up the brain. What if parents feel they cannot draw? Reply that you are confident that they can draw something to capture the meaning of what is said. Ask the group for a suggestion on how to represent this idea for a drawing. To practice appreciative inquiry the facilitator asks questions to seek opinions and experiences, listens with positive body language, does not pass value judgments or personal opinions, sums up when useful, and encourages dialogue among all members instead of one-way or two-way exchanges.
- Listening is a critical skill for the facilitator. The facilitator should be able to repeat what was said. Taking brief notes that do not slow the process are recommended.
- Participation does not mean just answering questions asked by the facilitator, it means that others interject with important ideas, they shape the direction of the discussion, and they ask their own questions.
- Using parent volunteer co-facilitators has many benefits. It enables parenting group members to develop leadership skills and to ensure that the content is relevant to their life. When one of their neighbours models a new parenting practice, it makes a stronger impression than if the facilitator (outsider) models the practice. It enables the facilitator to stay in close contact with the lives of the people. It also enables positive deviants to emerge in the group. These people form an essential strategy for sustainability and are likely candidates for future parenting facilitators. Rotate the role of parent volunteer co-facilitator so that all members have the opportunity to help facilitate at least one group.
- Show parenting group members that you care about them. Meaningful relationships are at the heart of change.

TO PRACTICE APPRECIATIVE INQUIRY THE FACILITATOR ASKS QUESTIONS TO SEEK OPINIONS AND EXPERIENCES, LISTENS WITH POSITIVE BODY LANGUAGE, DOES NOT PASS VALUE JUDGMENTS OR PERSONAL OPINIONS, SUMS UP WHEN USEFUL, AND ENCOURAGES DIALOGUE AMONG ALL MEMBERS INSTEAD OF ONE-WAY OR TWO-WAY EXCHANGES.

Facilitation skills that increase learning

In this section learn about these facilitation essentials: setting up a positive environment, asking effective questions, and providing the right kind of feedback. Trainers should discuss these skills and provide trainees with time to practice them. A good way to teach the skills is by producing 'role plays' that that show good and bad examples of facilitation.

A. Create a positive environment for idea exchange and personal growth

Social/emotional climate

The ability to maintain caring and supportive relationships with group members is crucial. Sensitive facilitators create a positive group discussion climate. They tend to be knowledgeable about the lives of members, their children's names, and important events in their lives. Look for evidence of:

- Friendly facilitators, using positive body language.
- Facilitators using individual's names.
- Facilitators listening attentively when others talk, and demonstrating respect for members.

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- Participants feeling free to talk about their experiences and opinions.
- Members are encouraged to speak during the meeting, either in large or small groups.
- Enthusiasm, enjoyment and emotional connection that the facilitator has with the members, and that the members have with each other.
- Positive interactions, rather than anger, hostility or aggression that increases stress and decreases learning.

Group structure and organisation

More productive use of time correlates with performance and outcomes. Look for facilitators who:

- Select a comfortable, quiet and accessible location.
- Starts and ends on time; respects the members' time commitments.
- Acknowledges latecomers in a warm manner but does not stop the group or wait for latecomers.
- Uses a seating arrangement that encourages discussion and equality.
- Monitors, prevents and redirects domineering or critical members.
- Uses routines and gives instructions for group work so maximum time is spent in productive learning and discussion activities.
- Encourages member initiative and autonomous behaviour (independence versus dependence).
- Shows flexibility to accept alternative ideas or approaches suggested by members.

Support learning

Parenting groups can be socially positive and instructionally passive. They might be well organised and busy but low on intentionality. (Intentionality refers to the facilitator's interactions with group members that are thoughtfully designed to challenge and extend thinking and reflection.) Parenting programs might be 'active' while actually lacking the engaging and challenging learning experiences associated with academic competency. Look for facilitators who:

- Facilitate dialogue rather than 'telling or teaching'.
- Build on previous knowledge and individual strengths.
- Review previous learning and encourages feedback about the experience.
- Uses some whole-group talk by the leader, some individual talk to the group, and to individuals.
- Uses more high-level questions that promote thinking and problem solving.
- Provides feedback that extends members' learning (scaffolding).
- Provides enrichment activities for children who attend with parents, so parents are not distracted and respect for children is modelled.

B. Use questions that promote thinking and participation

Facilitators ask questions to introduce concepts, stimulate dialogue or to wrap up and summarise the discussion. There are three types of questions: knowledge, analysis and evaluation level. Group members who are asked higher-level questions receive a better education. Facilitators should ask the same quality of questions to women and men, and to those of 'higher' and 'lower'

A mother and child in Bangladesh who have benefitted from a Plan-supported ECCD project.

FACILITATORS ASK QUESTIONS TO INTRODUCE CONCEPTS, STIMULATE DIALOGUE OR TO WRAP UP AND SUMMARISE THE DISCUSSION. THERE ARE THREE TYPES OF QUESTIONS: KNOWLEDGE, ANALYSIS AND EVALUATION LEVEL.

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education and income levels. Lower level questions need recall and simple observation. A facilitator should use all types of questions but strive to ask questions of a higher level.

Knowledge level questions (lower level)

1. Need group members to recall facts.
2. Provide a common ground to prepare for higher-level questions.
3. Brainstorming is a technique that might need recall.
4. Key words: *Who, what, when, where, how? Describe... In your own words, tell... For example, How many different things do parents do to help babies grow?*

Analysis level questions (high level)

1. Relate ideas, compare pros and cons, explore assumptions, and promote logical thinking.
2. Key words: *Compare... Place in categories... Outline... Combine two ideas for a new whole...*
3. For example: *Compare how your children behaved before you tried the new practice and how they behaved in response to the new parenting approach.*

Evaluation level questions (higher level)

1. Need group members to move beyond the facts and analysis to develop their own judgments.
2. Need group members to think and defend ideas based on facts, not emotions.
3. Key questions: *What solutions would you suggest? Do you agree? What do you think about ... ? What do you think is the most important ... ? For example, Of the different discipline methods we learned and practiced, which do you think might help children become a better student in primary school?*

Parenting sessions in Laos take place in the community and promote participation from parents.

C. Use feedback that promotes learning, positive self-esteem and participation

The feedback facilitators give to members' responses affects their learning, positive self-esteem and participation in class. There are positive and negative types of feedback. It is important to give the same level of feedback to all members. If a facilitator says, *Good*, after three members' responses and makes no response after the fourth, then the fourth person feels the facilitator did not appreciate what they said. A good practice is to say, *Thank you*, after each response rather than making a value judgment about what was said.

Some kinds of feedback help learners to think, reflect and understand. Other kinds of feedback cause learners to be fearful and disengaged. Learners who receive feedback that enables them to learn from their mistakes, or to build on their knowledge, are receiving a better education. Parents, teachers or facilitators who give no response or negative feedback that is personal or judgmental are, in effect, giving the learner a lesser education. Again, it is important for facilitators to model the type of interactions that we want to see in parent-child interactions.

Types of feedback:

1. No feedback (neutral). Result: no feedback, no learning.
2. Negative feedback (judgmental) – *You knew about the vaccination drive. What kind of mother would not take her child for vaccinations?* Result: This kind of

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feedback might cause members to be fearful and disengaged.

3. Positive feedback (emphasising form) – *What a pretty dress you are wearing... This group finished the assignment quicker than the others. Help them.* Result: this superficial kind of feedback can make members feel manipulated or talked down to. It diminishes the joy that comes from within, and it can discourage motivation.
4. Positive feedback (emphasising substance) – *When you talked about your grandmother, it brought back so many happy memories from my own past... This group had six different ideas on how to get a child to eat well.*
5. Positive feedback (scaffolding) – *Your daughter is not afraid to speak to adults. How did you achieve this?*

D. Remember and use four key facilitation techniques

1. Questioning

- Uses open-ended questions.
- Uses higher-level questions that require thinking or reasoning.
- Uses follow-up questions, for example, *Tell me more.*
- Monitors the number and types of questions they ask men and women, minorities, and those perceived as more capable.
- Encourage members to ask their own questions.
- Find out how many members agree or disagree with a point, and ask them to defend their opinion.
- When a member doesn't answer, try the following: ask a simpler question such as yes/no type; select from a choice; repeat the question, wait longer. Stay with the person, rather than skipping on to someone else who is 'ready' to answer. This makes an important statement to the group that all individuals have important knowledge to contribute.

2. Wait time – what effective facilitators do

- Ask a question, wait three to five seconds before calling on someone to answer. Ten to 20 seconds are needed to answer higher-level questions.
- Know that wait time results in more thoughtful responses.
- Know that wait time encourages participation by more members.
- Know that wait time surprises members and engages the entire group more than when facilitators habitually acknowledge those who raise their hands quickly.

3. Encouragement

- Uses positive body language with all parenting group members.
- Creates safe environment for sharing ideas.
- Offers non-judgmental remarks.
- Uses the same type of responses for all members.

4. Summarising and scaffolding (feedback that extends learning)

- Reflects back and restates what the person says.
- Shows members that the facilitator is really listening.
- Brings out clarity.
- Is useful in resolving conflicts or issues.
- Pulls information and facts together.
- Models how to organise information.
- Responds to what the group member says and provokes them to think further.

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REFLECTION ON PRACTICE TOOL

Purpose

Reflection on practice is a tool for conducting a monthly staff meeting. The manager asks program facilitators to reflect on everyday work experiences and problems that relate to achieving a program objective. The staff begins to realise that there is more meaning in what they do, and how things that might seem unrelated actually fit together. It supports an effective cycle of planning: experimenting, gathering evidence, and revisiting and modifying work based on lessons learned. Reflection allows us to gain the most meaning from experience. The act of reflection with a group of colleagues provides opportunity for:

- realising more meaning in one's work through the insights of others;
- applying meaning beyond the situation in which it was learned;
- making a commitment to planning and experimentation; and
- documenting learning and providing a rich base of shared knowledge.

STEPS (TOTAL TIME 1.5 HOURS)

1. Share professional accomplishment related to the organisation's goal

Each program facilitator briefly describes a professional accomplishment since the previous meeting. The program facilitator will explain how they did something that made a difference. Others listen but do not interrupt, comment or question. They only listen.

2. Identify and describe a problem or challenge in the work related to the goal

Each program facilitator has three to four minutes to describe one problem that they have identified. Others listen and do not comment. This helps program facilitators develop listening skills, and allows the speaker to reflect, as they speak, without interruption. This also allows the sharing process to move quickly.

3. Problem analysis

The facilitator selects one problem to analyse. Group members ask information-seeking questions, pushing for clarification and further refinement of the problem, but do not offer advice.

4. Problem – solutions and action

The group then brainstorms possible solutions and helps the program facilitator in developing a plan of action. At the next meeting the program facilitator reports on the success of the plan.

5. Building new knowledge and skills – presentation

The meeting ends with a short presentation (15 minutes) by one of the members. They teach a skill to the group, explain an effective strategy, or share something recently learned. Selection for the next month's presentation often arises from the initial discussion, where everyone shared a professional accomplishment related to the organisation's goal. There will be something that the group wants to learn more about. This provides a forum for program members to be recognised and develop the leadership skills.

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MONITORING PROGRESS AND EVALUATING IMPACT

A monitoring and evaluation plan is the most important operations document in the program. It provides an 'at-a-glance' outline for understanding the goal, the major objectives that lead to the goal, and the key indicators for each of the objectives.

Everyone on the team should understand and use the plan so that the time and resources spent directly contribute to the changes in children, family and communities that will lead to the goal.

The CLAC program aims to see parents taking action to:

- improve child wellbeing;
- have 100 per cent of targeted high-poverty children of relevant age attending early learning programs;
- provide transitions to primary supports that enable high-poverty children to stay in school and learn; and
- have sectors working together to ensure child services and *Education for All* commitments are provided to high-poverty children.

The parenting program should be understood as a component of the early childhood strategy. It should be implemented in a way that links with and contributes to the other objectives.

GOAL: IMPROVED CHILD WELLBEING[8] (FROM BIRTH TO EIGHT YEARS) IN TARGETED HIGH-POVERTY COMMUNITIES THROUGH EFFECTIVE AND HOLISTIC EARLY CHILDHOOD SUPPORTS[9]

Indicators:

1. Changes in primary school on-time enrolment; completion of each grade; and enrolment in subsequent grades toward primary school completion.[10]
2. Changes in health, development and learning, and protection/participation indicators for children from birth to eight years in targeted communities against the baseline.[11]

OBJECTIVE 1	OBJECTIVE 2	OBJECTIVE 3	OBJECTIVE 4
Parents take action to improve child wellbeing in targeted communities.	All targeted children[12] in targeted communities participate in quality early learning programs in the year or two before primary school.[13]	All targeted primary one and two students participate in school- and community-based transition activities that improve performance and retention in school.[14]	Formal and non-formal sectors work collaboratively to improve early childhood wellbeing outcomes (from birth to eight years).[15]

[8] Child wellbeing indicators for health, development and learning, and protection are established at the beginning of the program. A situational analysis will indicate the status of children's wellbeing, as well as existing family and community supports.

[9] Plan International promotes a community system of integrated supports for children aged from birth to eight years, including parenting education, quality preschools, and transitions to primary initiatives. Activities are integrated and holistic. One hundred per cent participation of disadvantaged children and families in targeted area is required to promote and ensure equity.

[10] Slow progress achieving *Education for All* commitments indicates the need for maximising early childhood development potential and school readiness. If 100 per cent of children in high-poverty areas enrol in school at proper intake, complete each grade and enrol in subsequent years, then there is reason to conclude that the early childhood interventions were effective. This is an easy, low-cost indicator to measure.

[11] Health, learning, and protection sectors will establish baseline and develop instruments to measure improved practices of parenting group members to increase child wellbeing, increase evidence of child wellbeing supports in the community, and improve participation in the early learning program and primary school for targeted high-poverty children, aged from five to eight years.

[12] One hundred per cent participation of disadvantaged children in targeted area of relevant age.

[13] Quality early learning programs achieve measurable cognitive, social, emotional and physical development indicators while providing an enjoyable place for children to learn and grow. Learning takes place through structured games and activities, and free play with materials. Thinking, creativity, problem-solving, social and communication skills are emphasised. Small group size (25 to 30 children maximum) is important to meet social and emotional needs and enable adequate contact with caregivers and play materials. Early childhood program quality is measured at two levels: program structure (physical facility or designated space, curriculum, learning materials, group size, staff skills and training, centre management and supervision), and environment/activities (social/emotional atmosphere, learning activities, teacher/child and child/child interactions, structured use of time, positive behaviour management). Enrolment: priority focus should be on 100 per cent attendance of all children in age cohort who will enter primary school in subsequent year. Where space, materials and personnel exist, four-year-old classes might be started. Children (aged from two to three years) benefit from informal playgroups with similar age children in nearby neighbourhood. Parents from the parenting group are well equipped to manage playgroups and develop no-cost, developmentally appropriate play materials. Playgroups might occur once or twice per week for an hour or two.

[14] 'Transition to primary' is the terminology used to understand and address the special support needs of children in lower primary cohort (grades one and two). Effective transition activities begin with constructive dialogue among children, schools and families leading to school- and community-based initiatives that support learning and school success. School-based initiatives include reaching out and supporting disadvantaged children with activities to improve the social, emotional and academic climate of primary school. Examples are buddy systems, welcoming days and children's clubs. Community-based initiatives include after-school clubs which enable school-going and non-school-going children to make friends and play together in safe, supervised settings, explore interesting topics to improve thinking skills, creativity, and citizenship, and consolidate basic skills in math and literacy (eg board games or the tin trunk library).

[15] In many countries around the world, the formal education sector is recognising the importance of preschool education. Preschool programs are being incorporated into primary schools, as funds are available. Even so, there is a need for community-based early learning programs for several reasons. Firstly, they are useful to build parents' confidence about their contributory role to the child's education. Secondly, young children cannot walk the long distance to primary school due to fatigue and safety risks. Thirdly, when primary schools host a preschool, those who live nearby are more likely to attend than those living remotely. This creates even greater challenges for children without school readiness to keep up once they enter the primary school and might widen the divide between more privileged and vulnerable children.

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The following indicators contribute to Objective 1 (parenting)

Objective: Parents take action to improve child wellbeing in targeted communities.

Parenting indicators:

1. # %[16] Parenting group with community plans and actions to support child wellbeing.[17] (Measurement: a monthly early childhood facilitator and program organiser reporting.)

1.2 # % Parenting group members using new practices learned in the session. (Measurement: self-reporting during parenting group, and monthly home visit and in-depth interview with one parenting group member.)

1.3 # % Effective parenting groups established in targeted communities.[18] (Measurement: observation and in-depth discussion from home visits, two each month using home visit monitoring form. Data collected from the parenting group meetings using parenting group Tool 1 – Sessions Routine. Monthly early childhood facilitator and program organiser reporting.)

1.4 # Parenting group members selected and attending parenting group sessions.[19] (Measurement: data collected from parenting group meetings using parenting group Tool 1 – Session Routine)

1.5 # Parenting group facilitators trained and effective on parenting component. (Measurement: data collected from parenting group meeting using facilitation observation tool. Monthly early childhood facilitator and program organiser reporting.)[20]

1.6 # Training materials and programs developed to achieve parenting program objective.[21] (Measurement: changed practices in the home and community action for children.)

1.7 Project field staff and partners trained and effective on parenting component of the project. (Measurement: quarterly report.)

Evaluating the parenting program

Evaluation will show how well each of the objectives is being achieved and if the objectives are leading to the goal. In the case of parenting education, the best evidence that the parenting program has contributed to community change is if the parenting group members and others in the community take action to identify and solve community issues that affect child wellbeing. Other indicators that the parenting program is contributing to change include: changes in parents' child development knowledge and parenting practices; evidence of effective parenting groups operating in the community; targeted families attending the groups; community members selected, trained and capable to deliver effective parenting education; and the development of resources and materials for parenting that community members can use even when the NGO staff have left and the program is being facilitated by community facilitators.

1. Establish targets

1.1 Goal level indicators. Establish key indicators for child wellbeing (health, development and learning, and protection) for children from birth to eight years.

1.2 Child development indicators. Establish key indicators (milestones) for child development in major growth areas: physical development; social and emotional development (to include spiritual and cultural development); and language development. Suggested child development indicators for four major areas of child development (from birth to eight years) are provided in this guide. These indicators are represented by pictures and simple words on two sets of child development cards. These cards are adapted from child development checklists created by Pro Mujer

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[16] #% denotes that these indicators would normally be found in a results framework and so, to measure our progress (for monitoring and evaluation), we would be looking for number and percentage of each of these things.
[17] Community action refers to a stage where organised parenting groups might develop into community action groups that identify concerns or needs for community support for optimal child health, learning and protection and where they identify areas where they want additional knowledge or skills. Community action is when parenting group members begin to move their focus from their own children to a belief that they can make a difference at community level.
[18] Effective parenting groups are those that meet regularly, hold in-depth discussions about improving child wellbeing (from birth to eight years), provide opportunity to model and practice new skills, review experiences applying new skills in the home, and promote outreach to share new knowledge with family members and neighbours.
[19] This needs several steps: socialisation meetings in the community, informal home visits and conversations, census data collection, enrolment of parenting group members, and monitoring attendance at each session. In each session, those absent are discussed. Group members agree to check on absentees, share what was discussed at the meeting, and encourage attendance at next meeting.
[20] Training and supervision is ongoing. All aspects are captured in this indicator and ongoing records are maintained and reported quarterly.
[21] Substantial investments are incurred for model development. This includes the materials, training programs and capacity development for staff within the organisation. These materials, products and activities should be assessed for effectiveness. Do they bring the changes we want to see? What are we learning about building organisational capacity?

Bolivia (1990), several international child milestone charts, and those promoted in *Facts for Life* (2010).[22]

1.3 Parent change indicators. The parenting curriculum was developed to build the knowledge and skills of caregivers to promote child health, development and protection. Each session promotes specific practices to improve child wellbeing. In subsequent sessions, parents discuss their experiences of trying out the new practices with their children. New practices can also be discussed and observed during home visits, or through interviews and questionnaires.

1.4 Community change indicators. The parenting strategy also promotes the identification of community issues that affect child wellbeing, as well as actions to address these issues. Community action for children that includes people from all child services will meet regularly to: identify community problems that undermine child wellbeing; decide on priority issues that the team and community will address; take action; and review progress at scheduled times. Those organising community action for children will post the annual plan in the community and meet periodically to review progress and plan further action to address the identified priorities. Records of decisions and actions are evidence that community support for child wellbeing is improving.

It is vital to engage fathers in parenting programs, like this father in Cambodia, because of their important role in supporting child development.

DISABILITY INCLUSION AND GENDER EQUITY ARE CORE ISSUES TO BE INTEGRATED INTO PARENTING PROGRAMS SO IT IS IMPORTANT TO MEASURE CHANGE IN RELATION TO INCLUSION.

1.5 Gender equality and inclusion indicators. Disability inclusion and gender equity are core issues to be integrated into parenting programs so it is important to measure change in relation to inclusion. Qualitative and quantitative data on impacts and outcomes for boys and girls, and children with disabilities, will help inform effective policy and program responses. This includes collection and analysis of sex and disability disaggregated data and a commitment to reach 100 per cent of children in target areas, regardless of sex, ethnicity, and disability.

2. Establish baseline for parents' child wellbeing perception and practices

2.1 A gender-sensitive situational analysis establishes the baseline of home and community practices to promote child development milestones and child wellbeing. This allows for the identification of parenting practices to be targeted in the program. It is important that parenting facilitators collect this data. The idea is that it will make them care more about community conditions and assume accountability to address and improve outcomes through the parenting program. This is a critical strategy to change parenting education from an input activity to a results-driven activity. To do so, parenting facilitators must be concerned, committed, skilled and accountable for the changes.

2.2 The first three sessions of the parenting program are designed for parents to express their perceptions about a healthy child, a child who is developing well and learning, and one who is safe and protected. Alternatively, the facilitator might conduct the discussion in one session. Parents' views and perspectives about the most important parenting

[22] *Facts for Life* is co-authored by UNICEF, WHO, UNESCO, UNFPA, UNDP, UNAIDS, WFP and the World Bank.

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practices are the baseline for current knowledge about child wellbeing.

2.3 Follow up focus groups with the same parenting group members after one year. This will allow program evaluators to quantify changes in knowledge, beliefs and practices about child wellbeing priorities and parenting practices that contribute to child wellbeing.

3. Measure changes

Parenting group household interviews
NGO parenting facilitator and community parenting facilitator visit a parenting group member's home between each session. The purpose of the visit is to enlist help from the parent to help facilitate the next parenting meeting. Each parenting group member takes on the role as parent volunteer co-facilitator on a rotating basis. Over time all the parents in the group will have had the chance to lead a session. As a result each parent also participates in a one-on-one interview. At the start of each visit, the facilitators and parents discuss the parents' views about the previous sessions, what they learned, and what new parenting practices they are now using. This is one way to find out if parenting practices are changing as a result of the parenting education sessions. The information is recorded on a home visit monitoring form (see Section C).

Child development cards
Parenting group member knowledge of child development can be evaluated as they assess their children's development using the development card. Those who use the card accurately have obtained good knowledge of child development. The cards themselves are evidence of their knowledge.

Toys for early stimulation guides
Do the parents use the guides to learn about age-appropriate activities for children? Can they specify what developmental abilities are stimulated by the different activities? These questions can be determined through observation during the session, and by asking parents how they used the guides at home. This provides further evidence that parents are knowledgeable about child development, as well as how to develop age-appropriate toys to stimulate development.

Toy production
The number of toys made by parents indicates increased involvement in their children's education. This can be documented with a simple checklist.

In Uganda, parents learn about child development by using pictorial tools.

An informal exhibition of toys can be held so that members can tell how their children played with the toys and what the parents learned. Members can share more ideas about how to improve other areas of development by using a particular toy.

Parenting group observation forms 1 and 2 (supervisor)
Two parenting session observation forms were produced to determine the level of quality. Effective parenting sessions share certain characteristics (eg they begin with a review of what was learned; they include in-depth discussions about new recommended practices; and they provide the opportunity to model and practice), and these are listed on parenting group monitoring and evaluation tool 1 – session routine. The second form parenting group monitoring and evaluation tool 2 – facilitation, lists recommended facilitation skills (eg facilitator greets participants by name in a friendly manner; encourages quiet members to speak; encourages interaction between members, etc). Both of these forms can be found below and in the appendices.

The field supervisor or area manager uses these observation forms. It is a record that they observed an entire session and conducted a follow-up interview with the facilitator to discuss strengths and areas for improvement. In this way, the field supervision visit is a tightly focused review to monitor and improve the facilitator's skills to conduct an effective session. The form is also useful to the facilitator. To achieve session outcomes, the facilitator is expected to follow an agreed upon set of activities and discussions. The form serves as a reminder.

Facilitator session notes
Parenting facilitators are encouraged to keep notes on what happens during the session. Especially important is a record of parenting group members' experiences with applying the new practice and sharing their knowledge with others. At the start of each session members review what they

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learned in the previous session and how they used the practice. While this is self-reported, it provides an important indication of whether parents are using the new practices. The facilitator should make some brief notes about the number of parents who were able to give specific examples of what they did and how their children responded. Other qualitative information to note includes what members say about the reactions of spouses and extended family members when they tell them about the discussion and encourage them to also use the practice. This is an important step towards the community action objective. The parent not only changes their own practice, but talks to spouses and extended family members. This is an expected step that leads to speaking out to neighbours or at community forums. Facilitators can maintain these notes on the parenting group observation forms that the supervisor uses for monitoring.

4. Conduct formal evaluation

4.1 Questionnaires

A simple questionnaire administered to each member at the end of the program will also reveal changes in attitude, knowledge and behaviour. In many communities, the members might not be able to read. In this case, an evaluator could conduct one-on-one interviews with some of the participants. The evaluator could ask the following questions:

- *What activities did your child do yesterday?*
- *Did you fill out the development card? What did you find out?*
- *Did you show or explain the development card to other family members or friends?*
- *How is the development card helping you to teach your child?*
- *How many toys did you make?*
- *How did these toys help your child learn?*
- *Have you influenced any changes in the way your neighbours care for their children based on what you have learned in the parenting group?*

4.2 Home visits

The parenting facilitator and co-facilitator make one home visit between each session and keeps records of these visits. A monitoring and evaluation specialist might also want to conduct home visits semi-annually to several randomly selected homes and ask the same questions on the home visit monitoring form.

4.3 Case studies and most significant change stories

Facilitators should also maintain community profiles to capture qualitative and quantitative data on the areas where the parenting sessions are being held. This includes: numbers attending sessions; meetings with community leaders and others to discuss child development; and issues identified and addressed by parents and leaders, etc. Each facilitator should maintain a case study of complex questions and issues that arise during the review and training sessions. Case studies are also excellent tools to capture qualitative changes over time, and to gather snapshots of people who have been positively affected by the program.

Parenting program case study examples:

- How home visit interviews contribute to an improved parenting curriculum design.
- Lessons learned about using home visits as a tool to quantify changes in parenting practices.
- Documentation on the community action for children process: how parenting group members begin to move their focus from their own children to a belief that they can make a difference at a community level; the emergence of ECCD community leadership and community action for children.
- The processes of helping parents understand and use the child development and toy cards.
- Changes in interactions between parents from different social and economic strata within the parenting group; documentation

EACH FACILITATOR SHOULD MAINTAIN A CASE STUDY OF COMPLEX QUESTIONS AND ISSUES THAT ARISE DURING THE REVIEW AND TRAINING SESSIONS. CASE STUDIES ARE ALSO EXCELLENT TOOLS TO CAPTURE QUALITATIVE CHANGES OVER TIME, AND TO GATHER SNAPSHOTS OF PEOPLE WHO HAVE BEEN POSITIVELY AFFECTED BY THE PROGRAM.

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of efforts to bring in parents from the poorest segments of the community and to build friendships and supportive relations between members of different strata.

- What information tells us about the optimal number of members for a parenting group?
- What strategies reduce member dropout?
- What are the differences between women only, men only and co-ed parenting groups? What are the dynamics of co-ed groups and women's participation versus women-only groups?
- Are men facilitators as effective as women facilitators for a mother's group?
- What changes have occurred for girls and mothers, boys and fathers relevant to progressing gender equality as a result of the parenting program, at community and/or household level?
- What cultural values with child protection implications were identified in parenting discussions? What evidence is there that cultural values and actions are changing to increase child protection from abuse and neglect?

5. Presentation of findings – reflection and action cycle

Parenting facilitators will convene on a quarterly basis for review and training sessions facilitated by the supervisor/mentor. Facilitators will discuss data collected during each parenting session and in the monthly home visit (planning session with co-facilitator). They will discuss if the program is achieving the desired impact. They will provide suggestions for improving the sessions.

Case studies should be discussed, as well as the important findings documented in annual reports. Since case studies deal with complex development questions for which there are no easy answers, the findings have broad appeal. The ECCD program office might want to develop a newsletter to share with head office and development partners using the case study data.

REMEMBER, KEY QUESTIONS FOR REFLECTION AND PLANNING ARE:

1. Why is an action needed? What is the change we hope to see?
2. What strategies, curriculum, training tools and structures are needed to bring the change? Are these compatible with the goal? Will they lead to the goal?
3. What are people actually doing on the ground? What is their understanding? How are they prepared and evaluated? Are they able to carry out the design and bring the change?
4. Are we collecting the right data and is it feeding into the reflection and action cycle?
5. Is the program having an impact on the beneficiaries? If not, at what level does the problem lie?

6. Some final monitoring and evaluation considerations:

The ECCD program needs a systematic method for documenting progress and engaging all stakeholders in the work for continuous improvement. There are formal and informal methods for doing this. While outcome assessment might involve an external consultant, everyone on the team is responsible for conducting regular evaluations of the various components, and to see how they did or did not achieve the objectives. Practice habits of reflection (become more aware of own thinking and reasoning) and enquiry (asking others about their thinking and reasoning). This practice will generate knowledge, strengthen professionalism and enhance outcomes.

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PARENTING GROUP MONITORING AND EVALUATION TOOL 1 – SESSION ROUTINE

Purpose: This tool provides a quality score on how well the session was executed. It is a learning and reflection tool.

Scoring: Provide an average score for each section and track changes over time.

Date:

Village name:

Actual start time:

Actual end time:

Facilitator name:

Co-facilitator name: ☐ M ☐ F

Parent volunteer co-facilitator name: ☐ M ☐ F

Name of observer:

Number of parenting group members enrolled: ☐ M ☐ F

Number present today: ☐ M ☐ F

If children present, record how many.

Birth–2 years: M: F:

3–6 years: M: F:

Ask facilitator for names of absent parenting group members:

Please record additional information on the back of form, and note which section you are referring to.

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A. MEETING PLACE AND TIME

Score observation:	No		Yes		Evidence
	0	1	2	3	
A. Meeting place made available by community.					
B. Location accessible to members.					Interview some members.
C. Meeting time selected by members based on availability.					Interview some members.
D. Meeting place quiet without disruptions.					If disruptions occur, does facilitator handle well so the parenting group session can resume?
E. If children present, provided with clean, safe place to meet, toys and supervision.					

B. PARENTING GROUP ROUTINE

Session components		No		Yes		Comments
		0	1	2	3	
1. Welcome 10–15 minutes	A. Meeting starts on time.					
	B. Facilitator greets participants, uses names, and speaks informally.					Brief warm-up game or song might be provided.
	C. Introduces and thanks parent co-facilitator.					
	D. Absentees recorded.					
	E. Members asked to contact absentees.					
	F. Total time takes 15 minutes.					

(0 = not adequate, 1 = minimum, 2 = good, 3 = excellent)

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B. PARENTING GROUP ROUTINE *CONTINUED*

2. Review (experiences implementing new practice) 30 minutes	A. Facilitator asks members to remember what was learned.					
	B. All members tell how they used new knowledge.					Most sharing done in small groups, few examples provided during group sharing.
	C. Members discuss how children responded.					
	D. Members discuss how spouse and extended family members responded.					
	E. Parent volunteer co-facilitator plays active role including demonstrating reviewed practice.					
	F. Facilitators provide positive summary statement about what was learned and how used (previous session).					
	G. Review takes 30 minutes.					
3. New knowledge and practice discussed, modelled and tried 45 minutes	A. Facilitators present new topic and explain purpose.					
	B. Members discuss current views related to the topic.					
	C. Facilitator explains how new knowledge can be used for improved parenting.					
	D. Parent volunteer co-facilitator models new practice.					
	E. Parenting group members try the new practice.					
	F. Time takes 45 minutes.					

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B. PARENTING GROUP ROUTINE *CONTINUED*

4. Wrap-up	1. Members summarise what they learned and what they will do (one sentence).					
	2. Members agree on new practices to notice and try.					
	3. Facilitator thanks parent volunteer co-facilitator for help leading the session.					
	4. New parent volunteer co-facilitator selected for next session.					
	5. Confirms time and place for next meeting.					
	6. Facilitator summarises session using clear and inspiring language.					
	7. Closing takes 10-15 minutes.					

C. SOCIAL-EMOTIONAL ENVIRONMENT OF SESSION

Observation	No		Yes		Evidence
	0	1	2	3	
1. Safe and welcoming environment.					
2. Respectful and kind interactions between parents.					
3. Discussions present new ideas while respecting local cultures.					
4. Balance between laughter and fun with serious discussion of ideas.					

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PARENTING GROUP MONITORING AND EVALUATION TOOL 1 – SESSION ROUTINE

Consultation: Share observations with facilitator. Provide facilitator with the opportunity to comment on observations and discuss challenges. Note the key points below.

Average quality scores: add scores in each section and divide by number of items in that section.

Date:

A. Meeting place and time:

B. Parent group routine:

Welcome

Review

New knowledge

Wrap-up

C. Social and emotional environment:

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PARENTING GROUP MONITORING AND EVALUATION TOOL 2 – FACILITATION

Purpose: Facilitation skills contribute to the outcomes. This tool describes specific practices that effective facilitators use. Discuss strengths and areas for improvement and track changes over time.

Session observed:

Date:

Location:

Facilitator name: ☐ M ☐ F

Co-facilitator name: ☐ M ☐ F

Name of observer:

Number of parenting group members enrolled: ☐ M ☐ F

Number present today: ☐ M ☐ F

If children present, record how many.

Birth–2 years: M: F:

3–6 years: M: F:

Overall score:

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SCORE FACILITATION SKILLS OBSERVED DURING THE SESSION:

Indicator	No		Yes		Evidence
	0	1	2	3	
1. Members seated in circle.					
2. Facilitator sits with members (not apart).					
3. Greets members by name in a friendly, smiling way.					
4. Facilitator speaks clearly.					
5. Uses conversational, not 'teacher tone'.					
6. Uses suitable vocabulary for group.					
7. Explains ideas so others understand.					Uses concrete examples.
8. Involves co-facilitator to lead session.					
9. Encourages equitable participation, not calling on same people.					
10. Asks higher-level and open-ended questions that promote thinking.					Example: *What do you think are the benefits to the children from that practice? Why?*
11. Listens carefully to what is said and shows empathy, interest and support.					
12. Gives time for members to think about response; quiet members are encouraged to speak.					
13. Appreciates all responses and gives equitable feedback (same kind of feedback to each); non-judgmental.					Tip: Best to say, *Thank you,* after parent comments rather than, *Good.*
14. Encourages interaction between members.					Examples: *Does anyone want to ask them a question about that? Do you have any feedback or advice for them?*
15. Facilitator uses encouraging and inspiring language.					
16. Facilitator takes brief notes without breaking eye contact and flow of discussion.					

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SCORE FACILITATION SKILLS OBSERVED DURING THE SESSION *CONTINUED*:

17. Uses notes to help highlight important points of day.					
18. Members that dominate are kindly controlled.					
19. Facilitator knows content.					
20. Facilitator follows routine; keeps time.					

Consultation:

- After the session, talk with the facilitator. Write notes on the back of the page.
- Share two or three strengths and discuss.
- Share two or three observations that need improvement.
- Ask facilitator for comments on each of these.

Signatures:

Score:

Average quality scores: add scores in each section and divide by number of items in that section.

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PARENTING GROUP MONITORING AND EVALUATION TOOL 3 – HOME VISIT

Background and instructions

One home visit is conducted following each parenting group session. The ECCD facilitator and co-facilitator conduct the home visit together and discuss observations following the visit.

At the end of each parenting session, one parent agrees to co-facilitate the next session. This is the person selected for the home visit. Parent volunteer co-facilitators are selected on a rotating basis. Over time all parents will receive a home visit and have the opportunity to help lead a parenting session.

There are several benefits in selecting a rotating parent volunteer co-facilitator and making a home visit. These include:

1. Provides the opportunity to identify skills and talent for parenting education that can be used in the future.
2. Builds sustainability beyond the life of the project by actively engaging parenting group members as facilitation leaders from the start of the program.
3. Prevents parenting group members from discounting the parenting session topic as something that makes no sense in the context of their lives, since one of the facilitators is one of the parenting group members.
4. Parenting group facilitator gains an understanding of the real life situation of the members by visiting their home and talking about the topic with one of the members, and planning how the topic can be presented in a meaningful way.
5. Provides opportunity to prepare the parent volunteer co-facilitator to model the new practice being promoted since seeing one of the members doing this should be more convincing than if the 'outsider' shows the skill.
6. Provides a natural setting for conducting impact research.

The first part of the home visit interview focuses on what has been learned and applied from previous sessions. The second part of the visit focuses on preparing for the next session. The visit will need about one to one-and-a-half hours. The visit should be scheduled at a mutually convenient time for the parent and the parenting group facilitator.

HOME VISIT – SCRIPT

Thank you for volunteering to help with the next parenting session. Today I would like to talk to you about the next session. It will be useful to hear your views about the topic. I also want your suggestions on how we can present the information to the parenting group members and get a good discussion going about parenting practices that will help children grow and develop.

Before we discuss the next session, would you mind if we discuss your views on how the parenting group sessions are going? This will help me understand the real issues that you face and if the parenting group topics are useful to address them. It is especially nice for me to visit people in their homes and to get to know each of the families well. This one-on-one time is a chance for you to mention things that perhaps were not discussed due to time limits. This is your time to tell me what you think. I am here to listen to anything you want to say. And if you do not mind I have some questions for you. Where shall we start?

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HOME VISIT MONITORING FORM

Name of parent:

Names (and ages) of children:

Village/ward/district:

Name(s) of researcher(s):

Role:

Date of interview:

A. PARENTING GROUP MEETINGS: LEARNING AND APPLICATION

Questions	Comments
1. What has been the most meaningful parenting group discussion so far?	
2. What new practices do you use as a result of that meeting?	
3. Do you remember what we discussed in last month's meeting and what new parenting practices were promoted?	
4. Which ones of the practices have you been able to use?	
5. Were they effective for you? Why or why not?	
6. Has your spouse been supportive of your attendance? Have you influenced them to change any practices?	
7. What has been your experience talking to neighbours about what you have learned?	
8. What are some positive changes in your children as a result of what you have learned and are using?	
9. What are some of the problems you face in parenting at this time?	

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B. PARENTING GROUP MEMBER LEVEL OF SATISFACTION

Satisfaction	No	Yes	Comments
1. I am enjoying the parenting group. (Comment: Why or why not?)			
2. The meeting time is good for me.			
3. The location is good for me.			
4. I am satisfied with the gender make up.			
5. The topics are interesting and useful to me.			
(0 = not satisfied, 1 = minimum, 2 = good, 3 = excellent)	0 1	2 3	

C. ACTUAL PRACTICES OBSERVED

List practices promoted in past sessions that were observed during the home visit. There might be little or no opportunity to observe parent and child interactions during the visit. However, there might be the opportunity to see improvements in how the parent sets up the home to enhance child wellbeing. For example, there might be a basket of toys for the children, soap and water by the toilet, or a safety measure to prevent children from falling in the fire.
(0 = practice implemented did not reflect parenting group learning, 1 = moderately correct, 2 = adequate, 3 = excellent)

Practices promoted in session and observed during home visit	Inadequate 0/1	Adequate 2/3	Evidence

D. ANALYSIS

Researchers review findings and finalise the monitoring form together. The child wellbeing index on page 43 provides a useful reference for thinking about the status of child development supports in this home, as well as changes over time.

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SECTION D

CURRICULUM OVERVIEW

Right: A mother cooks a meal of rice porridge, egg and green vegetables for her children in Indonesia.

PARENTING EDUCATION CURRICULUM STRUCTURE AND CONTENT[23]

This guide intends to address child health, development and learning and protection issues that are relevant throughout the early childhood years, from birth to eight years.

The curriculum content is designed to ensure that positive changes in families and communities enable children to have a good start in life. Participants in the parenting groups should have at least one child aged from birth to eight years.

All expecting parents need training in pregnancy care, developing a labour delivery plan, and newborn and postnatal care. Trained healthcare workers should provide this information at regularly scheduled times. These topics are not included in this curriculum because parenting group members are discussing children aged from birth to eight years, so pregnancy, newborn and postnatal care might not be a direct concern for everyone. However, education for expectant parents is critical and should be handled as a separate but complementary program.

Parenting sessions should focus on one developmental period. The early childhood years are formative for later development and should be discussed holistically because each developmental milestone relates to the next. While there might be need and demand in the community for programs that address parenting in the primary or adolescent years, the early childhood parenting program members should be those with children aged from birth to eight years and the discussions should only focus on development during this period. Sometimes parents might say that younger children are not difficult, but that they need help with the older children. Parents will learn through the program that the interactions and childrearing practices established in the early childhood years contribute to cooperative and high-performing children in adolescence.

In Vietnam, Plan's parenting programs support parents from remote ethnic minority communities, building on existing knowledge and skills.

The parenting curriculum is implemented in four stages. Each of these could be presented alone and, in some cases, there might be reason to implement only one of the stages. Stages 1 to 3 include the sessions that make up the core curriculum. Stage 4 provides an opportunity to reflect on what was learned and plan for the future. Specific steps are taken to prepare the group for self-management by the second year of operation. The parenting group members, according to their needs and interests, select topics for Stage 4 sessions. They might also be suggested by the development organisation due to identified concerns related to child wellbeing.

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[23] Parenting sessions 2-A to 2-D were developed by Deborah Llewellyn for Save the Children Bangladesh and Save the Children Bhutan in 2010, and adapted for Plan International Australia and Indonesia, also in 2010. Sample Stage 4 parenting sessions were developed by Deborah Llewellyn for Save the Children Mozambique, and they were used in Uganda and Tanzania.

Parenting groups meet weekly, twice a month or monthly, depending on the time available and the distances required to reach the meeting place. A program that meets twice a month is completed in about one year. Twice monthly meetings might have other advantages, such as keeping the momentum going and building close relations that contribute to the enjoyment and learning. Those that meet monthly need two years to cover the content. If groups meet monthly organisers might consider a short course of 12 sessions, which is described in Section D.

It is important to find out which meeting schedule best contributes to the two major goals: improving parenting practice and motivating members to continue working as a team for more learning and community action to improve child outcomes. In the second year, community facilitators will be prepared to lead ongoing parenting discussions, help community actions to address child wellbeing concerns, and identify areas where learning resources are required. The ECCD facilitator from the sponsoring organisation will also conduct monitoring and mentoring visits. The facilitator will also help in locating experts as required, but will no longer lead the sessions.

Engaging parents in toy making in Laos during parenting education helps build practical skills for improving child development.

Allow two hours for each session, from start to finish. It is important to start and end on time, to respect the family and livelihood obligations of the parents. See Section H for a suggested structure.

Curriculum overview

Stage 1:
Establishing baseline (three sessions)

The child wellbeing indicators should provide a strong basis for the content of the parenting education program. It is good to start the program with a discussion about child wellbeing indicators and to find out what parents currently believe will result in positive child wellbeing by the time a child is eight years old. This discussion establishes a baseline for changes in parents' knowledge and beliefs over time.

This can be conducted in one session (1-1) or in three sessions (1-A, 1-B, and 1-C). Modules are provided for the one-session or three-session methodology. If using one session, parents are divided into three groups. Each group discusses one topic: health, learning, or safety and protection. After each group reports, others are encouraged to add other important ideas that might have been overlooked. All members then discuss the priority needs in this community for achieving the desired health, learning and protection priorities that parents regard as essential for well-developed children. If using the three-session approach, then each session focuses on one of the discussion topics, rather than three at once.

In both methods, parents share their understanding about aspects of child wellbeing, as well as their priority concerns. This enables program managers and facilitators to establish a baseline for parenting knowledge

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and practices. It informs program managers about topics of interest to parents that should be developed for the follow-up discussions (Stage 4). It tells parents that the program respects their perspectives and builds on their interests and concerns. They are encouraged to discover that the program intends to support them to achieve their own childrearing goals, while also learning new things about children and parenting.

Stage 2:
Parenting basics (four sessions)

Over four sessions parenting group members begin to: appreciate their important influence over their child's future success; become more reflective about day-to-day practice; and build on family and group assets for strengthening childrearing practices. These sessions demonstrate that education or wealth is not needed for good parenting. Many good skills already exist in the community. Members begin to realise that they can achieve what they want for their children by using these strategies and also learning new skills. These sessions are also designed to create a demand for learning more about child development and parenting. Field experience has shown that these sessions need quite a bit of expertise in managing group discussions. When they are managed poorly parents might feel frustrated and confused. New programs and newly trained facilitators will be more successful with session 2-D, which introduces the child development modules that follow. By the second year, facilitators should have the skills to conduct sessions 2-A through to 2-C in any new parenting groups launched.

Stage 3:
Using pictorial child development tools to monitor and stimulate development (eight sessions)

Parents will receive their own pictorial child development cards that can be used to monitor development from birth to eight years. The cards will be introduced in four sessions: motor development, social and emotional development, language development and cognitive development. Parents will learn about child development milestones and parenting practices. They will learn how to assess development using the card and practice a new method for stimulating development in this area. They will also learn how to make no-cost toys from locally available materials and how to use these toys to stimulate children at all ages and stages of development.

MANY GOOD SKILLS ALREADY EXIST IN THE COMMUNITY. MEMBERS BEGIN TO REALISE THAT THEY CAN ACHIEVE WHAT THEY WANT FOR THEIR CHILDREN BY USING THESE STRATEGIES AND ALSO LEARNING NEW SKILLS. THESE SESSIONS ARE ALSO DESIGNED TO CREATE A DEMAND FOR LEARNING MORE ABOUT CHILD DEVELOPMENT AND PARENTING.

Stage 4:
Evaluation and forward planning (four sessions)

Parents evaluate what they have learned, how parenting has changed, and what they want to learn and do in the future. In this session parents revisit the initial discussion about views on child wellbeing. This enables facilitators to quantify changes in knowledge and beliefs gained from the parenting program. Simultaneously parents identify the community concerns that they want to address as a group, transforming the group to a community action phase. Parents will practice a methodology that enables them to conduct their own parenting discussion groups using a tool called 'reflection on practice'. Parents will identify areas where they would like to gain more skills.

In the final phase, parents gain new skills in two ways. The community facilitators might ask for technical help from guest experts. Parents might want to continue meeting and discussing topics of interest. Each organisation should consider producing a set of pullout discussion guides for facilitating topics of interest. Examples include: first aid practices in the home; positive discipline; how to grow a kitchen garden to improve child nutrition. *Facts for Life* (UNICEF et al 2010) is a good resource for health and child development information. The facilitator prepares to lead the discussion using prepared pullout discussion guides, or they identify multi-sector resources in the community to help build the skills of parents that influence parenting. Examples include: literacy, village savings and loan, vocational skills, community led total sanitation (CLTS), disaster preparedness and first aid.

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OUTLINE FOR PARENTING SHORT COURSE (12 SESSIONS)

Some field teams wanted a parenting program that could be completed in less time. Below is a description of how to conduct the core parenting program in 12 sessions.

Session 1:
Baseline – child wellbeing knowledge (see Module 1-1)

Parents work in three groups to discuss priority needs for children during the early childhood years, in relation to health, learning, and safety and protection. They also discuss which of these 'indicators' is the most challenging for families in the community to attain. Each group reports and others can add more ideas. This is our baseline to capture their understanding about child wellbeing and also highlights the areas to focus on in the parenting group.

Session 2:
What's important to know about child development? (See Module 2-D)

This is a popular session where facilitators provide puzzle pieces to introduce the idea that children are made up of many parts (or child development domains). Each must be handled with care to make the whole puzzle, that is, the whole child. There are some activities for them to become familiar with the parts that make up the child's development.

Sessions 3-6:
Learning about child development (see Modules 3-A to 3-D)

In these sessions, parents learn about child development using pictorial child development cards. Parents learn about child development stages and recommended parenting practices for the child's age. The discussion will highlight why each area is so important and what parents need to do. The facilitator and the group will explore the cards and model or practice one important skill. These sessions will introduce appropriate health and safety and protection issues, particularly explaining the issues and concerns that were brought up in Session 1. Parents will explore the cards and assess their child in this area. They will then try the new practice, and share this information with extended family members and neighbours. At subsequent sessions they will review what they have learned and how they have applied the information.

Sessions 7 and 8:
Making toys to stimulate development (see Modules 3-E and 3-F)

Participants will review what was learned about child development by making toys to stimulate development in the four development areas. Parents will work in groups, focusing on one of six materials, such as sticks, paper or cans. Each group will consider the four areas of development and find one toy to make for each age group for each area: social and emotional, motor, communication and thinking skills. The take-home assignment will be for the parent to make one toy appropriate for their child's age, and to show how they can interact with their child to stimulate the four areas of development using the tool. Parents also prepare to discuss safety and protection considerations in relation to the toy. In the subsequent session, parents will display the toys that they made for their child. Parents will then tour the gallery and admire the toys. In groups they will describe how the toy is used to stimulate development in the four areas. A follow-up discussion will include one example from each group, as selected by the parents.

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OUTLINE FOR PARENTING SHORT COURSE (12 SESSIONS)

Session 9:

Learning assessment – parenting for better child development outcomes

As a final learning assessment, parents will repeat the same focus group discussion used in session one. They will divide into three groups. Each group will be assigned one topic: health, learning, and safety and protection. Each will identify the priority indicators that should occur in the first eight years for each area. They will think about the current status of children against these benchmarks, and the priority concerns that exist in the community that prevent children from achieving these benchmarks. Each group will report and others can add things they think were missed. This session enables the parents to reflect back on what they learned and conclude the core parenting program. It enables the facilitator to compare data from session one and session eight to identify changes in knowledge. In this session there is opportunity to see changes in practice (toy production) and changes in knowledge (focus group). This might be conducted in two sessions, rather than one.

Session 10:

Parenting group next steps – planning community action for better child outcomes and opportunities to further enhancing parenting knowledge and skills (see Module 4-B)

This is the final session of the core parenting program. Parents discuss actions that the group might take to address community issues that undermine child wellbeing (identified in Session 8). They discuss if they want to become a community action group, how they will work on the issues, and how often they will meet. They will also discuss how the ongoing group will be facilitated and if they are interested in learning more about raising children, and what the topics of concern or interest are. If the group does not wish to take on a community action role, and do not wish to go to the next stage of parenting education (extended learning opportunities), then the parenting group is brought to a conclusion. If parents are motivated to self-manage the parenting discussion group, then add a session to teach parents how to do this.

EXTENDED LEARNING OPPORTUNITIES

Over time the organisation can develop a set of pullout discussion guides on a range of topics related to child health, nutrition, development, learning, safety and protection. These cards should be easy to read and understand. Each should follow the preferred routine for effective parenting discussions. This includes: a review of what was learned and applied from the previous session; introduction and discussion about the new topic; demonstration of recommended practice; opportunity to practice the new method(s); a summary of what was learned; and commitments to try the new practice. In this next stage of parenting, the community co-facilitators or other interested parents will lead the discussion topics selected by the parents, and could also work with the sponsoring organisation to arrange specialists to train them in areas that further impact their capacity to provide for their children. This might include help with developing a kitchen garden, preparing for disaster relief, or micro-credit and job skills training to enhance family income.

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DESCRIPTION OF PARENTING SESSIONS AND PARTICIPANT OUTCOMES

This section provides an 'at-a-glance' overview of the full curriculum content and participant outcomes.

STAGE 1: ESTABLISHING BASELINE

Session 1-A:

Sharing views about child wellbeing – healthy body

The parenting program will support families to know what they want for their children, and gain the tools and resources to effectively support these goals. It is important to start the parenting program design work based on discussions with parents. Important things to find out include: parents' understanding about child wellbeing; what aspects they value and prioritise; their assessment of children's status in relation to their goals; barriers that exist in the family or community that prevent optimal child development; and areas where they want new knowledge and skills to address and improve areas of concern.

Parents already have a great deal of knowledge. They know many positive practices that they can use to help children develop the skills for success in life. Building on individual strengths and group assets creates energy for change, and the opportunity to learn from friends and neighbours, as well as the facilitator. These initial consultations with parents establish a positive and respectful tone for future parenting education discussions, while also establishing a baseline about the status of children. The first discussion is about child health and physical growth.

Parenting programs in Indonesia recognise and build on existing parenting knowledge and skills in communities.

Participant outcomes:

1. Talks to spouse, extended family and neighbours about the parenting group session.
2. Able to describe views of self and others about what children need (from birth to eight years) to be healthy.
3. Identifies challenges within the family and community that prevent optimal health.
4. Learns at least one new strategy from parenting group members for addressing health concerns.

Session 1-B:

Sharing views about child wellbeing – life and learning skills

In this session, the discussion continues to identify parents' perspectives about child wellbeing.

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In this meeting, parents discuss what children need to learn in the first eight years that will help them succeed at school and in life. This session aims to learn about parents' perspectives on child development milestones. Parents also discuss life skills (such as values, social skills, self-confidence) and learning skills (such as persistence, curiosity, and being able to express ideas with language).

Children in China learn important life skills from parents, like hand washing.

Participant outcomes:

1. Talks to spouse, extended family and neighbours about the parenting group session.
2. Is able to describe their own views and those of other parenting group members about what skills are gained in the early childhood years that will help their children succeed in life.
3. Is able to describe what skills young children develop that will help them succeed in school.
4. Identifies challenges that prevent children from developing these skills.
5. Learns at least one new strategy from parenting group members for addressing child development concerns.
6. Applies at least one new strategy to help children begin to develop skills to succeed at school and in life.

Session 1-C:

Sharing views about child wellbeing – safety, protection and participation

In this session, parents discuss what it means for children to be safe and protected. Important things to find out include: parents' understanding about child protection; what aspects are important to them; what they see as the child protection status in the community; identification of existing problems and resources; and areas where they want new knowledge and skills to address and improve areas of concern. In this session, parents will also share views about child rights and participation.

Participant outcomes:

1. Talks to spouse, extended family and neighbours about the parenting group session.
2. Is able to describe what it means for a child to be safe and protected.
3. Is able to describe skills that children can learn to keep them safe.
4. Learns at least one new strategy from parenting group members for addressing child protection concerns.
5. Applies at least one new strategy to improve child protection and safety.

STAGE 2: PARENTING BASICS

Session 2-A:

What is important to know about taking care of children?

Parents are more aware of their responsibilities for taking care of their child's physical needs, rather than their emotional and learning needs. Children benefit when parents are more reflective about the day-to-day care and treatment of their children. Childrearing should be balanced between taking care of a child's physical needs, and parenting that supports cognitive development and life skills.

Participant outcomes:

1. Notices ways they care for their child's physical needs.
2. Notices and records a new way of taking care of child's physical needs that also helps child in other ways (eg developing mind or feelings).
3. Explains that parents should provide a balance between both kinds of care.

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4. Talks to spouse, extended family and neighbours about the parenting group session.

Session 2-B:

What do I hope for my child's future outcomes?

One way to improve parenting is to keep in mind a positive vision for the child's future outcomes. It is natural for parents to deal with the problems of the day such as feeding or disciplining their children. It is also important to do some things each day that help the child reach that goal for the future. Parents already know many positive practices that they can use to help children develop the skills for success in life. They can learn more practices from others in the group.

Participant outcomes:

1. Talks to spouse, extended family and neighbours about the parenting group session.
2. Identifies one hope for child's future.
3. Is able to describe a day-to-day parenting practice (using current resources) that might help their child achieve that future outcome.
4. Applies a new childrearing practice to help child achieve a positive vision for their child's future.

Session 2-C:

Should I use the same childrearing practices as my parents?

Parents tend to use the same childrearing practices that were used by their own parents. It is helpful to remember how one felt about this treatment. What was hurtful? What was valuable to you? It is possible to stop the continuation of harmful practices but it is not easy. Parents have to discuss what happened to them in their childhood with people that they trust. They then have to decide to change. Finally, they have to learn some new methods of dealing with their children to replace the old ones. Thinking about the past is a good way to improve childrearing. Many positive local practices are being lost. Parenting forums can promote and use them.

Participant outcomes:

1. Talks to spouse, extended family and neighbours about the parenting group session.
2. Identifies a positive childrearing practice from their own childhood.
3. Uses or increases the positive family or traditional practice with their own children and notices how it makes them feel.
4. Identifies a negative childrearing practice from own childhood.
5. If currently using the negative childrearing practice with their children, replaces it with a more positive childrearing practice.

Session 2-D:

What is important to know about child development?

A child is like a puzzle made up of several pieces. We can think of the pieces as areas of child development. Each piece is essential. Each piece must be carefully taken care of so it is not lost or damaged. There is a different puzzle for each year of a child's life. It has the same number of pieces but the shapes of the pieces change from year to year. In this session parents recognise that children change over time. They develop along the same path but at different paces to each other. If parents understand child development, they will feel more patience with their child and know how to help them master the tasks at each stage of childhood. They are helping the child develop their potential for school and life success.

Participant outcomes:

1. Talks to spouse, extended family and neighbours about the parenting group session.
2. Is able to explain the different ways that children develop.
3. Notices and records something their child is currently doing in each area of development.

STAGE 3: USING TOOLS TO IMPROVE PARENTING AND CHILD DEVELOPMENT

Session 3-A:

Using child development cards to assess and support social and emotional development

Parents will learn how to use a pictorial child development card to evaluate the social and emotional development of children between birth and eight years. They will also discuss parenting practices that help children reach social and emotional development milestones. Social and emotional development is linked to all other areas. This area emphasises many skills that enable the child to develop self-awareness and self-regulation (self-control). It is the foundation for cognitive development

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because children are more likely to do well in school when they have a positive sense of wellbeing, emotional support and secure relationships that build confidence to function well in a group. Key emotional development skills are attachment and trust, and developing a sense of self-worth. Key social skills are respecting others, respecting self, not being too shy or too aggressive, a willingness to cooperate and give support to others, and the confidence to communicate wants and needs.

Participant outcomes:

1. Talks to spouse, extended family and neighbours about the parenting group session.

A mother in Indonesia comes to the Posyandu (community health centre) to participate in the Plan-supported parenting program.

2. Uses child development card to assess the social and emotional development, from birth to eight years, of their child.
3. Shows child development card to neighbour and helps neighbour identify social and emotional development milestones for their child according to age.
4. Knows when to seek help from health provider for developmental delays.

Session 3-B:

Using child development cards to assess and support motor development

Parents will learn how to use a pictorial child development card to evaluate the fine and gross motor development of children between birth and eight years. They will also discuss parenting practices that help children's physical development.

Participant outcomes:

1. Talks to spouse, extended family and neighbours about the parenting group session.
2. Uses card to assess motor development, from birth to eight years, of their child.
3. Shows child development card to neighbour and helps neighbour identify motor development milestones for child according to age.
4. Knows when to seek help from health provider for developmental delays.

Session 3-C:

Using child development cards to assess and support language development

Parents will learn how to use a pictorial child development card to evaluate the language development of children between birth and eight years. They will also discuss parenting practices that help children's language development.

Language development is the process by which children come to understand and communicate language. It begins at birth. Babies communicate through sounds, facial expressions and gestures. Being able to speak and communicate effectively is an important skill. Having good language skills at an early age is a key predictor of school success. Early language and literacy skills are best learned through everyday moments with your child – talking, telling stories, reading books, and laughing and playing together.

Participant outcomes:

1. Talks to spouse, extended family and neighbours about the parenting group session.
2. Uses card to assess language development, from birth to eight years, of their child.
3. Shows child development card to neighbour and helps neighbour identify language development milestones for their child according to age.
4. Knows when to seek help from health provider for developmental delays.

Session 3-D:

Using child development cards to assess and support cognitive development

Parents will learn how to use a pictorial child development card to evaluate the cognitive development of children from birth and eight years. They will also discuss parenting practices that help the cognitive development of their children.

Cognitive development focuses on the development of thinking skills and general knowledge about the world and how it works. Cognitive development involves thinking,

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reasoning and remembering skills. It includes understanding concepts and having general knowledge about the world and how things work. From the start of life, babies are aware of their surroundings and are active learners. They are busy gathering and organising knowledge about their world through the senses: seeing, hearing, touching, tasting and smelling. Children's everyday experiences can help them gain new knowledge and information if they are encouraged to recognise differences and similarities, to ask questions and solve problems.

Cognitive development encompasses learning language, literacy and numeracy skills, as well as about science and the arts, including music. It also includes other ways of gaining knowledge, such as creative expression and problem solving. Another aspect of cognitive development is the child's approach to learning. Learning is enhanced by curiosity, creativity, independence, cooperativeness and persistence. Pretend play is particularly important to the development of thinking skills.

Participant outcomes:

1. Talks to spouse, extended family and neighbours about the parenting group session.
2. Uses card to assess the language development, from birth to eight years, of their child.
3. Shows child development card to neighbour and helps neighbour identify cognitive development milestones for their child according to age.
4. Knows when to seek help from health provider for developmental delays.

Session 3-E:

Introduction to toy guides and toy making

For the young child, playing and learning is the same thing. Opportunities for early learning and play go together, since learning for the very young child happens best through playful, game-like activity. Children use many household or natural objects as toys. Parents can also make no-cost toys. If parents understand child development, they can make toys that motivate children to achieve development milestones. In this session, parents will learn to use toy guides to make toys that are well suited for their child's age and development needs. They will demonstrate what they learned by making toys for their child using no-cost, locally available materials.

PARENTS CAN ALSO MAKE NO-COST TOYS. IF PARENTS UNDERSTAND CHILD DEVELOPMENT, THEY CAN MAKE TOYS THAT MOTIVATE CHILDREN TO ACHIEVE DEVELOPMENT MILESTONES.

Participant outcomes:

1. Parenting group members will explain the value of play and toys to the extended family and neighbours.
2. Parenting group members will use the toy chart to make an appropriate toy for their child's age.
3. Parenting group members will take safety concerns into consideration when making the toy.

Session 3-F:

Using toys to stimulate development

Parents will display toys in an exhibit. Parents will select toys and tell how they can be used to stimulate growth in all four areas of development. This activity is a good evaluation method to see how much parents have learned about child development. Parents will be encouraged to consider safety, novelty and storage for the toys they make.

Participant outcomes:

1. Talks to spouse, extended family and neighbours about the parenting group session.
2. Explains how a toy can be used to stimulate development in four major areas.
3. Provides a place for toy storage such as a basket or bag.

STAGE 4: WHAT DID WE LEARN? WHAT DO WE WANT TO DO NEXT?

Session 4-A:

What did we learn and what do we want to do next?

The parenting group has been meeting for one year. Members learned and practiced many new skills to support child wellbeing. It is a good time for the sponsoring organisation to assess what parents learned. More importantly it is time for parenting group members to discuss what they now believe to be

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true and how they have changed. A method for doing this is to return to the first discussion in the course, which addressed parents' views about child wellbeing priorities and needs.

Participant outcomes:

1. Talks to spouse, extended family and neighbours about the parenting group session.
2. Recognises changes in own knowledge and practice related to raising healthy, well-developed and protected children.
3. Commits to working with other members as a child study and action group.

Session 4-B:

Parenting self-study groups

Parenting will improve through reflection on practice. When parenting group members share childrearing successes and challenges with others they develop the practice of reflection. When they explain things to others, the thinking and motivation behind their thinking becomes clearer. Feedback from trusted friends also promotes growth. When parents share experiences there is also good opportunity to learn from others.

An important parenting principle promoted in the program is the concept that parents have a great deal of valuable knowledge and, when shared, group members can learn from each other, even without the presence of an 'expert'. During the course of one year, the parenting group members have learned from each other and from expert advice. In Stage 4, the parenting group will transition from one managed by an external facilitator to one managed by the community. In this session, parenting group members will learn a methodology for conducting their own sessions without outside expertise. The external facilitator will teach the method through example and practice during a parenting session. At the next meeting, the external facilitator will watch the community facilitator and parents conduct the session without help. The external facilitator will then provide feedback to the group.

Participant outcomes:

1. Understands and is able to use a tool for conducting own parenting group discussions (reflection on practice).
2. Identifies one successful parenting strategy to present at next session.
3. Identifies one childrearing challenge they face and plan to share at the next parenting meeting.

Session 4-C:

Planning community action for children

This session provides members with the opportunity for forward planning. In the first session of Stage 4, members identify concerns about community support for optimal child health, learning and protection. At this meeting they will discuss these issues in more depth and develop a plan of action for addressing the issues and reviewing progress. They also identify areas where they want additional knowledge or skills. This might include specific parenting skills such as disciplining children or skill development that has an impact on how well they can provide for their children (eg literacy, vocational training, etc). In this session, members will learn a seven-step problem-solving methodology. It is a useful tool for improving the effectiveness of the community-led action for children group.

Participant outcomes:

1. Develops a plan of action that lists: parenting group member concerns about community issues that undermine child wellbeing, actions that will be taken by the group, and review procedure.
2. Develops a list of topics for which more information and skills-building for better parenting is desired.

EXTENDED LEARNING OPPORTUNITIES – PULLOUT DISCUSSION GUIDES

Parenting group members can select from a range of topics according to their interests (the facilitators are provided with pullout discussion guides on important topics). Health providers facilitate discussions on health, and experts might be called in for special topics (eg growing kitchen gardens or protecting children during monsoon rains). Each session is structured as follows: review, discussion, modelling, practice and assignment or application. *Facts for Life* (2010) is a good resource for developing discussion modules on health and child development for babies.

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SECTION E

STAGE 1 MODULES: ESTABLISHING BASELINE

Right: The home and everyday settings can be used for important learning experiences for children. In Cambodia, sharing traditional skills with children supports their development.

STAGE 1 MODULES: BACKGROUND INFORMATION

A situational analysis should be conducted in each community to gather information about the status of children, child supports and child services in the community. These interviews help establish the rationale for parenting education, early learning and transitions to primary supports. More specific data is required to establish the baseline for measuring the program's impact. This requires longer and more in-depth discussions about child wellbeing. The parenting group is an ideal setting for this discussion.

In the first three parenting sessions, group members share their perceptions about child wellbeing (health, learning, and protection) and their priority concerns (Modules 1-A, 1-B and 1-C). Another option is to combine all topics in one session (Module 1-1). Modules are provided for both approaches. If covered in one session or three, this discussion enables program managers and facilitators to establish a baseline for parenting knowledge and practices. Repeating the discussion at the end of the parenting program will reveal changes in parents' understanding about what children need and what parents should do.

The parenting program in Indonesia is supporting child wellbeing and helping parents to understand their vital role in child development.

DURING THESE INITIAL SESSIONS, PARENTS WILL DISCOVER THAT THE PARENTING PROGRAM FACILITATOR INTENDS TO SUPPORT THEM TO ACHIEVE THEIR CHILDREARING GOALS, WHILE ALSO PROVIDING RESOURCES FOR THEM TO LEARN NEW THINGS ABOUT CHILDREN AND PARENTING.

What parents say in these sessions also informs program managers about topics of interest to parents that should be developed for Stage 4 discussions. It tells parents that the program respects their perspectives and builds on their interests and concerns. During these initial sessions, parents will discover that the parenting program facilitator intends to support them to achieve their childrearing goals, while also providing resources for them to learn new things about children and parenting.

Note: Modules 1-1 or 1-A to 1-C can be used.

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MODULE 1-1: BASELINE PERSPECTIVES ABOUT CHILD WELLBEING

Important note: Stage 1 can be facilitated in one or three sessions. Please follow Module 1-1 for the one-session option, or sessions 1-A, 1-B, and 1-C for the three-session option. Please review the two options before selecting the best option for the local context.

Time: 1 hour 20 minutes

Purpose

The parenting program will support families to know what they want for their children and to gain the tools and resources required to effectively support these goals. It is important to design the parenting program work based on discussions with parents. Important things to find out include: parents' understanding about child wellbeing; what aspects they value and prioritise; their assessment of children's status in relation to their goals; barriers that exist in the family or community that prevent optimal child development; and areas where they want new knowledge and skills to address and improve areas of concern. This initial discussion with parents is designed to achieve the following:

- Establish a baseline about parent knowledge and practice. The same session can be repeated at the end of the program to measure changes in knowledge and beliefs.
- Encourage thinking about community issues that parents want to address.
- Create a positive and respectful tone for parenting discussions.

Parents already have a great deal of knowledge about parenting. They already know many positive practices that they can use to help children develop the skills for success in life. Building on individual and community strengths creates energy for change, and the opportunity to learn from friends and neighbours, as well as the facilitator.

In the first three sessions, the facilitator records ideas on flipchart paper or a blackboard because this is critical baseline data for planning the program and measuring impact. The use of flipcharts or blackboards in this program is minimal to ensure that it can be scaled-up for low or no cost, to minimise stress for non-readers, and to reduce the impression that this is a 'class'. In most sessions group work is recorded on A4 paper with picture symbols. Parenting sessions should not exceed two hours from start to finish.

Participant outcomes:

1. Talks to spouse, extended family and neighbours about the parenting group session.
2. Is able to describe health, learning and protection needs of children in the first eight years.
3. Identifies challenges within the family and community that prevent optimal health, learning and protection.
4. Applies at least one new strategy to improve child wellbeing, based on what was learned from other members in the discussion.

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STEPS

WELCOME

- Facilitator greets participants by name in a friendly manner.
- Participants introduce themselves (if this is their first time together) using the name game (see the end of this section for more information).
- Identify who is absent from the group and ask for help to contact the person and encourage them to attend the next meeting.
- Introduce and thank co-facilitators for helping with today's discussion.

PURPOSE

- Explain purpose: *The early years, from birth to eight, are considered the most important period in the human life cycle. What happens during this time influences all of later life.*
- *Parents have the most influence over how children develop during this critical period, from birth to eight years. If parents have effective skills to support child development, the children will get a better start in life.*
- *We see that children in this community have caring parents. We would like to learn more about parents' views about what children need in the first eight years to get a good start in life. Do you mind sharing some of your experiences and views about child wellbeing?*
- *This will give us a good idea of the things you want to discuss and learn about in the parenting program. We might also be able to suggest some topics for your consideration.*

REVIEW

- Effective parenting education groups begin with a review of what was learned in the previous session, how parents used the information for better parenting, the responses of children and other family members, and any difficulties encountered.
- Since this is the first session, there is no review.

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NEW KNOWLEDGE AND PRACTICE (70 MINUTES)

INTRODUCTION

- *There are three important areas to pay attention to when taking care of children: health and growth, learning, and protection.*
- *Let's think about a child who is eight years old. We look at the child and see that they are doing very well.*
- *Related to health and growth, what are some things that the child needed in the first eight years to achieve a healthy body and good physical development? Let's hear two or three examples.*
- *Related to learning, what are some things that children should learn in the first eight years to have a good start in life? This includes life skills, cultural and spiritual values, manners and school-related learning. Let's hear two or three examples.*
- *Related to safety and child protection, what are some things that children need in the first eight years to have a good start in life? Let's hear two or three examples.*

ACTIVITY 1: GROUP WORK

- *Let's divide into three groups. Each group should sit in a circle.*
- *Each group should select a person who can record the ideas that are spoken. Write these in your notebook or on a piece of paper.*
- Once circles are formed and a note taker is selected, assign one topic to each group: health and growth, development and learning, and safety and protection. Method: three topics are written on three cards. Each group chooses a card.
- *In your circle please share ideas about all the things that children need in this area to have a good start in life.*
- Method: go around the circle. Each person says one idea related to the topic. After everyone has taken a turn and the idea has been recorded, go around the circle again and again until all the ideas have been stated.

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ACTIVITY 2: REPORTING – HEALTH AND PHYSICAL GROWTH

- Each group reports the list of things they think children need to have a good start in life, in the area discussed by that group.
- After reporting, the facilitator asks, *Do others have something to add?*
- *Of the things mentioned, which are some of the most challenging for families in this community to achieve?*
- Parents state their opinions and facilitator takes note of what they say. Facilitator then asks, *Do you think we should give special attention to these topics in future parenting group sessions?*

ACTIVITY 3: REPORTING – DEVELOPMENT AND LEARNING

- Follow same steps as activity 2.

ACTIVITY 4: REPORTING – PROTECTION AND PARTICIPATION

- Follow same steps as activity 2.

ACTIVITY 5: IDENTIFY AREAS WHERE NEW KNOWLEDGE AND SKILLS ARE DESIRED

- Follow same steps as activity 2.

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WRAP-UP: WHAT DID WE LEARN TODAY? HOW WILL WE USE IT?

10 minutes

- *It's time to bring our parenting session to a close. What important things did we learn today? Let's see if we can think of a sentence that explains what we learned.*
- Facilitator listens to various ideas. Facilitator then states one sentence that captures the main idea behind the purpose of this discussion, and asks the group for agreement.
- *How can you use this information?*

ASSIGNMENT

- *We have learned something important today. A child needs many things in the first eight years of life. Parents have an important role in fulfilling these needs so that children have a good start in life.*
- *Please talk to your spouse and any extended family members about what we discussed and ask for their opinions. Taking care of children is a family affair. Children benefit when all adults living in the home work together and use the same approaches.*
- *Before the next session, let's all improve our parenting by trying one new thing to improve our children's health and physical growth, one new thing to support learning, and one new thing to improve safety and protection.*
- *Does everyone understand and agree to do that?*

SELECT PARENT CO-FACILITATOR

- Facilitator thanks this session's co-facilitator(s).
- Facilitator asks for a volunteer to be the parenting co-facilitator for next month.
- Note to facilitator: before the next session, the parent volunteer co-facilitator will meet with the facilitator to discuss the next session's topic. The parent can give their opinions about the topic and any concerns they might have. They can then prepare to lead one part of the next session. The parent volunteer co-facilitator also has an important role to remind other members about the date and time of the next session.

END

- Confirm time and date of next meeting.
- Facilitator provides clear and inspiring summary statement.

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HOW TO PLAY THE NAME GAME

1. All of the participants stand in a circle.
2. The first person says their name.
3. The second person repeats the name of the first person and then says their name.
4. The third person repeats the name of the first and second person, then says their own name.
5. After they understand what to do, remind participants not to give answers or prompts. Give each person the time to think without pressure. (Giving answers prevents children or adults from using their own thinking.)
6. Continue until the last person has said all of the names.
7. Just for fun, you might give the first person a chance to try to say all the names because they were the person who only said their own name.
8. To finish the game, the facilitator says all the names and their own name. It is important for the facilitator to know all the names and to use them during the meeting.

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MODULE 1-A: CHILD WELLBEING – HEALTH

Time: 1 hour 50 minutes

Purpose

The parenting program will support families to know what they want for their children and to gain the tools and resources needed to effectively support these goals. It is important to design the parenting program work based on discussions with parents. Important things to find out include: parents' understanding about child wellbeing; what aspects they value and prioritise; their assessment of children's status in relation to their goals; barriers that exist in the family or community that prevent optimal child development; and areas where they want new knowledge and skills to address and improve areas of concern.

Parents already have a great deal of knowledge about parenting. They already know many positive practices that they can use to help children develop the skills for success in life. Building on individual and community strengths creates energy for change, and the opportunity to learn from friends and neighbours, as well as the facilitator. These initial consultations with parents establish a positive and respectful tone for future parenting discussions. They also establish a baseline about the status of children. The first discussion is on the topic of child health and physical growth.

In the first three sessions, the facilitator records ideas on flipchart paper or a blackboard because this is critical baseline data for planning the program and measuring impact. The use of flipcharts or blackboards in this program is minimal to ensure that it can be scaled-up for low or no cost, to minimise stress for non-readers, and to reduce the impression that this is a 'class'. In most sessions group work is recorded on A4 paper with picture symbols. Parenting sessions should not exceed two hours from start to finish.

Participant outcomes:

1. Talks to spouse, extended family and neigbours about the parenting group session.
2. Is able to describe what children need (from birth to eight years) to be healthy.
3. Identifies challenges within the family and community that prevent optimal health.
4. Learns at least one new strategy from parenting group members for addressing health concern.
5. Applies at least one new strategy to help their child improve health outcomes.

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STEPS

WELCOME

- Facilitator greets participants by name in a friendly manner.
- Introduce and thank co-facilitator for helping with today's discussion.
- Participants introduce themselves (if this is their first time together) using a name game (see the end of the previous section for more information).
- Identify any absent members. Ask for help from members to talk to absent members, share what was discussed today, and encourage them to attend the next session.

PURPOSE

- Explain purpose: *Parents are the most important people in a child's life. They influence much of what the child will become as an adult. We see that children in this community have caring parents. We would like to learn more about parents' views on childrearing. Do you mind sharing some of your experiences and views about childrearing in the first eight years?*
- *We would like to continue this discussion over three sessions so we have enough time to hear your views about keeping children healthy (today's session); what important things children need to learn during the preschool years (second session); and your views on keeping children safe and protected (third session).*
- *After these three sessions, we will have a good idea of the things you want to discuss and learn about in the parenting program. We might also be able to suggest some topics for your consideration.*

REVIEW

- Effective parenting education groups begin with a review of what was learned in the previous session, how parents used the information for better parenting, and the responses of children and other family members.
- Since this is the first session, there is no review.

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NEW KNOWLEDGE AND PRACTICE

INTRODUCTION

5 minutes

- Ask volunteer to sing a well-known children's song about teaching good health practices. (For example, *This is the way we wash our face ... early in the morning.*)
- Ask everyone to join together and sing the song again.
- *Helping children develop healthy bodies is a concern for every parent. The purpose of this meeting today is to discuss your views about what children need to be healthy, and the challenges you face in keeping them healthy and growing well.*

ACTIVITY 1: GROUP WORK – WHAT CHILDREN NEED TO BE HEALTHY

20 minutes

- *Let's divide into two groups. Each group should sit in a circle.*
- *Can each group select a person to record the ideas that are spoken?*
- Once circles are formed and a note taker is selected, the facilitator says, *In your circle, please share ideas about all the things that children (from birth to eight years) need to be healthy.*
- Method: go around the circle. Each person says one thing that the child needs to be healthy. After everyone has taken a turn and the idea has been recorded, go around the circle again and again until all the ideas have been stated.

ACTIVITY 2: COMBINED LIST – WHAT CHILDREN NEED TO BE HEALTHY

10 minutes

- Return to the circle.
- Each group reads one thing that children need to be healthy. Facilitator writes this on a flipchart and, if possible, draws a symbol to represent this. Pictorial symbols are a helpful aid for remembering information; using them also respects the needs of non-literate parents.
- Continue until all new ideas are shared. Groups do not repeat ideas that were already stated by another group.

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ACTIVITY 3: STATUS OF CHILDREN'S HEALTH IN RELATION TO WHAT PARENTS THINK THEY NEED

10 minutes

- Facilitator says, *These are the things you think are important for your children's health. Let's now decide how things are for your children in relation to health and physical growth.*
- Method: read out what is on the list. After reading an item, the first person in the circle will determine if we should put a happy face, straight face, or sad face to depict the current health status of children related to this item. (They also explain why they think this. For example, parents might say children should brush their teeth. The parent might say that children rarely do this because parents cannot afford toothbrushes, therefore the item will get a sad face.) Facilitator will ask others if they agree with the choice and take comments from the group. The group reaches agreement about which symbol is assigned to the item: happy, straight or sad face.
- The facilitator reads the second item. The second person in the circle determines which symbol should be drawn beside the item and explains why they think this. Again, the facilitator asks the other parenting group members if they agree.
- Continue until a symbol is drawn beside each item.

ACTIVITY 4: IDENTIFY POTENTIAL SOLUTIONS FOR SOME HEALTH CONCERNS

40 minutes

- Facilitator says, *In many ways our children are doing well in terms of their health status but in other areas you have concerns. I would like to do two things. First, let's see if members have ideas on how to solve some of these problems. Second, let's see which items you would like to learn more about at a future parenting group meeting.*
- *Let's pick four health concerns that you identified with straight or sad faces.* The group decides on four items.
- Divide into four groups counting 1, 2, 3 and 4. Each group is assigned one item. The group is give ten minutes to share their ideas about the ways the parent can successfully address this concern so that children's health and growth improve.
- After ten minutes, each group tells the others what solution they identified.

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ACTIVITY 5: IDENTIFY AREAS WHERE NEW KNOWLEDGE AND SKILLS ARE DESIRED

5 minutes

- Facilitator says, *Raising children is the most important job in your life, but sometimes it is not easy to know what is the best thing to do for the child that will lead to a bright future.*
- *In the previous activity we realised that a parenting group is an important tool. We see that if we do not have the answers, there are others who have useful ideas. At other times we might have something to share that will help them.*
- *Sometimes it is helpful to have access to some new knowledge or skills that are not yet known in the community. The job of the co-facilitators is to bring out the knowledge that already exists in the community, and to bring new knowledge and skills where you ask for further help.*
- *What are some of the areas on this list that you would like to discuss more at another meeting, and for which you would like me to gather some new information and skills that might help address the problem?*
- Group identifies health topics for further discussion.

WRAP UP: WHAT DID WE LEARN TODAY? HOW WILL WE USE IT?

10 minutes

- *It's time to bring our parenting session to a close. What important things did we learn today?*
- Facilitator listens to various ideas. Facilitator then states one sentence that captures the main idea of this discussion, and asks the group for agreement.
- *Think about a new practice that was mentioned by the group that you are going to use before our next meeting.*

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ASSIGNMENT

- *We have learned something important today.*
- *Please talk to your spouse and any extended family members about what we discussed and ask for their opinions. Taking care of children is a family affair. Children benefit when all adults living in the home work together and use the same approaches.*
- *This month let's all improve our parenting by trying one new parenting practice that you think will help your child improve their health and physical growth.*
- *Draw a picture of the new practice in your notebook (this is optional).*
- *Does everyone understand and agree to do that?*

SELECT PARENT CO-FACILITATOR

- Facilitator thanks this session's co-facilitator(s).
- Who will volunteer to be the parent co-facilitator for next month?
- Facilitator's note: before the next session, the parent volunteer co-facilitator will meet with the facilitator to discuss the next session's topic. The parent can give their opinions about the topic and any concerns they might have. They can then prepare to lead one part of the next session. The parent volunteer co-facilitator also has an important role to remind other members about the date and time of the next session.

END

- Confirm time and date of next meeting.
- Facilitator provides clear and inspiring summary statement.

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MODULE 1-B: CHILD WELLBEING – LEARNING

Time: 1 hour 50 minutes

Purpose

The parenting program will support families to know what they want for their children and to gain the tools and resources needed to effectively support these goals. It is important to design the parenting program work based on discussions with parents. Important things to find out include: parents' understanding about child wellbeing; what aspects they value and prioritise; their assessment of children's status in relation to their goals; barriers that exist in the family or community that prevent optimal child development; and areas where they want new knowledge and skills to address and improve areas of concern.

Parents already have a great deal of knowledge about parenting. They already know many positive practices that they can use to help children develop the skills for success in life. Building on individual and community strengths creates energy for change, and the opportunity to learn from friends and neighbours, as well as the facilitator. These initial consultations with parents establish a positive and respectful tone for future parenting education discussions. They also establish a baseline about the status of children.

The last discussion was on the topic of child health and physical growth. This session will addres what children need to learn in their first eight years to help them succeed in life and school.

Note: This session is designed to find out parents' perspectives on child development milestones in relation to social and emotional, cognitive, fine and gross motor, and language development. However, we do not ask them their views about children who are developing well, because the responses to this question generally leads them to talk about physical growth. The topic of physical growth is addressed in the previous session. Instead we ask about life skills (such as values, social skills, self-respect and responsibility) and learning skills (such as thinking and language skills, an interest in learning, curiosity, and persistence to solve problems).

Participant outcomes:

1. Talks to spouse and extended family members about the parenting group session.
2. Is able to describe what skills young children develop that will help them succeed in life.
3. Is able to describe what skills young children develop that will help them succeed in school.
4. Identifies challenges within the family and community that prevent children from developing these skills.
5. Learns at least one new strategy from parenting group members for addressing child development concerns.
6. Applies at least one new strategy for helping children learn.

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STEPS

WELCOME

- Facilitator greets participants by name in a friendly manner.
- Introduce and thank co-facilitator for helping with today's discussion (Co-facilitator leads at least one activity in this session and helps with small group work.)
- Identify any absent members. Ask for help from members to talk to absent members, share what was discussed today, and encourage them to attend the next session.

PURPOSE

- Explain purpose: *Parents are the most important people in a child's life. They influence much of what the child will become as an adult. We see that children in this community have caring parents. We would like to learn more about parent views on childrearing.*
- *Last time we talked about what children need to develop a healthy body. Today we will be sharing your experiences and views about what important things children learn by the time they are eight years old.*
- *After these three sessions, we will have a good idea of the things you want to discuss and learn about in the parenting program. We might also be able to suggest some topics for your consideration.*

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Facilitation tip: Count the number of people in the group at the start of the session. Instead of asking for a volunteer to answer a question posed, take a number from an envelope that has number cards inside. Call out the number and ask the member with that number to share their view. This prevents the same people from dominating the discussion. It also demonstrates the facilitator's confidence that all members have valuable things to share. The number envelope is used for every session. If you use this method, explain that it will give everyone an equal chance to share their ideas and experiences.

- Effective parenting education groups begin with a review of what was learned in the previous session, how parents used the information for better parenting, and the responses of children and other family members.
- *Before we discuss this new topic, let's remember back to our last meeting.*
- *Who can remember what we discussed and learned?* Get several comments from the group and ask for agreement.
- *Do you remember that we picked _____ health challenges* (name them) *and spent time sharing some solutions to address these challenges? You agreed to try at least one new practice to help improve your child's health.*
- *Please turn to the person next to you and share what you tried this month and how your children responded* (5 minutes).
- *Can we hear, from five members, what you tried and how your children responded?* (10 minutes.) (Select by using the number cards.)
- *What happened when you talked to your spouse about what was discussed?* (Open discussion/5 minutes.)

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NEW KNOWLEDGE AND PRACTICE

ACTIVITY 1: INTRODUCTION – DO CHILDREN DEVELOP IMPORTANT SKILLS BEFORE EIGHT YEARS?

10 minutes

- *The early childhood years are considered the most important period in human development. We often think children develop life and learning skills when they are older, perhaps after they start school. But some people think that children develop important life skills by the time a child reaches eight years old. Do you think this is true? Do children learn important things before they are eight? If so, what are these things?*
- Take comments from the group. Encourage each speaker to explain a bit more about what they are saying or give an example.
- Then ask others if they agree with this or if they have something to add.
- Take other ideas about whether children develop important skills before they are eight.
- Facilitator thanks parenting group members and summarises the major points.

ACTIVITY 2: GROUP WORK – IDENTIFY SKILLS THAT WILL HELP CHILDREN SUCCEED IN LIFE AND SCHOOL

10 minutes

- *Let's do some group work to think more about the skills that children need to succeed in life and school.*
- Group 1: *What are some life skills that young children develop before they are eight?*
- Group 2: *What are some skills that young children develop that will help them be successful students in primary school?*
- Method: Each group sits in a circle. One person records the ideas on a piece of paper. Each person shares one idea in relation to the topic that is assigned to that group. Go around a second or third time if there are more ideas.

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ACTIVITY 3: IDENTIFY THE ROLE OF PARENTS IN HELPING CHILDREN DEVELOP THESE SKILLS

20 minutes

- Group 1 tells some of the life skills they think children develop before they are eight years old. Facilitator records on a flipchart as this is baseline data. After each skill is told the speaker asks Group 2 if they agree. If they agree put a check mark next to the item on the flipchart (5 minutes).
- Group 2 tells some of the skills children develop that will help them in school. After each skill is told, ask Group 1 if they agree with this. If so, put a check mark next to the item on the flipchart (5 minutes).
- Facilitator then asks Group 1, *What is the role of parents in helping children learn life skills?* Wait for responses. *Do any parents from Group 2 have other ideas to add?* (5 minutes.)
- Facilitator asks the same question to Group 2, with the follow-up question to Group 1 (5 minutes).
- Each group shares how parents help children develop these skills.

ACTIVITY 4: IDENTIFY TOPICS FOR FUTURE PARENTING GROUP DISCUSSIONS

5 minutes

- Facilitator thanks parents for sharing ideas.
- Facilitator asks, *Which one of these topics would you like to discuss further in a future parenting group session, and which new skills would you like to learn for helping children develop?*

WRAP-UP: WHAT DID WE LEARN TODAY? HOW WILL WE USE IT?

15 minutes

- *What did we learn today? Let's see if we can think of a sentence that explains what we learned.*
- Facilitator listens to various ideas. Facilitator then states one sentence that captures the main idea behind the purpose of this discussion, and asks the group for agreement.

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ASSIGNMENT

- *Today members shared ways parents help young children develop skills for school and life. Think about one idea you will try before the next session. Let's pick a new thing that you have not been doing previously. Plan to share what you did and what your children did.*
- *Does everyone understand and agree to do that?*
- *Please talk to your spouse, extended family and neighbours about what we discussed and ask for their opinions. Taking care of children is a family affair. Children benefit when all adults living in the home work together and use the same approaches.*

SELECT PARENT CO-FACILITATOR

- Facilitator thanks this session's co-facilitator(s).
- *Who will volunteer to be the parent co-facilitator for next month?*
- Facilitator's note: before the next session, the parent volunteer co-facilitator will meet with the facilitator to discuss the next session's topic. The parent can give their opinions about the topic and any concerns they might have. They can then prepare to lead one part of the next session. The parent volunteer co-facilitator also has an important role to remind other members about the date and time of the next session.

END

- Confirm time and date of next meeting.
- Facilitator provides clear and inspiring summary statement.

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MODULE 1-C: CHILD WELLBEING – PROTECTION

Time: 1 hour 50 minutes

Purpose

The parenting program will support families to know what they want for their children and to gain the tools and resources to effectively support these goals. It is important to launch the parenting program design work from discussions with parents. Important things to find out include: parents' understanding about child wellbeing; what aspects they value and prioritise; their assessment of children's status in relation to their goals; barriers that exist in the family or community that prevent optimal child development; and areas where they want new knowledge and skills to address and improve areas of concern.

Parents already have a great deal of knowledge about parenting. They already know many positive practices that they can use to help children develop the skills for success in life. Building on individual and community strengths creates energy for change, and the opportunity to learn from friends and neighbours, as well as the facilitator. These initial consultations with parents establish a positive and respectful tone for future parenting education discussions. They also establish a baseline about the status of children.

The previous discussion was on important things that children need to learn before eight years. Today we will talk about what it means for children to be safe and protected. We will also hear parenting group members' views about child rights and participation.

Participant outcomes:

1. Talks to spouse, extended family and neighbours about the parenting group session.
2. Is able to describe what it means for a child to be safe and protected.
3. Is able to describe the skills that children can learn to keep them safe.
4. Learns at least one new strategy from parenting group members for addressing child protection concerns.
5. Applies at least one new strategy to improve child protection and safety.

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STEPS

WELCOME

- Facilitator greets participants by name in a friendly manner.
- Introduce and thank co-facilitator for helping with today's discussion (Co-facilitator leads at least one activity in this session and helps with small group work.)
- Identify any absent members. Ask for help from members to talk to absent members, share what was discussed today, and encourage them to attend the next session.

PURPOSE

- Explain purpose: *Parents are the most important people in a child's life. They influence much of what the child will become as an adult. We see that children in this community have caring parents. We would like to learn more about parent views on childrearing.*
- *Last time we talked about the skills young children can develop that will help them in school and life, and how parents can help them to develop these skills.*
- *Today we will be sharing your views about what it means for children to be safe and protected.*
- *After these three sessions, we will have a good idea of the things you want to discuss and learn about in the parenting program. We might also be able to suggest some topics for you to think about.*

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REVIEW

minutes

Effective parenting education groups begin with a review of what was learned in the previous session, how parents used the information for better parenting, and the responses of children and other family members.

- *Before we discuss this new topic, let's remember back to our last meeting.*
- *Who can remember what we discussed and learned?* (Get several comments from the group.)
- *Do you remember that we identified some of the life skills children develop at an early age, and the role of parents to help them develop those skills. Who can give us some examples?*
- Pair work: *Please turn to the person next to you and each share a life skill you tried to teach your child since our last meeting* (5 minutes).
- *Do you remember that we also indentified some skills young children develop that will help them in school, and the role of parents to help them develop those skills? Who can give us some examples?*
- *Can we hear, from five members, what you tried and how your children responded?* (10 minutes.) (Select by number cards.)
- *What happened when you talked to your spouse about what was discussed*? (Open discussion/5 minutes.)

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NEW KNOWLEDGE AND PRACTICE

ACTIVITY 1: INTRODUCTION – WHAT DOES IT MEAN TO KEEP CHILDREN SAFE AND PROTECTED?

20 minutes

- *This is our third meeting to talk about helping children grow and develop. Today let's talk about keeping children safe and protected. This is always a big concern for parents and perhaps we can share some ideas about that.*
- *What is your understanding about what it means for a child to be safe and protected?*
- *Let's go around the circle and hear from four or five people.* Then others who didn't speak are invited to share ideas that were not mentioned. Facilitator records these on a piece of paper, as this is important baseline information.
- *What are some of the child safety and protection issues in the community that you are aware of?* Continue around the circle and hear from four or five people, then invite others who didn't speak to share other ideas.
- Facilitator summarises some of the major points about what it means for a child to be safe and protected, and some of the child safety and protection concerns mentioned.

ACTIVITY 2: GROUP WORK: WHAT SKILLS CAN CHILDREN LEARN THAT WILL HELP KEEP THEM SAFE?

40 minutes

- *As you mentioned, children do face threats and dangers. What skills can children learn that will help keep them safe? Discuss this in groups of four people and come up with several ideas about skills that children can learn to keep them safe* (20 minutes).
- Sharing: Each group shares one idea. Then each group can share another idea until all ideas have been mentioned. Facilitator records the ideas (20 minutes).
- Summary: *We have learned some things that you can teach your child that will help keep them safe.* Facilitator summarises the skills children can learn to keep them safe. *How many of you have heard at least one new idea about something you can teach your children to help them be safe? Teaching children how to be safe is one way that parents protect them.*

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ACTIVITY 3: MODELING NEW PRACTICE

10 minutes

- Parent facilitator demonstrates an interaction with a child about keeping safe. For example, talking to child about walking to and from school.

WRAP-UP: WHAT DID WE LEARN TODAY? HOW WILL WE USE IT?

10 minutes

- *What did we learn today? Let's see if we can think of a sentence that explains what we learned.*
- Facilitator listens to various ideas. Facilitator then states one sentence that captures the main idea behind the purpose of this discussion, and asks the group for agreement.

ASSIGNMENT

- *Today members shared ideas about skills children can learn to keep them safe. Plan to share what you did, and what your children did.*
- *Does everyone understand and agree to do that?*
- *Please talk to your spouse, extended family and neighbours about what we discussed and ask for their opinions. Taking care of children is a family affair. Children benefit when all adults living in the home work together and use the same approaches.*

SELECT PARENT CO-FACILITATOR

- Facilitator thanks this session's co-facilitator(s).
- *Who will volunteer to be the parent co-facilitator for next month?*
- Facililitator's note: before the next session, the parent volunteer co-facilitator will meet with the facilitator to discuss the next session's topic. The parent can give their opinions about the topic and any concerns they might have. They can then prepare to lead one part of the next session. The parent volunteer co-facilitator also has an important role to remind other members about the date and time of the next session.

END

- Confirm time and date of next meeting.
- Facilitator provides clear and inspiring summary statement.

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STAGE 2 MODULES: PARENTING BASICS

Right: A four-year-old child and his mother water vegetable seedlings grown by mothers as part of a Plan-supported community nutrition project in Indonesia.

STAGE 2 MODULES: BACKGROUND INFORMATION

What effective parents know and do: building on strengths and creating demand for child development knowledge

Stage 2 modules create demand for child development knowledge by helping parents realise their critical influence over their children's outcomes, and by building on existing parenting strengths, which provides energy for change. This program aims to support families living in poverty who have low levels of education and economic resources. These families live with high levels of stress and, often, with little hope. The first agenda of the parenting curriculum is to create an environment where they feel cared for, respected and supported. Life is very tough for them. Make sure the sessions provide an oasis of meaningful discussion and the development of friendships. One of the greatest outcomes of the programs for them, at a personal level, will be the support network that is formed among members. Having a support network also affects their ability to parent and seek resources for their children.

When we think of all the things we want to 'teach' parents, it is too easy to fall into lecture mode and overwhelm participants with information. Whilst working with field teams to develop the parenting curriculum, we asked these questions: *What are some of the things that effective parents do, even if they have no scientific knowledge about child development? What would we want them to take away with them, even if they only participated in four of five sessions? What could we do that would encourage and interest them, and would make them want to come back for further discussions?* Some parenting programs begin with lectures on health, nutrition and hygiene. Others begin with ages and stages of development. Instead, we want to begin with some basic, enjoyable discussions that focus on practical skills for the entire birth to eight years period,

In Uganda, the parenting program has enabled parents to develop important friendships and support networks.

AT THE CLOSE OF THE PARENTING SESSION, MEMBERS SHOULD BE ABLE TO SAY WHAT THEY LEARNED AND HOW THEY WILL APPLY IT.

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and to draw this knowledge from their own personal experience.

Stage 2 modules consider the most essential parenting skills that support the most critical child outcomes. We hoped that this approach would generate interest in learning more. Some of the core beliefs and practices include:

- Realising that they are the primary influence over how well their child turns out.
- Recognising the power of having a positive vision for their child's future.
- Realising how day-to-day practices contribute to or undermine that vision.
- Becoming more observant of their own parenting and their child's development.
- Becoming aware that we replicate the parenting practices used by our parents, both good and bad, and that we have a choice to develop the practices that helped us, and to replace those that were hurtful to us.

Beliefs matter. Parents need time to talk about their beliefs and to question each other's beliefs in a safe and supportive environment. At each stage of children's development there are new issues to address. We hope parents will see this parenting discussion group as a resource to address the changing needs of children.

In the Uganda program we initially tried a more open discussion format for parents to discuss their beliefs and practices, but the sessions did not produce good results. We learned that this requires advanced facilitation skills. In Bangladesh and Bhutan, working with Save the Children teams, we developed a more structured discussion format. We observed parents in these discussions and revised the modules to address other problems that prevented the outcomes we wanted to achieve. For example, how do you give everyone a voice without getting bogged down? To achieve this we created small group discussions where everyone shared something on the topic. In the large group setting we asked for summary- and analysis-level discussions about what was said in the small group. You should be able to detect this in the facilitator's guides in the Stage 2 modules.

We also aimed to make sure that parents were clear about what they learned. This was absolutely essential for them to be able to use the content. At the end of the session, the parenting group members came up with a sentence to summarise the most important piece of knowledge gained and the skill that will help their children. We went further and experimented by asking parents to keep a record of what they learned and a record of what they tried at home. This could be written with words or drawn with pictures and graphic symbols where parents are uneducated. Initially, we had the idea that we wanted to draw pictures even if they could write. We wanted them to see how picture writing contributes to literacy. We hoped that it would encourage them to provide more opportunities for their children to draw. In our field trials, we learned that parents liked to keep a notebook, but the picture concept was confusing and what they drew did not relate well to the content. This is an area that needs more investigation. The purpose of the notebook is to help them see the program as a serious course, and to feel proud that they are able to learn and apply knowledge.

Two important terms for the first four sessions were 'appreciative inquiry' and 'positive deviants'.

Parents in Laos attend parenting education in a community setting.

POSITIVE DEVIANCE IS AN APPROACH TO CHANGE BASED ON THE IDEA THAT EVERY COMMUNITY OR GROUP OF PEOPLE PERFORMING A SIMILAR FUNCTION (PARENTING) HAS CERTAIN INDIVIDUALS (POSITIVE DEVIANTS) WHOSE SPECIAL ATTITUDES AND BEHAVIOURS ENABLE THEM TO FUNCTION MORE EFFECTIVELY THAN OTHERS WITH THE EXACT SAME RESOURCES AND CONDITIONS.

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The CLAC parenting program in Ethiopia is helping parents to understand that they are the primary influence over how well their children turn out.

Appreciative inquiry is based on a belief that individuals change most easily by moving toward a positive image of a desired future state. It creates this image by identifying and expanding successes and peak moments that have already occurred. It gives people the emotional and creative energy they need to change their existing practice. This shared vision is complemented through capacity building initiatives so that the community or group is able to measure progress toward a vision and to modify strategies as circumstances change. This is an ambitious and challenging facilitation style. Facilitators can learn and improve from experience by reflecting on practice and continuing to grow the skill during the quarterly training and review sessions.

Because positive deviants derive their extraordinary capabilities from the identical environmental conditions as those around them, the positive deviant's standards, attitudes, thinking and behaviour are readily accepted by others and can serve as the foundation for profound community change.[24] For example, even though poverty is often the root cause of poor health, in any community there will usually be some families that manage to raise healthy children despite the poverty. Because of this, these families are positive deviants. Their practices such as hand washing, cooking food differently, and consuming crops considered taboo by the rest of the village became the foundation for large-scale community change. An important parenting program strategy is to find positive deviants and give them voice. In-depth dialogue is not only an essential method for adult learning, it is the means by which those views and practices can be shared and explored. The facilitator has some important knowledge and skills to share, but the positive deviants have equal or greater value. One method the facilitator can use during discussions is, *Can you explain a bit more about that? Do others see any benefits to the child from what they said? Can you explain more about why you think that?*

Parent volunteer co-facilitator role

The parent volunteer co-facilitator role is important for achieving the goal of shared leadership and for modeling the new practice recommended in each session. For positive deviants to emerge, shared leadership is critical. Based on field experience, a strategy emerged to ask each parent to co-facilitate one or more of the groups. The facilitator goes to their home prior to the parenting meeting. The facilitator discusses the content of the session with the parent volunteer co-facilitator and gets their input. The facilitator and parent work out how they will model the new skill. Many times the skill will involve an interaction between parent and child. The parent volunteer co-facilitator's child can come to that session so that the parent can show others how it is done with a real child. This has a good impact because the parenting group members see a neighbour doing this new thing, and they also get the enjoyment of seeing how the child reacts.

Record keeping techniques

In the initial sessions, the facilitator also has to acquire the skills of record keeping. A monitoring form is provided for each session. When we first began parenting pilots we found that the facilitators really couldn't remember much of what was said. They saw their job as delivering a module. When we asked them to give lots of examples from the group's input, they were at a loss. We asked them to keep some notes and they feared that parents would be suspicious about why they were writing things down. This was easily resolved. Each facilitator carried a clipboard, sheet of paper and pencil. The facilitator only wrote down key words to help them remember. The rule was that they could not stop the flow of the meeting for them to record something. At no time should the members have to wait while the facilitator wrote something. At various times, the facilitator is able to refer to the paper to summarise the key points. Then the members began to see how the information was used and felt it showed respect for their contributions.

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[24] Information on positive deviance summarised from www.wikipedia.org

MODULE 2-A: WHY IS IT IMPORTANT TO KNOW ABOUT TAKING CARE OF CHILDREN?[25]

Time: 1 hour 35 minutes

Purpose

Children benefit when parents are more reflective about the day-to-day care and treatment of their children. Parents recognise their role to take care of children's physical needs. Parents also have an important responsibility to help children develop skills for school and life success. Parents should make sure they are providing both kinds of support in the home.

Participant outcomes:

1. Notices ways they care for children's physical needs.
2. Notices and record a new way of taking care of child's physical needs that also helps child in other ways (eg developing mind or feelings).
3. Explains that parents should provide a balance between both kinds of care.
4. Talks to spouse, extended family and neighbours about what was discussed in the parenting group session.

[25] This module is an adaptation of 'Lesson 1, Helping your child learn – birth to six years', developed by Carmen Velasco, Lynn Patterson and Deborah Llewellyn for Pro Mujer, La Paz Bolivia, 1990.

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STEPS

WELCOME

10 minutes

- Facilitator greets participants by name in a friendly manner.
- Introduce and thank co-facilitator for helping with today's discussion (Co-facilitator leads at least one activity in this session and helps with small group work.)
- Identify any absent members. Ask for help from members to talk to absent members, share what was discussed today, and encourage them to attend the next session.
- Opening remarks: *Taking care of children, earning income, and managing household tasks together is a big job. Parents have little time to think about how day-to-day practices caring for children have a long-term impact on their future. However, it is important to do so because parents are the most important influence in a child's life.*
- *Being an effective parent is not a matter of wealth or education. It comes from taking time to think about parenting and making sure that the time spent with your child leads to good outcomes. This is the purpose of our parenting discussions: to discuss what parents can do to help their children achieve good outcomes.*
- *Is that what you expected when you came today?*

REVIEW

15 minutes

- Members remember what was learned in the last session, and the recommended practice. Generally a review might take up to 30 minutes. However, the previous sessions were a baseline of member views about health, learning and protection priorities. Their assignment was to notice something about their child in each category. This review session will need a maximum of 15 minutes.
- In pairs or small groups of three or four members, each tells:
  - How they used new knowledge.
  - How children responded.
  - How spouse and extended family members responded.
  - Difficulties that arose.
  - Facilitator summarises findings and addresses the challenges.

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NEW KNOWLEDGE AND PRACTICE

FACILITATOR PRESENTS NEW TOPIC AND EXPLAINS IMPORTANCE

- *All of us do many things for our children each day. Today we will think about how we can improve our everyday caregiving practices.*
- *Who can give an example of something you did for your children or with your child today or yesterday?*
- Parenting group members give one or two examples.
- Members discuss current views about what is said.

GROUP WORK: PART 1 – THINGS I DO WITH MY CHILD OR FOR MY CHILD

- *Divide into two or three groups. Sit in a circle.*
- *In your group, go around the circle. Each person tells one thing they do for their child and others listen.*
- *Go around the group again and each person shares one idea.*
- *Each idea must be different. If one person says, "I help my child brush their teeth," then the second person cannot say that. They can say something else.*
- *Try to go around the circle two times so that each person shares two ideas.*
- Demonstrate: Use one group to demonstrate the rules so that everyone understands. The facilitator asks the first person what they did for their child. Next, the facilitator asks the second person, reminding them to say a different idea. Then go to the third person. Ask if everyone understands the instructions. It is important to think of a new idea even if you also do the thing that was mentioned.
- With this method there should be several new ideas that the parents have never tried or thought about. By not repeating an idea, they have to really listen to each other and think more deeply to come up with something that has not been said.
- Gender issues: The methodology for the group work should enable women and men to share equally, without the men dominating. However, the facilitator might ask, *Is it important for men and women to share equally in the group. Why?*

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GROUP WORK: PART 2 – RECORDING IDEAS WITH PICTURES

10 minutes

- Facilitator notices that most groups have shared two ideas each.
- Facilitator then gives each group a piece of paper and each person a pin or marker.
- Facilitator asks for attention from all groups to hear instructions.
- Ask each person to draw a simple picture to show the two things they said.
- Give an example to the group. For example, *I helped my child brush their teeth.* How would you draw this? It might be some teeth and a brush.
- What if parents feel they cannot draw? Say that you are confident that they can draw something to capture the meaning.
- Should the parents have the option to draw or write words? It is recommended to use drawings. This puts literate and non-literate members on the same level. Drawing symbols also needs higher-level thinking and wakes up the brain from the start of the session.
- Think of parents' drawings as a baseline. We will be able to compare how parents change over time. For example, we might ask parents to do the same exercise at the end of the program and expect to see an improvement in the quality and quantity of the things they do with their child.
- Tell members that they will have five minutes to complete their drawings.

REPORTING GROUP DISCUSSION AND ANALYSIS

30 minutes

- Participants form a circle with group members who are sitting nearby.
- Facilitator uses a blackboard, flipchart paper, or the sand to record responses. At the top of the chart write, 'Things I do for my child'.
- *Parents do many things for their children each day, but much of what we do is taking care of our child's physical needs.* (Facilitator draws picture of a stick figure body.)
- *Can anyone think of another way that parents help their children?* Parents will most likely mention taking care of child's emotions, values and learning. Draw a picture of a face and a heart. You might sum it up and say that parents also take care of their child's mind and feelings.
- Ask for one example from each group's picture chart.

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REPORTING GROUP DISCUSSION AND ANALYSIS

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- Ask all parenting group members, *Where should I put the mark?* Place the mark as instructed. Take another idea from each group. Do this for eight or 10 ideas.
- Ask all members what they notice about the number of marks. They will most likely notice that most marks fall under the column, 'Taking care of physical needs'.
- In a situation where the parents comment that physical actions might also address the child's mind (feelings, mind, body), just put a mark in two places. *You are saying that it is possible to attend to both needs of a child in the same activity.* Ask that person to explain why they say that.
- If they do not mention this, ask, *Is it possible to help children develop feeling or thinking skills while taking care of physical needs, such as feeding or bathing?*
- Respond to comments using questions that promote in-depth dialogue. For example, *Can you explain a little more about that and why you think it helps children, or even how you do it? Does someone want to comment on what they are saying? Who else want to say something about this?*
- Some might say how they do something similar. Others might say why they are against this idea. And then others might comment to the person who is against the idea. This type of dialogue helps people think about the meaning of something in their own lives. This is a necessary step toward change.
- Remember the facilitator is facilitating for good practices and wisdom that already exists in this group to come out. Therefore, the facilitator should avoid saying their opinions.

Note on facilitation method: In-depth dialogue allows participants to learn from each other. It enables 'positive deviants' to emerge and begin to positively influence others in their community. Positive deviants are those who are more successful in raising their children due to attitudes and beliefs, while their resources, education and economic level might be the same as others in the community.

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FACILITATOR EXPLAINS HOW NEW KNOWLEDGE CAN BE USED TO IMPROVE CHILD OUTCOMES

- *Think about the discussion we just had.*
- *Each of you is doing many good things for your children. But none of us have all the answers. Parents can learn a lot from each other.*
- *The parenting group will support parents to become more aware of their current practices, learn from each other, and try new practices that support children's development and learning needs.*
- *We hope you will also develop friendships and have fun together.*
- *We also hope that, when you realise the good results that are coming to your own children, you will also develop the commitment to work as a group to make the community a better place for all children.*

WRAP-UP: WHAT DID WE LEARN TODAY? HOW WILL WE USE IT?

- Members describe what they learned in today's session and how they will use the knowledge.
- Facilitator listens to various ideas. Facilitator then states one sentence that captures the main idea behind the purpose of this discussion, and asks the group for agreement.
- Members might be interested in keeping a notebook to record information learned in the parenting sessions, as well as a place to record how they used the information. Notebooks are also useful for non-literate parents if they are comfortable drawing pictures to record ideas.
- Members agree on what they will notice and try in coming days.

ASSIGNMENT

- *Before the next meeting, try one new parenting practice that you have not used before. The practice should demonstrate how to take care of a child's feelings and help them develop thinking skills, while also taking care of their physical needs.*
- *For example, while you are cooking dinner you could tell your child a story about when you were a little girl; while you are bathing your child help them name the parts of the body; when I discipline the child I explain why I am doing it so the child will understand.*
- *Next time, everyone will share the new thing they did and how the child responded. Does everyone understand and agree to do that?*

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ASSIGNMENT

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- *Please talk to your spouse, extended family and neighbours about what we discussed and ask for their opinions. Taking care of children is a family affair. Children benefit when all adults living in the home work together and use the same approaches.*

SELECT PARENT CO-FACILITATOR

- Facilitator thanks this session's co-facilitator(s).
- *Who will volunteer to be the parent co-facilitator for next month?*
- Facilitator's note: before the next session, the parent volunteer co-facilitator will meet with the facilitator to discuss the next session's topic. The parent can give their opinions about the topic and any concerns they might have. They can then prepare to lead one part of the next session. The parent volunteer co-facilitator also has an important role to remind other members about the date and time of the next session.

END

- Confirm time and date of next meeting.
- Facilitator provides clear and inspiring summary statement.

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MODULE 2-B: WHAT IS MY HOPE FOR MY CHILD'S FUTURE OUTCOMES?

Time: 1 hour 50 minutes

Purpose

One way to improve parenting is to keep in mind a positive vision for the child's future outcomes. It is natural for parents to deal with the problems of the day such as feeding or disciplining them. It is also important to do some things each day that help the child become the successful person you want them to be. Parents already know many positive practices they can use to help children develop skills for success in life. They can learn new practices from others in the group.

Participant outcomes:

1. Talks to spouse, extended family and neighbours about the parenting group session.
2. Identifies one hope for child's future.
3. Is able to describe a day-to-day parenting practice (using current resources) that might help child achieve that future outcome.
4. Applies a new childrearing practice to help child achieve positive vision for child's future.

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STEPS

WELCOME

15 minutes

- Facilitator greets participants by name in a friendly manner.
- Introduce and thank co-facilitator for helping with today's discussion (Co-facilitator leads at least one activity in this session and helps with small group work.)
- Identify any absent members. Ask for help from members to talk to absent members, share what was discussed today, and encourage them to attend the next session.
- Warm-up activity: ask volunteer to sing a short well-known song.
- Ask everyone to join together and sing the song again.
- Concluding remark. *When asked to sing a song, some of us might worry that we do not sing well. But when we join together we can feel the confidence to sing and enjoy the song. This is a value of working in groups. One parent cannot do it alone. Both parents and other family members should work together for the same goal. Neighbours and friends can also work together to solve problems and come up with new solutions that are better than individuals can do alone.*

REVIEW

30 minutes

- Members remember what was learned in the last session and the recommended practice.
- *Last time we found out that parents have a role to play besides caring for the physical needs of children. Who remembers the assignment?* Allow participants to reply.
- *You agreed to try one new childrearing practice to help children develop positive feelings or thinking skills, while also taking care of your child's physical needs.*
- In pairs or small groups of three or four, each member tells:
  - How they used new knowledge.
  - How children responded.
  - How spouse and extended family members responded.
  - Difficulties that arose.
- Co-facilitators listen in on one or two groups and take notes about parents' experiences trying the new practice.
- Facilitator summarises findings and addresses the challenges

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NEW KNOWLEDGE AND PRACTICE

FACILITATOR PRESENTS NEW TOPIC AND EXPLAINS IMPORTANCE

- Facilitator says, *All parents have hopes for their child's future. What are these hopes? Are the caring practices we use helping the child to achieve these goals? That is what we will discuss today.*
- Ask parenting group members to close their eyes and think about what they want their child to be like or to achieve when they are a young adult. Note: giving a silent period for thinking is important as the approach encourages deep rather than superficial thinking. Without time to think of their own opinion, people might simply copy what other people say.
- Members discuss current views about what is said.
- *Let's go around circle. Please tell one hope for your child's future.*
- Facilitator listens to all that is discussed and briefly records goals.

GROUP WORK

- Facilitator says, *We have time to discuss two of these goals. Which of these should we select?* (Examples might include growing up with high moral values, or having a well-paid professional career.)
- Facilitator explains that, without doing something in the home, the child will not reach this goal.
- Form two groups. Each group is assigned one topic to discuss. They should come up with various parenting practices that they think will lead to this outcome. They should be able to explain why.
- Facilitator works with one group and the co-facilitator works with the second group. Both take notes on ideas. They ask the group to select a member as a note-taker and reporter.

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GROUP REPORTING

20 minutes

- Group 1 tells some parenting practices that they think will contribute to the child being able to reach the goal discussed, explaining why each practice was selected.
- Facilitator asks Group 2 if anyone has more ideas or wants to comment on something that was said.
- When someone makes a comment, follow the same facilitation methods used in the previous session:
- *Tell a bit more about what you mean.*
- *Does someone want to comment on what they said?*
- *Does anyone else want to comment about that?*
- Group 2 shares parenting practices they think will lead to their hope for their child's future. Members of Group 1 add more ideas. When someone makes a comment, use follow up questions that encourage the parent to say more.
- Facilitator concludes, *It is important for us to have a positive vision of what we want our child to become, and then to make sure that our day-to-day practices are helping our child move toward that goal. How many of you heard a parenting practice today that you will use in the next month? Please raise your hand. Please think about what that is and when you will use it.*

WRAP-UP: WHAT DID WE LEARN TODAY? HOW WILL WE USE IT?

- Members describe what they learned in today's session and how they will use their new knowledge.
- Members agree on what they will notice and try in coming days.
- *Please talk to your spouse and any extended family members about what we discussed and ask for their opinions. Taking care of children is a family affair. Children benefit when all adults living in the home work together and use the same approaches. It is also important to talk to your neighbours about what you learned in this session and to support them to become better parents.*

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SELECT PARENT CO-FACILITATOR

- Facilitator thanks co-facilitator(s).
- *Who will volunteer to be the parent co-facilitator for next month?*
- Facilitator's note: before the next session, the parent volunteer co-facilitator will meet with the facilitator to discuss the next session's topic. The parent can give their opinions about the topic and any concerns they might have. They can then prepare to lead one part of the next session. The parent volunteer co-facilitator also has an important role to remind other members about the date and time of the next session.

END

- Confirm time and date of next meeting.
- Facilitator provides clear and inspiring summary statement.

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MODULE 2-C: SHOULD I USE THE SAME CHILDREARING PRACTICES AS MY PARENTS?

Time: 1 hour 45 minutes

Purpose

Parents tend to use the same childrearing practices that were used by their own parents. It is helpful to remember how you felt about this treatment. What was hurtful? What was valuable? It is possible to stop using harmful practices but it is not easy. The following are some things to consider. First parents have to talk with people they trust about what happened to them in their childhood. They then have to believe it is important to respect children's feelings. Once they have done this, they have to decide to change. Finally they have to learn some new methods of dealing with their children to replace the old. Thinking about the past is a good way to improve childrearing. Many positive local practices are being lost. Parenting discussion groups can promote and be encouraged to use them.

Participant outcomes:

1. Talks to spouse, extended family and neighbours about the parenting group session.
2. Identifies a positive childrearing practice from own childhood.
3. Uses or increases the positive family or traditional practice with own children and notices how it makes them feel.
4. Identifies a negative childrearing treatment from own childhood.
5. If currently using practice with own children, replace with a more positive treatment of child.

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STEPS

WELCOME

15 minutes

- Facilitator greets participants by name in a friendly manner.
- Introduce and thank co-facilitator for helping with today's discussion (Co-facilitator leads at least one activity in this session and helps with small group work.)
- Identify any absent members. Ask for help from members to talk to absent members, share what was discussed today, and encourage them to attend the next session.
- Warm-up game: *Let's play a game that will introduce today's discussion. The game is called "Simon Says"* (see end of section for instructions). Play game for about three minutes.
- Concluding remarks, *It's easier to follow what we see than to think not to do that. That is an important thing to think about in parenting. That's what we are going to talk about today. Everyone, please take a seat in the circle so we can begin.*

REVIEW

30 minutes

- Members remember what was learned in the last session, and the recommended practice.
- In pairs or small groups of three or four, each member tells:
  - How they used new knowledge.
  - How children responded.
  - How spouse and extended family members responded.
  - Difficulties that arose.
- Facilitator summarises findings and addresses the challenges.

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NEW KNOWLEDGE AND PRACTICE

FACILITATOR PRESENTS NEW TOPIC AND EXPLAINS IMPORTANCE

- *In our discussions about caring for children it seems important to think back to our own childhoods, and how we feel about the treatment we received from the people who raised us.*
- It is likely that parenting group members were raised in different settings (mother and father, one parent, relatives, grandparents or even an older sibling).
- Facilitator asks, *Do you agree it is important to think back to how we were treated in our own childhoods? Why is that?* (Take one or two comments. After each comment, ask them to explain a little more about that. It might be useful to ask if children's feelings are important.)

PAIR WORK: POSITIVE MEMORIES OF THEIR OWN PARENTS' CHILDREARING PRACTICES

- *Let's begin by thinking about good memories of a childrearing practice used by your caregiver.*
- *Select a partner.*
- *Tell them about a childcare practice that your caregiver used in caring for you that made you feel happy.*
- Facilitator and co-facilitator demonstrate. Note: facilitator and co-facilitator will have practiced this before the meeting. A concern is that members might simply copy what facilitators say even though it is not relevant to their lives. However, we want members to see a meaningful exchange rather than short phrases and superficial thoughts. See how it goes for you.
- Facilitator then gives three minutes for partners to tell the positive memory from their own childhood.

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REPORTING

20 minutes

- *Let's hear some of your ideas about caregiver treatment of children that makes you feel happy.* Take five or six comments.
- After each comment, ask speaker to say a little more about that. Then ask the group if anyone wants to say something about what that person said.
- Then the co-facilitator asks for another comment. *Explain more. Does anyone want to comment on what they have said?*
- Continue until about six positive childcare practices have been shared.
- Rotate between facilitator and co-facilitator asking the question and interacting with parenting group members.
- Facilitator asks, *Why do you think we liked the practices mentioned?*
- *How many of you are using the same positive childrearing practice with your own children?*

NEGATIVE MEMORIES (INDIVIDUAL REFLECTION)

10 minutes

- *Now I would like to ask you to think about an unhappy memory that comes to mind about a caregiving practice used by your parent or caregiver that made you feel bad. You will not be asked to share this memory with anyone else.*
- Give the group two or three minutes to think.
- Ask them to think about another question. *Are you using this same caregiving practice with your own children?*
- *Please raise your hand if you are using this practice in your own childrearing. Can we hear some of your ideas on why this is so?*
- Facilitator provides conclusion: *Parents tend to use the same childrearing practices that were used by their own parents. It is helpful to remember how one felt about this treatment. What was hurtful? What was valuable?*
- *It is possible to stop harmful practices but it is not easy.*
- *There are some things to consider: first parents have to talk with people they trust about what happened to them in their childhood; they have to believe it is important to respect children's feelings; next they have to decide to change; finally they have to learn some new methods of dealing with their children to replace the old.*
- *Thinking about the past is a good way to improve childrearing. Many positive local practices are being lost. Parenting discussion groups can promote and use them.*

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WRAP-UP: WHAT DID WE LEARN TODAY? HOW WILL WE USE IT?

15 minutes

- Members describe what they learned in today's session and how they will use the knowledge.
- Members agree on what they will notice and try in coming days.
- *Please talk to your spouse and any extended family members about what we discussed and ask for their opinions. Taking care of children is a family affair. Children benefit when all adults living in the home work together and use the same approaches. It is also important to talk to your neighbours about what you learned in this session and to support them to become better parents.*

SELECT PARENT CO-FACILITATOR

- Facilitator thanks co-facilitator(s).
- *Who will volunteer to be the parent co-facilitator for next month?*
- Facilitator's note: before the next session, the parent volunteer co-facilitator will meet with the facilitator to discuss the next session's topic. The parent can give their opinions about the topic and any concerns they might have. They can then prepare to lead one part of the next session. The parent volunteer co-facilitator also has an important role to remind other members about the date and time of the next session.

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Staff development handout: top tips for challenging cultural practices (Deschamps 2011)

- Think carefully about who is facilitating the discussion: it can be more effective to have someone from within the local culture do this, but it can equally be useful to have an outsider. What would work best in your particular situation? Be aware of how age, gender, language and other issues might impact on the relationship between facilitator and audience.
- Acknowledge that this is a sensitive topic: we all have experience of childrearing – as children and possibly also as adults.
- Start with the positive: these discussions are not about criticising people but celebrating what we do well to protect our children and looking for ways to make this even better.
- Do not judge or criticise: lead the discussion from positive practices to those which 'could be improved' to enhance child protection or those which 'we need to think about how they impact on our children'.
- Try to avoid labelling some practices as 'negative'.
- Avoid putting distance between yourself and the audience: in general it is more effective to talk about 'we', 'our children' and 'our communities' rather than 'you' and 'your children'.
- However, sometimes it can be easier to distance discussions. For example, *I heard that in a village in another part of the country/in a different country the practice is to...* or *After listening to the children, the villagers there decided after discussions among themselves that they could change the way they do this...*
- If culturally appropriate, and if you feel personally confident to do so, it can be effective to give personal, self-critical examples. For example, *I used to regularly beat my daughter when she disobeyed me but now I am trying some alternatives which, although hard to start with, are proving much more effective with her now.*
- Emphasise that we are all in a constant process of learning from others and that it is healthy to discuss different ideas for the benefit of our children.
- Ask, *What do we mean by 'culture'? Whose 'culture'? In the space of one generation my mother's culture is completely different to mine. As a woman my culture and experience is very different to that of my brother. The culture of girls and boys can be very different to that of their parents and grandparents...* etc. (If appropriate you can discuss power structures based on age, gender, race, wealth, etc.)
- Bring in children's perspectives: it can be very effective to share what children themselves think of certain practices but make sure that this type of child participation – either through direct or indirect contact with adults – does not put children at risk of harm such as a reprisal for having spoken out.
- Acknowledge that culture is not static: it changes. Cite an example of something that used to be commonplace within your culture but which has since changed for the better, so that the previous practice is now considered to be old-fashioned.
- Think about creative materials to use: for example, pictures of children in different situations, testimonies of children (written or recorded, including the *Keeping Children Safe* DVD), newspaper headlines, etc.
- Cite national, regional and international child rights agreements that your country has ratified (eg Children's Code, CRC and African Charter on the Rights and Welfare of the Child) and the obligations this places on us all, but be careful that this does not alienate your audience.
- End on a positive note. For example, *Let's keep what is good and positive for the protection and development of children in our culture, but challenge and change what can be improved.*

HOW TO PLAY "SIMON SAYS"

Facilitator tells group that they should follow instructions when the facilitator starts instruction by saying, *Simon says*. If the facilitator does not begin the instructions with the words, *Simon says*, then the group should NOT follow the instructions. The facilitator begins by saying something like, *Simon says clap hands. Simon says touch knees. Simon says raise your hands.* The facilitator speeds up the actions after each one. Another challenge is that the facilitator makes all the movements that are instructed. It is easier for the participants to follow what was seen than what was instructed. Those who do not follow Simon's instruction are out and have to sit down. The game moves quickly. If there is time, everyone can stand up and try the game again. Be aware that this might be culturally sensitive. In some cultures women do not want to touch certain parts in front of men. In some cultures, neither will touch their feet.

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MODULE 2-D: WHAT IS IMPORTANT TO KNOW ABOUT CHILD DEVELOPMENT?[26]

Time: 1 hour 45 minutes

Purpose

A child is like a puzzle made up of many parts. Each part is important. Each part needs to be carefully taken care of so it is not lost or damaged. There is a different puzzle for each year of a child's life. It has the same number of pieces but each piece is different from the year before. Children change over time. They develop along the same path but at different rates. If parents understand child development, they will be more patient with their child. They will also know how to help them master tasks at each stage of childhood. It is important to praise children for what they do well. This will help them in school and life.

Participant outcomes:

1. Talks to spouse, extended family and neighbours about the parenting group session.
2. Is able to tell explain different ways children develop.
3. Notices and records something child is currently doing in each area of development.

[26] This module was adapted from 'Lesson 2, Helping your child learn – birth to six years', developed by Carmen Velasco, Lynn Patterson and Deborah Llewellyn, Pro Mujer Bolivia 1990.

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PREPARATIONS

PUZZLE

PUZZLE GAME

Make puzzles by cutting a coloured piece of A4 paper into five pieces. Use a different colour for each group. Alternatively, you can use pictures from a calendar, magazine or newspaper. Using plain paper with no picture is the most challenging. Give one puzzle piece to each member of a group. When facilitator says *Go!* the members try to fit the pieces together to complete the puzzle. Tell them to put the puzzle together as quickly as possible. This is a competition. Make it exciting. The completed puzzle can be used to explain that a child is like a puzzle made up of many parts.

One puzzle for each group. Each puzzle is cut into pieces. The numbers of pieces depends on the areas of development that are emphasised. Typical areas include: physical development (growth and motor development); thinking skills (cognitive development); communication skills (language and literacy development); and social and emotional development. In some cases, cultural and spiritual development is considered a separate area of development; in others this is considered part of social and emotional development.

A lot of attention has been given to 'approaches to learning' as an area of development. This includes curiosity, interest, initiative, motivation, persistence and creativity. In other approaches to learning it is considered part of cognitive development. In others these are included in social and emotional development and cognitive development. In some cases, health is identified as a separate area. In others it is included as part of physical development.

CHILD DEVELOPMENT CARDS

Distribute the cards at the end of the session. Ask parents to look at them and see what they can discover. Tell them it is important that they bring the cards to the next four or five sessions.

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STEPS

WELCOME

- Facilitator greets participants by name in a friendly manner.
- Introduce and thank co-facilitator for helping with today's discussion (Co-facilitator leads at least one activity in this session and helps with small group work.)
- Identify any absent members. Ask for help from members to talk to absent members, share what was discussed today, and encourage them to attend the next session.

REVIEW

- Members remember what was learned in the last session, and the recommended practice. *At our last meeting we talked about how we often care for our children in the same way we were cared for as children. Some of these practices were helpful to us and some were harmful. Each of you tried to identify one practice from the past that you want to increase with your own children, and one negative practice you do not want to use with your own children.*
- In pairs, or small groups of three or four, each member tells:
  - How they used new knowledge.
  - How children responded.
  - How spouse and extended family members responded.
  - Difficulties that arose.
- Facilitator summarises findings and addresses the challenges. *You can see from this how we have so much knowledge right here within our community. We will get many helpful ideas when we take the time to discuss the important task of childrearing with the adults in our family and other neighbours.*

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NEW KNOWLEDGE AND PRACTICE

FACILITATOR PRESENTS NEW TOPIC AND EXPLAINS IMPORTANCE

- *Today we are going to discuss how children develop and change over time, and what parents need to keep in mind. I have a game that will get us talking about this subject.*
- Puzzle game. Each group will be given a set of puzzle pieces. Follow directions for puzzle game.
- Conclusion. Summarise information found in the purpose statement at the beginning of this module.
- Facilitator explains how new knowledge can be used to improve child outcomes. *Let's think together about the different ways children develop. Who can think of one way that a child develops?*
- Participants will suggest ideas. For example, one might say at first children cannot walk and then they learn to walk. The facilitator then says, *We call that physical development.*
- After the parenting group member describes a way that children develop, the facilitator gives the name of that domain (physical, social and emotional, cognitive, language, cultural and spiritual).
- As each is described, the facilitator draws a symbol on the board for that area of development. Examples: physical (tall and short stick figures; hands and feet); social and emotional (two smiling faces looking at each other); language (head, show mouth open wide in a circle); cognitive (head, arrow pointed to brain area); and spiritual and cultural (group can suggest a religious or cultural symbol).
- Every child develops in all areas. Facilitator describes each area of development. *Each year, a child gains new skills in each development area. They change over time. Let us think about that.*
- *Physical development – growth and healthy body, as well as gross motor control over large muscles such as legs and arms, and fine motor control over hands and fingers.*
- *Social and emotional development – interacting with others, having relationships with family and friends, cooperating, responding to feelings of others, and developing a positive self-concept.*
- *Cognitive development – learning, understanding, problem solving, remembering, reasoning. Cognitive development is affected by approaches to learning: curiosity, interest, initiative, persistence and creativity.*
- *Language development – speaking, using body language and gestures, communicating and understanding what others say, learning to use symbols for reading and writing.*
- *Spiritual and cultural development – culture is the fundamental building block of identity. Through cultural learning, children gain a feeling of belonging, a sense of personal history, and security in knowing who they are and where they came from. A child's family background shapes early cultural experience. Families hand down beliefs, attitudes and ways of acting. These rules for living come from one's ethnic, regional and religious heritage. From these, children develop a sense of self.*

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GROUP WORK – HOW CHILDREN CHANGE

20 minutes

- Give each group a piece of A4 paper. *Today I would like us to look at four areas of development – physical, social and emotional, cognitive and language. We will say that spiritual and cultural development is part of social and emotional development.* Each group focuses on one area of development. Use the symbol for each area described above. Each paper is divided in half to show a younger and older child.
- Ask each group to draw or give an example of one way that a child changes in that area from a baby (three to nine months) to a child ready to begin school (five or six years). Facilitator might give one example for each to get them started. If there is time, groups can draw more than one way the child changes in that area of development.

GROUP REPORTING

20 minutes

- Each group tells the name of their area of development. Next they give one or two examples to others about how the child changes over time in that area of development.

FACILITATOR SUMMARISES MAIN IDEAS

5 minutes

- *Children do not stay the same. They grow and develop in all five areas. It is important that we support each area of development.*
- *We might notice that some children seem to develop a skill faster than others. For example, one might talk early, while another might walk early. You will find out what is normal development for children at each age at the next session.*
- *Today I am going to give you a child development card. Please take it home and look at it. See what you can notice about it and plan to tell us your thoughts at the next meeting.*

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WRAP UP: WHAT DID WE LEARN TODAY? HOW WILL WE USE IT?

10 minutes

- Members describe what they learned in today's session and how they will use the knowledge.
- Members agree on what they will notice and try in coming days. *This month let's all improve our parenting by noticing one new thing your child is learning in all five areas of development.*
- *Please talk to your spouse and any extended family members about what we discussed and ask for their opinions. Taking care of children is a family affair. Children benefit when all adults living in the home work together and use the same approaches. It is also important to talk to your neighbours about what you learned in the session and support them to become better parents.*

SELECT PARENT CO-FACILITATOR

- Facilitator thanks co-facilitator(s).
- *Who will volunteer to be the parent co-facilitator for next month?*
- Facilitator's note: before the next session, the parent volunteer co-facilitator will meet with the facilitator to discuss the next session's topic. The parent can give their opinions about the topic and any concerns they might have. They can then prepare to lead one part of the next session. The parent volunteer co-facilitator also has an important role to remind other members about the date and time of the next session.

END

- Confirm time and date of next meeting.
- Facilitator provides clear and inspiring summary statement.

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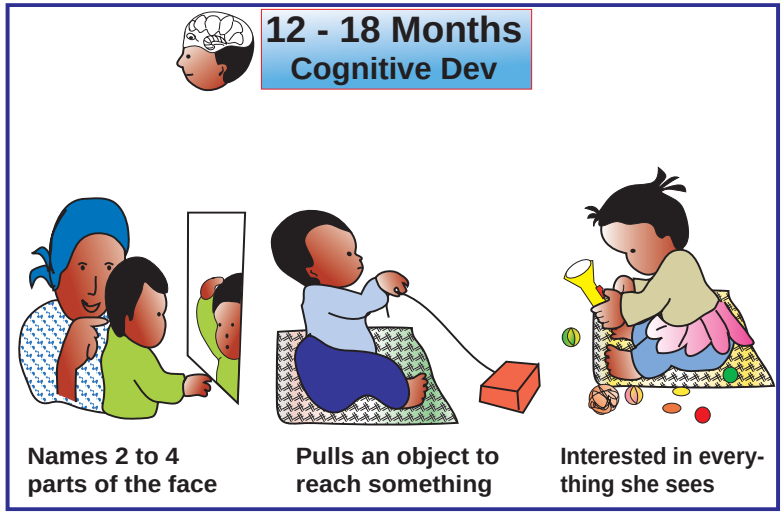
STAGE 3 MODULES: USING PICTORIAL TOOLS TO MONITOR AND STIMULATE CHILD DEVELOPMENT

Right: In Bangladesh, Plan staff and community members meet to discuss what support is needed for children and families.

STAGE 3 MODULES: BACKGROUND INFORMATION

Stage 3 modules introduce the concept of child development using an innovative non-didactic methodology. Parents are given a set of pictorial child development cards and toy stimulation cards. Parents use the cards to identify the important motor, social, emotional, cognitive and language milestones for each age group. They consolidate learning by conducting developmental assessments on a child in each age group. Parents then make a developmentally appropriate toy for their child, using the toy stimulation cards. As a final activity they work in teams to show how an effective toy can be used to stimulate all areas of development.

Stage 3 modules can be used as a short stand-alone course in child development. In Bhutan, Stage 3 modules will be used to train village health workers in child development so parents can benefit from multiple avenues to child development information. It is important for health workers to understand how cognitive development in children can contribute to health and survival.



Pictorial child development cards are tools that help parents understand and stimulate all areas of child development. In Uganda, parenting group members use these pictorial cards.

Stage 3 modules demonstrate that it is possible to provide parents with tools that they can use to promote and monitor children's development, even if they have had no formal schooling.

The idea emerged to create something low or no cost that every parent could take home and use. This seemed preferable to flipcharts or audio-visual materials that are costly, impede scale-up, and reinforce the idea that the parenting session is a lesson delivered by an expert. It also seemed useful to consider how the tools could enable parents to actually teach themselves and each other about how children develop.

Pictorial child development cards (developed by Carmen Velasco, Lynn Patterson and Deborah Llewellyn, Pro Mujer 1990 and adapted by Plan International Uganda) are provided as an example. A few written phrases accompany some pictures but the parent is able to capture the meaning without reading the text. If you plan to develop pictorial tools, review the child development charts in the appendices to see a broader set of milestones for each age. Select two or three milestones that are meaningful for your setting. Also consider other indicators suggested by *Facts for Life* (2010). Pictorial child development

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THE PARENTING PROGRAM IS SKILLS FOCUSED. TOY MAKING GIVES PARENT A WAY TO PRACTICE THEIR CHILD DEVELOPMENT KNOWLEDGE, AND TO DO SOMETHING FOR THEIR CHILD THAT GETS VERY POSITIVE FEEDBACK. IT ALSO PROMOTES ENJOYABLE INTERACTIONS THAT BUILD ATTACHMENT.

cards can be printed on photocopy paper if funds are low, or on laminated card stock if funds are available. Parents delight in receiving them and are fascinated by the content. It puts learning in their hands.

Parents playing with their child and the new materials, and with other parents, is a primary means for promoting development. Many parenting programs encourage parents to make toys for their children. Children can play with anything but parents should know something about the science of play, the safety of materials, and what characterises a toy. This will help them know that it is benefiting the child by promoting the particular skill development for that age.

Because play and learning go hand in hand for children, a tool was developed that could show parents some low- or no-cost toys that they could make to stimulate development, based on their child's interests and needs. An example of a toy stimulation guide is provided in the appendices. Each page demonstrates how three to four toys can be made for each stage of development using a locally available material, such as sticks, string, boxes, jars and cans, stones and seeds, paper and cloth. A few words and phrases are provided but the information is primarily gained through pictures. Parents in the Pro Mujer groups became experts in toy making and could describe how parents can interact with a child to stimulate all domains of development. They even made dozens more toy designs. The toy guides helped emphasise the important concept that new knowledge must be applied. With this in mind, the parenting program is skills focused. Toy making gives parent a way to practice their child development knowledge, and to do something for their child that gets very positive feedback. It also promotes enjoyable interactions that build attachment.

Tips:

- Note at the start of each session that there will be a review activity. This lets the parents know that the application of the new skill is highly important.
- In one parenting program, parents were asked to raise their hands if they used the new practice. This is an inadequate review methodology. Parents need to explain what happened, what successes and problems they experienced, and if their beliefs have changed. The review runs for one-third of the session because of its importance.
- Most review sessions are conducted in small groups. The facilitator should sit with one group and the co-facilitator should sit with the second group. Later they can talk together and share some of the specific examples that were given. In the large group, parents do not tell what they did. Instead they share their conclusions about the value of the activity, as well as suggestions. Keep large group discussions focused on summarising, analysing and evaluating: *What did we learn from this?*

THINGS TO CONSIDER

- Pay attention to safety issues when producing toys. Children under three might choke on small objects.
- Children with physical disabilities should be provided with age- and developmentally-appropriate toys.
- Be aware that children with disabilities will benefit from stimulating materials, but match them to their development ability, not their age.
- Do not assume that a child with a physical disability is less intelligent than their peers.
- Make sure that girls and boys are given the opportunity to play with different kinds of toys to fully develop their potential. Avoid gender stereotyping in toy making. Girls need blocks and dolls, as do boys.

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BACKGROUND INFORMATION ABOUT DEVELOPMENTAL MILESTONES AND DEVELOPMENTAL DELAYS

What is a developmental milestone?

A developmental milestone is a skill that a child gains within a specific timeframe. For instance, one developmental milestone is learning to walk. Most children learn this between the ages of nine and 15 months.

Milestones develop in a sequential fashion. This means that a child will need to develop some skills before they can develop new skills. For example, children must first learn to crawl and to pull up to a standing position before they are able to walk. Each milestone that a child gains builds on the previous one.

Parents will assess milestones using the pictorial child development cards. They might feel concerned if their child cannot do the things pictured on the card. Does that mean that the child has a developmental problem? Before using the cards the facilitator should explain that the pictures on the card represent what the child should be able to do by the end of that age range. Children just entering this phase will be unlikely to do these things, but parents can be aware of what the child needs to accomplish and can provide support for them to reach that milestone. Also, parents should be aware that a child might focus a lot of energy on one area of development, such as walking or climbing, and show no progress in another area, such as talking. After walking is accomplished the child might then focus a lot of attention on talking. So parents should not be too worried. However, if the child is not achieving milestones, they might have a developmental delay.

Plan-supported parenting groups in Indonesia meet in Posyandus (community health centres located in every village).

What is a developmental delay?

Child development is the process in which children go through changes in skill development during predictable time periods, called developmental milestones. Developmental delay occurs when children have not reached these milestones by the expected time period. For example, if the normal range for learning to walk is between nine and 15 months, and a 20-month-old child has still not begun walking, this would be considered a developmental delay.

Developmental delays can occur in all four areas of development, or they might just happen in one or more of

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those areas. Additionally, growth in each area of development is related to growth in the other areas. So if there is a difficulty in one area (eg speech and language), it is likely to influence development in other areas (eg social and emotional).

What are the risk factors for developmental delay?

Risk factors for developmental problems fall into two categories: genetic and environmental. Children are at genetic risk by being born with a genetic or chromosomal abnormality. A good example of a genetic risk is Down syndrome, a disorder that causes developmental delay because of an abnormal chromosome. Environmental risk results from exposure to harmful agents either before or after birth. It can include things like poor maternal nutrition or exposure to toxins (eg lead or drugs), or infections that are passed from a mother to her baby during pregnancy (eg measles or HIV and AIDS). Environmental risk also includes a child's life experiences. For example, children who are born prematurely, face severe poverty, mother's depression, poor nutrition, or lack of care are at increased risk of developmental delays. Risk factors have a cumulative impact upon development. As the number of risk factors increases, a child is at greater risk of developmental delay.

Parenting education in Laos targets parents of children aged from birth to eight-years-old.

What are the warning signs of development delays?[27]

Children might exhibit some general 'warning signs' of development delays which parents and caregivers should be aware of.

- Behavioural warning signs include a lack of attention or inability to stay focused, displays of aggression and frequent frustration, body rock, and a lack of seeking approval and affection from others.
- Physical signs, such as stiffness of arms and legs, limp body posture, and a clumsy manner.
- Delays in vision and hearing, such as rubbing of eyes, difficultly focusing on objects, talking too loudly or softly, and failing to develop sounds or words appropriate to their age.

What should parents do if they suspect their child has a developmental delay?

Parents can work with the child to achieve developmental milestones. This can be done in the course of everyday activities. For example, if the child is not picking things up with their fingers, provide the child with their own food bowl and objects to eat independently. Hang a mobile over the baby at a distance so they can reach and bat at the objects. If the child does not show progress see a medical professional at a health clinic. It is important to address developmental delays as soon as they are recognised. There might be a medical condition that can be corrected. If these are corrected early, children will lead a normal life and catch up with peers. When parents wait too long for medical intervention, children might miss important 'windows' for development that make it hard to achieve their potential.

If disability is identified, it is important to focus on the child's strengths. Children with disabilities do not necessarily follow a 'normal pattern' of development. However, this will not stop them from leading full and happy lives, as long as they are included and supported. The milestones are general principles and, in reality, there is a lot of variation depending on culture, gender, ethnicity and social and economic circumstances. A child's development is influenced by many factors including health, nutrition, care and education. The developmental milestones give clues about what might be a next step for the child. Focus on the developmental sequence rather than their age to find effective ways to stimulate the child.

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[27] This summary has been adapted from First 5 San Diego's website www.first5sandiego.org. Please refer to this source for more information.

MODULE 3-A: ASSESSING AND STIMULATING SOCIAL AND EMOTIONAL DEVELOPMENT

Time: 1 hour 25 minutes

Purpose

Parents will learn how to use a pictorial child development card to evaluate the social and emotional development of children aged from birth and eight years. They will also discuss parenting practices that help children achieve social and emotional development milestones. Social and emotional development is linked to all other areas. This area emphasises many skills that enable a child to develop self-awareness and self-control. It is the foundation for cognitive development because children are more likely to do well in school when they have a positive sense of wellbeing, emotional support and secure relationships that build confidence to function well in a group. Key emotional development skills are attachment and trust, and developing a sense of self-worth. Key social skills are respecting others, respecting self, not being too shy or aggressive, willingness to cooperate and give support to others, and confidence to communicate wants and needs.

Participant outcomes:

1. Talks to spouse, extended family and neighbours about the parenting group session.
2. Uses card to assess social and emotional development, from birth to eight years, of own child.
3. Shows child development card to neighbour and helps neighbour identify social and emotional development milestones for child according to age.
4. Knows when to seek help from health provider for development delays.

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PREPARATIONS

Facilitator should look at the pictorial cards to identify objects that can be used to evaluate the child's social and emotional development. Put a collection of these objects in a bag and bring it to the session. Collecting these objects prepares the facilitator to think about how members will assess the achievement of milestones. The facilitator should conduct child development assessments as preparation to lead the session.

Arrange to have one or two children aged from birth to two at the session, and four children aged from three to four. Ask for parents' permission to check the development of the child during the parenting group session. Parents will assess the social and emotional development of these children using the pictorial cards.

Prior to the session, the facilitator will visit the home of the parent co-facilitator and go over the session content. The parent can help the facilitator make the session more understandable for the parenting group members. Prepare the parent co-facilitator to model one new practice related to social and emotional development.

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STEPS

WELCOME

- Facilitator greets participants by name in a friendly manner.
- Introduce and thank co-facilitator for helping with today's discussion (Co-facilitator leads at least one activity in this session and helps with small group work.)
- Identify any absent members. Ask for help from members to talk to absent members, share what was discussed today, and encourage them to attend the next session.

REVIEW

- In pairs or small groups of three or four, each member tells:
  - How they used new knowledge.
  - How children responded.
  - How spouse and extended family members responded.
  - Difficulties that arose.
- Facilitator summarises findings and asks what they noticed about the child development cards.
- *Last time you received a set of child development cards. We asked you to look at the cards and see what you could find out.*
- Ask parents to tell what they noticed about the cards. Answers might include, *The cards show the four areas of development we talked about last time. The cards show different age groups. The cards have pictures, which show us what a child can do.*
- *Over the next four sessions we will learn how to use the cards to help children develop.*

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NEW KNOWLEDGE AND PRACTICE

FACILITATOR PRESENTS NEW TOPIC AND EXPLAINS IMPORTANCE

30 minutes

- *Today we will learn about social and emotional development. We will practice using the cards to make a record of your child's social and emotional development.*
- Make sure everyone has the development card.
- Find the pictures that show social and emotional development. *Social and emotional development refers to how children feel about themselves and their relationships with others.*
- *Here are some important things to think about in helping children attain social and emotional development:*
  - *First, and most important, we want to see that the child loves someone and feels loved. We call this attachment. Can you find a picture that might show this? What can parents do to help a child love and feel loved?*
  - *Second, we want to see that the child feels good about who they are. We call this self-esteem. Having self-esteem is necessary to do well in school and life. Can you find a picture that might show this? What can parents do to help the child develop self-esteem?*
  - *Third, we want to see if the child is developing responsibility. Can you find a picture that might show this? What can parents do to help the child develop responsibility and self-help skills?*
  - *Fourth, we want to see that the child is getting along well with others. This includes making friends, playing well, showing sympathy for the feelings of others, and controlling emotions and impulses. We call this socialisation. Can you find a picture that shows this? What can parents do to help children learn to get along with other children?*
  - *Fifth, we want to see that the child is developing cultural and spiritual values. Are there any pictures on the card? If not, how might we show this? What ages are children when they develop cultural and spiritual values? How can parents help children develop cultural and spiritual values important to the community?*
- Parent volunteer co-facilitator models: assessing development in a child aged three to five years.
- Prior to the session you will have asked permission to use one or two children aged between three to five years to demonstrate how to use the card.
- Use this method:
  - Ask mother the age of the child.
  - Ask parenting group members to find the section of the card that will be used.

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FACILITATOR PRESENTS NEW TOPIC AND EXPLAINS IMPORTANCE

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- Find out if the child can do the activities in each section. The parent volunteer co-facilitator would be ideal to help the mother in the assessment. Demonstrate warm and friendly interactions with the child. Children will not perform well if they are feeling stressed.
- Explain that the pictures on the card show things that the child should be able to do by the end of that age period. Explain that children develop in the same sequence, but at different speeds. We might notice that a child has progress in one area, then stops, and then turns their attention to another area of development.
- With parenting group members watching, facilitator and child's mother will check to see if the child can do the things pictured under social and emotional development for their age. If so, the mother will check the box. If not, leave the box blank.
- It is important that the facilitator models how to show enthusiasm for what the child can do well. *If we find that the child has not accomplished all milestones in this area, is that okay? Yes, because these are goals for the end of that period. If a child is not quite there in one area, give them more time, especially if they are doing well in other areas. If a child is not developing well in more than one area, talk to staff at the health centre. For example, we might discover that a child has a hearing problem. It might simply be an infection. There are so many things that can be corrected with help from the health centre.*
- Members try new practice and evaluate (developmental assessment of child in the one to two year range).

GROUP WORK – SOCIAL AND EMOTIONAL DEVELOPMENT

- In two or three groups, parents evaluate social and emotional development of children in the one to two year range. There will be one baby in each group.
- With parents' permission, each group observes the interaction of one baby with their mother. Together they go through the activities listed in the age division. Ask the mother to check the box next to the activity if the child can do the activity. If not, leave it blank.
- Discussion. In the large group ask members to share what problems they encountered in evaluating their children. Ask if there are any questions about using the card.
- Co-facilitator models new practice.
- Facilitator tells parents that social and emotional development is tied to every other area of development. Children need different supports at different ages to achieve the social and emotional development tasks we found on the cards.
- However, one thing that is important across all areas is to establish a loving and caring relationship with your child.

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DEMONSTRATION: HOW TO INTERACT WITH A CHILD IN A WARM AND CARING WAY

10 minutes

- Parent washes toddler's face and hands, making it into a friendly game by pointing out facial features – eyes, ears, mouth, etc – and showing kindness by smiling at the child. If the child is three or four years old, the parent can demonstrate how to encourage their child to wash themselves, also by interacting with their child in a warm manner.
- Conclusion: parents discuss why this is important.

WRAP-UP: WHAT DID WE LEARN TODAY? HOW WILL WE USE IT?

10 minutes

- Members describe what they learned in today's session and how they will use the knowledge.
- Members agree on what they will notice and try in coming days.

ASSIGNMENT

- *The first homework for today is to use the cards to check how well your child is progressing in social and emotional development. Show the cards to your neighbour and help them to assess their child. If a child is not doing well, the card can help parents identify ways that they can help and encourage the child.*
- *The second homework is to interact with your child in an emotionally caring way while conducting a routine daily task.*
- *What are the two assignments? Does everyone agree to do this?*
- Facilitator reminds parents that all children develop along the same path but at different speeds. *You should not feel concerned if your child is not accomplishing the tasks on the card. There might be many reasons for this. We will discuss this more at our next meeting.*

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SELECT PARENT CO-FACILITATOR

- Facilitator thanks this session's co-facilitator(s).
- *Who will volunteer to be the parent co-facilitator for next month?*
- Facilitator's note: before the next session, the parent volunteer co-facilitator will meet with the facilitator to discuss the next session's topic. The parent can give their opinions about the topic and any concerns they might have. They can then prepare to lead one part of the next session. The parent volunteer co-facilitator also has an important role to remind other members about the date and time of the next session.

END

- Confirm time and date of next meeting.
- Facilitator provides clear and inspiring summary statement.

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BACKGROUND INFORMATION ON SOCIAL AND EMOTIONAL DEVELOPMENT

What is social and emotional development?[28]

In the early years of life, children rapidly develop social and emotional skills that equip them to experience and express emotions, develop relationships with others, and actively explore and learn from their environment. Sometimes referred to as early childhood mental health or infant mental health, early childhood social and emotional development is essential for the development of physical and cognitive growth, as well as the child's early relationships.

Children who have healthy social and emotional skills have a greater chance of success in school and in adult life than those who have emotional difficulties. These skills enable children to make friends, learn from teachers and peers, express themselves and deal with frustration. This is all important for early learning and for setting children on the pathway to becoming productive adults who are able to maintain positive relationships, work and contribute to society.

Does praising children help them develop self-concept?

To many of us, praise seems like such a good, positive way to get children to behave. It's a way to make them feel good about themselves so they'll try harder to do what they should. We congratulate ourselves that we have abandoned the use of criticism in exchange for parenting or teaching with praise. What we fail to see is that praise is simply the positive face of criticism, that both presume the right of one person to impose judgment on another. "Praise can actually lessen self-motivation and cause a child to become dependent on rewards. Praise can be useful in motivating children to learn by rote but may actually discourage problem solving" (Grey 2007).

Tips for providing praise:

- Reward the process and the effort, not the talent or the product.
- Do not supply material rewards for achievement. Instead, congratulate the child. Ask why things turned out so well and what your child attributes her success to. You want your child to understand exactly what efforts pay off in which situations. Supplying external rewards kills internal motivation.

Parents and caregivers help children develop good social and emotional skills by building positive relationships that include trust, support, encouragement and love.

[28] This summary has been adapted from Zero to Three, Laying the Foundation for Early Development, http://www.zerotothree.org/public-policy/policy-toolkit/socialemotionalmarch5.pdf (2009). Please refer to this source for more information.

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- An easy way to change from ineffective to effective praise is to change from saying *I* to *you*. Rather than saying *I like* or *I think*, which offers the adult's opinion, try saying, *You found enough firewood for all the cooking today and tomorrow.* This enables the children to evaluate their own work. The child might think, *I was a help to my family; I am valuable.*

How children develop social skills

Early in life children also become aware of their social nature. As they begin to interact with their community, they also begin to see themselves as distinct individuals. The feedback received from the social world affects the child's self-concept. Social development, or socialisation, begins under the guidance of parents and family members. When children enter group settings, they are further exposed to behaviours, social roles and attitudes that foster culturally appropriate behaviours and values. Children need to understand the social categories, roles, rules and expectations of their families and communities in order to function in a social world. Social development is closely linked to cognitive and linguistic development (Landers 2002).

As part of developing social skills, children learn to trust and enjoy interaction with adults other than their parents, like this child in Indonesia.

Children learn many social skills in the early years. They learn to enjoy and trust adults other than their parents. In their relationships with others, children learn ways to cooperate, disagree, share, communicate and assert themselves. Children also learn how to participate within group activities, adapt to group expectations, and to respect the rights and feelings of others. The young child also learns how to express their feelings in culturally appropriate ways. Caregivers set expectations for children's proper behaviour, as well as the rewards or punishments for their conduct. Caregivers also select and create the social contexts within which children experience their environments and learn the rules of behaviour. Children are active participants in this process. What they learn depends in part on their interpretation of their environments and on what they select as important from the information available to them.

Temperament (Landers 2002)

Children are born with a unique combination of temperamental characteristics that define their particular behavioural style. We might think of temperament as the how of a child's behaviour, as opposed to the why. Temperamental characteristics are sometimes thought of as foundation of personality. Temperamental characteristics are not exactly fixed, but they are likely to be persistent and consistent over time. Differences in temperament affect how children relate to others and develop social skills. We might say that some children have easy, slow to warm up, or difficult temperaments. Children of the same household might have different temperaments. Some might be more active, have shorter attention spans, and show reluctance to deal with new situations, or be consistently 'moody'. Some temperaments require added support and patience from parents.

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Importance of friendships

Most adults fail to understand how much thinking and problem solving is involved in forming and holding onto friendships. Just think about the issues that even young children have to resolve. When they are new to a classroom, they have to figure out how to behave until they have a friend. When someone approaches, they have to work out how to engage that other child. If there is a fight or a struggle, children must find out how to win back a friend who is angry or hurt. Figuring out any one of these issues takes general problem-solving skills. Children have to analyse what the problem is, they might have to solve it in steps, and they might have to try several approaches. When children are doing this, they are building up ideas about the social world. They are building trust and interest in other people (Grey 2007).

Early childhood caregivers should engage children in discussions about how to make and keep friends. Caregivers often state classroom rules such as, *We don't hit each other* or *Take turns*. Invite children to talk about how they want to be treated by their friends and how they should treat others and why.

Social skills children need to make and keep friends (from Stephens 2002):

- Recognise shared interests.
- Gracefully join in play.
- Pay attention to non-verbal communication cues.
- Identify common goals.
- Listen to and respect feelings.
- Empathise with another person's perspective.
- Practice compassion.
- Cooperate.
- Accept others.
- Include others.
- Extend a trustworthy helping hand.

Social intelligence (Gardner 1998)

Social intelligence includes interpersonal and intrapersonal intelligences. Interpersonal skills build on the capacity to notice distinctions between others, such as differences in their moods, temperaments, motivations, and intentions. Intrapersonal skills refers to self-knowledge: having a clear picture of one's own strengths, weaknesses, hopes, and emotions; and the capacity to draw upon emotions as a means of understanding and guiding one's actions. Many efforts to examine children's social development focus on behaviour (sharing, taking turns, expressing anger with words), but equally important is how the child views the world of social relationships and their role in it.

The key abilities that indicate social intelligence in young children are: understanding of self, understanding of others, and assumption of culturally valued social roles. It is important to note that different cultures might value and therefore foster different social roles. Social understanding activities will encourage children to examine the ways in which they are similar and different from other cultures/cultural diversity.

Adults can support social intelligence by helping a child to:

- reflect upon feelings and accomplishments;
- identify own abilities, skills, interests and areas of difficulty;
- notice peer's thoughts, feelings, likes and dislikes;
- develop confidence to initiate some activities;
- invite other children to play;
- comfort a friend who is upset; and
- relate to other adults outside immediate family.

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MODULE 3-B: ASSESSING AND STIMULATING MOTOR DEVELOPMENT

Time: 1 hour 20 minutes

Purpose

Parents will learn how to use a pictorial child development card to evaluate the fine and gross motor development of children between birth and eight years. They will also discuss priority-parenting practices that help children's physical development.

Participant outcomes:

1. Tells spouse, extended family and neighbours about the parenting group session.
2. Uses card to assess motor development, from birth to eight years, of own child.
3. Shows child development card to neighbour and helps neighbour identify motor development milestones for child according to age.
4. Knows when to seek help from health provider for developmental delays.

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PREPARATIONS

Facilitator should look at the pictorial cards to identify objects that can be used to evaluate the child's fine and gross motor development. Put a collection of these objects in a bag and bring them to the session. Collecting these objects prepares the facilitator to think about how members will assess the achievement of milestones. The facilitator should conduct child development assessments as preparation to lead the session.

Arrange to have one or two children aged from birth to two, and four children aged from three to four, at the session. Ask parents' permission to check the development of the child during the parenting group session. Parents will monitor the development of these children using the picture card.

Facilitator will visit the home of the parent volunteer co-facilitator and go over the session content. The parent volunteer co-facilitator can help the facilitator make the session more understandable for the parenting group members. Prepare parent volunteer co-facilitator to model one new practice related to motor development.

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STEPS

WELCOME

5 minutes

- Facilitator greets participants by name in a friendly manner.
- Introduce and thank co-facilitator for helping with today's discussion (Co-facilitator leads at least one activity in this session and helps with small group work.)
- Identify any absent members. Ask for help from members to talk to absent members, share what was discussed today, and encourage them to attend the next session.

REVIEW

15 minutes

- Members remember what was learned in the last session, and the recommended practice.
- *What did we learn last time and how did you use that information in your home?*
- Responses should include: learning about social and emotional development; assessing development using the card; important things children need to gain; what parents noticed about own individual children.
- In pairs or small groups of three or four, each member tells:
  - How they used new knowledge.
  - How children responded.
  - How spouse and extended family members responded.
  - Difficulties that arose.
- Ask parents to share some of the challenges they faced in talking to spouses or neighbours about social and emotional development, assessing the child using card, or in conducting the activity (which was to interact with their child in a caring way while conducting a routine household activity).
- Facilitator summarises findings and addresses the challenges.

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NEW KNOWLEDGE AND PRACTICE

FACILITATOR PRESENTS NEW TOPIC (MOTOR DEVELOPMENT) AND EXPLAINS IMPORTANCE

- *Today we will learn about the child's motor development. We will practice using the cards to make a record of your child's motor development.*
- Make sure everyone has the development card.
- *Find the pictures that show motor development. There are two types of motor development. Fine motor development refers to how children use their fingers and hands. Gross motor development refers to how they use their arms and legs.*
- *There are several important things to think about in helping children gain motor development.*
- *First, children develop gross motor skills before they develop fine motor skills. The baby will kick feet or bat at things with the whole arm before grabbing things with their fingers. Parents often swaddle the baby while they work. When at home, it is important to lay the baby on a clean mat and let them freely move their arms and legs. This is how they explore their world and develop a sense of self.*
- *Second, motor development is something children gain easily if encouraged to do so. They love to pick up and examine things. They love to run and climb. Children have a natural desire to develop motor skills. Parents should encourage them to explore objects and move. It not only develops their body, but also their brain.*
- *Third, gross motor development is important because it improves children's health and strength, builds confidence, is a means for social interactions, and is essential for developing responsibility and life skills. Having good gross motor skills is important for managing a house and earning a living. When children figure out how to balance on a log, climb a tree, or roll a tyre, they are also developing thinking skills that are essential for success in school. Parents have a role to make sure that activities are safe, and to praise and encourage a child for what they are doing well.*
- *Fourth, fine motor development is important because these are the skills needed for schoolwork and many kinds of livelihood. Parents have a role to make sure that young children do not put objects in their mouth that can choke them. Encourage children to explore things with their hands. When they are moulding sand they are developing their finger muscles for writing.*
- *Parents have an important role in making sure the environment is safe for children to develop fine and gross motor skills. For younger children, parents should do a safety check of the environment, and make sure that babies do not put small objects in their mouth. For older children, parents should establish rules about what children can and cannot do. They should be clear about these rules, explain why, and follow up if children disobey the safety rule.*

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DEMONSTRATION: HOW TO ASSESS THE MOTOR DEVELOPMENT OF A CHILD BETWEEN ONE AND TWO YEARS

20 minutes

- Prior to the session you will have asked permission to use one or two children aged between one to two years to demonstrate how to use the card.

Method:

- Ask the mother the age of their child.
- Ask parenting group members to find the section of the card that will be used.
- Find out if the child can do the activities in each section. The parent volunteer co-facilitator would be ideal to help the mother in the assessment. Demonstrate warm and friendly interactions with the child. Children will not perform well if they are feeling any stress.
- Explain that the pictures on the card show things the child should be able to do by the end of that age period. Explain that children develop in the same sequence, but at different speeds. We might notice that a child has progress in one area, then stops, and then turns their attention to another area of development.
- With parenting group members watching, facilitator and child's mother will check to see if the child can do the things pictured under motor development for their age. If so, the mother will check the box. If the child cannot, leave the box blank.
- It is important that the facilitator models how to show enthusiasm for what the child can do well. *If we find that the baby has not accomplished all milestones in this area, is that okay? Yes, because these are goals for the end of that period. If a child is not quite there in one area, give them some more time, especially if they are doing well in other areas. If a child is not developing well in more than one area, talk to staff at the health centre. For example, we might discover that the child has a vision problem. There are so many things that can be corrected with help from the health centre.*

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PRACTICE: MEMBERS ASSESS THE MOTOR DEVELOPMENT OF A CHILD IN THE THREE TO FIVE YEAR RANGE

20 minutes

Steps

- In two or three groups, parents evaluate the motor development of children in the three to five year range. There will be one baby in each group.
- With parents' permission, each group takes the child and goes through the activities listed in the age division. Ask them to check the box next to the activity if the child can do the activity. If not, leave it blank.
- Co-facilitator models one of following new practices to improve motor development

MODEL NEW PRACTICE

10 minutes

Example 1: Toddler self-feeding a banana

Steps

- Facilitator tells parents that motor development is tied to other areas of development. *Children need different supports at different ages to achieve the motor development tasks that we found on the cards.*
- *However, two things that are important across all areas is to encourage the child to try things on their own, and to make sure that this activity is free of hazards.*
- The parent volunteer co-facilitator will model how to encourage the toddler to self-feed a banana to develop fine motor skills. *Parents often want to feed young children. When children are given the opportunity to self-feed they often eat more because it is interesting to them and because they feel in control. Children develop the fine muscles in their fingers and hands when they feed themselves.*
- Parent demonstrates washing toddler's hands with soap and water. The parent then puts a banana on a clean plate in front of the child. The parent unpeels the banana at one end, but encourages the child to pull back the peel, and to take out the banana and then eat it alone. The parent talks to child about what they are doing, and praises the child for what they are doing well.
- *When parents allow children to self-feed they are helping them develop fine motor skills and an interest in food. It might actually increase their nutritional intake. When parents interact in a warm and caring way, and when they encourage the child, they are also helping the child develop social and emotional, language and thinking skills.*

Example 2: Teaching children to play a traditional jumping game

- There are many traditional games where a line is drawn on the ground and children jump between the lines or in boxes to score points. When parents teach children to play such games they are passing down cultural traditions. They are having fun with their child and building a relationship that allows the child to learn from and respect the parent.

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WRAP-UP: WHAT DID WE LEARN TODAY? HOW WILL WE USE IT?

10 minutes

- Members describe what they learned in today's session, and how they will use the knowledge.
- Members agree on what they will notice and try in coming days.

ASSIGNMENT

- *The first homework for today is to use the cards to check how well your child is progressing in fine and gross motor development. Show the cards to your neighbour, and help them assess their child. If a child is not doing well, the card can help parents identify ways that they can help and encourage the child.*
- *The second homework is to give your child the opportunity for self-feeding.*
- *What are the two assignments? Does everyone agree to do this?*
- Facilitator reminds parents that all children develop along the same path but at different speeds. *If your child cannot accomplish the tasks on the card there might be several reasons. We will discuss this at our next meeting.*

SELECT PARENT CO-FACILITATOR

- Facilitator thanks this session's co-facilitator(s).
- *Who will volunteer to be the parent co-facilitator for next month?*
- Facilitator's note: before the next session, the parent volunteer co-facilitator will meet with the facilitator to discuss the next session's topic. The parent can give their opinions about the topic and any concerns they might have. They can then prepare to lead one part of the next session. The parent volunteer co-facilitator also has an important role to remind other members about the date and time of the next session.

END

- Confirm time and date of next meeting.
- Facilitator provides clear and inspiring summary statement.

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BACKGROUND INFORMATION ON PHYSICAL DEVELOPMENT IN CHILDREN

What is physical development?[29]

Physical development refers to the way in which children's bodies and muscles grow to increase ability involving movement. This type of growth can be referred to as motor development, which is the process in which a child develops movement skills. There are two type of development involved in motor development:

- Gross motor development: refers to the use of large muscles such as legs and arms.
- Fine motor development: refers to the use of small muscles such as hands and mouth.

Children's bodies grow in a sequential manner, which means that development occurs in an orderly pattern. Children's skills develop progressively and build upon earlier learning.

- Children's bodies experience two periods of rapid growth during the first six months of life and during puberty. Growth slows in the toddler years. After puberty it levels off until adulthood.
- Growth in a child's body follows a directional pattern in three ways: gross to fine motor (large muscles developing before small muscles); inside to outside (muscles in the trunk of the body develop earlier and are stronger); and head to toe.
- Movement becomes more definitive and specific as children grow and develop smaller muscles in their hands, etc. They also learn to better coordinate different body parts to perform complex tasks.
- Movement of the body occurs in three ways: locomotor movement (walking and jumping); non-locomotor movement (turning and stretching); and manipulative movement (controlled use of hands and feet).

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[29] This summary was adapted from S. Brotherson, North Dakota State University, Understanding Physical Development in Young Children, <http://www.ag.ndsu.edu/pubs/yf/famsci/fs632.pdf>. Please refer to this source for more information.

MODULE 3-C: ASSESSING AND STIMULATING LANGUAGE DEVELOPMENT

Time: 1 hour 25 minutes

Purpose

Parents will learn how to use a pictorial child development card to evaluate the language development of children aged from birth to eight years. They will also discuss parenting practices that help children's language development.

Language development is the process in which children come to understand and communicate language. Language development begins at birth. Babies communicate through sounds, facial expressions and gestures. Being able to speak and communicate well is an important skill; indeed, having good language skills at an early age is a key predictor of school success. Early language and literacy skills are best learned through everyday moments with your child – talking, telling stories, reading books, and laughing and playing together.

Participant outcomes:

1. Tells spouse, extended family and neighbours about the parenting group session.
2. Uses card to assess language development, from birth to eight years, of own child.
3. Shows child development card to neighbour and helps neighbour identify language development milestones for child according to age.
4. Knows when to seek help from health provider for development delays.

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PREPARATIONS

Facilitator should look at cards to identify objects that can be used to evaluate the child's language development. Put a collection of these objects in a bag and bring them to the session. Collecting these objects prepares the facilitator to think about how members will assess the achievement of milestones. The facilitator should conduct child development assessments as preparation to lead the session.

Arrange to have one or two children aged from birth to two years at the session, and two children aged between three and four years. Ask for parents' permission to check the development of the child during the parenting group session. Parents will assess the language development of these children using the pictorial cards.

Facilitator will visit the home of the parent volunteer co-facilitator and go over the session content. The parent can help the facilitator make the session more understandable for the parenting group members. Prepare the parent volunteer co-facilitator to model one new practice related to language development.

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STEPS

WELCOME

5 minutes

- Facilitator greets participants by name in a friendly manner.
- Introduce and thank co-facilitator for helping with today's discussion (Co-facilitator leads at least one activity in this session and helps with small group work.)
- Identify any absent members. Ask for help from members to talk to absent members, share what was discussed today, and encourage them to attend the next session.

REVIEW

20 minutes

- Members remember what was learned in the last session, and the recommended practice. If the previous session was motor development, then responses should include: what is fine motor development, what is gross motor development, how children develop new skills over time, and observing these skills in children.
- In pairs or small groups of three or four, each member tells:
  - How they used new knowledge.
  - How children responded.
  - How spouse and extended family members responded.
  - Difficulties that arose.
- Ask parents to share some of the challenges they faced in talking to spouses or neighbours about motor development, assessing the child using card, or in conducting the activity (which was to allow the child to self-feed while interacting in a warm and caring way to develop their fine motor skills, while also supporting social and emotional, language and cognitive development).
- Facilitator summarises findings and addresses the challenges.

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NEW KNOWLEDGE AND PRACTICE

FACILITATOR PRESENTS NEW TOPIC AND EXPLAINS IMPORTANCE

- *Today we will learn about the child's language development. We will practice using the cards to make a record of your child's language development.*
- Make sure everyone has the child development card.
- *Find the pictures that show language development.*
- *Parents play a major role in nurturing children's language and literacy development. They can help children by using daily home routines to build language skills. Here are some important things parents can do.*
- *Develop verbal competence: when your baby babbles, respond with the same sounds. Talk to infants and young children when you feed, dress or play with them. Sing songs to them. As your child begins to develop language, teach them the names of familiar objects, speak clearly and simply, do not use baby talk, and teach them rhymes and songs.*
- *To further develop your child's language skills, show interest in what they have to say and ask questions that need the child to explain a thought or experience (rather than one-word answers). Tell your child about your experiences and stories from your childhood. Having conversations with your child helps them develop language, concepts and a strong relationship with the parent. Encourage pretend play with a friend.*
- *Help your child discriminate sounds in language. Listen for different sounds and describe them. Sing songs. Recite finger plays and rhymes.*
- *Help children notice differences in things. This will be important for reading. Include children in activities that need sorting such as clothing, dishes, and find things for them to sort, such as stones, leaves, flowers, etc.*
- *It is important to talk to your child in your mother tongue. This is the language in which a mother can best express her love and feelings. Emotion is a strong motivator for language. Children learn the rules of language from imitation, so it is important that the child hears the parent speak a language that they know well. When a child masters their mother tongue it will be easier for them to learn a second language. Children can learn more than one language simultaneously. In some cases the mother tongue of a mother and father or grandmother living in the home are different. What seems important is the emotional connection of baby to the person speaking to them, that the person speaks in their mother tongue, and that the person uses the language consistently and does not switch from one language to another.*

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DEMONSTRATION: HOW TO USE CARD TO ASSESS LANGUAGE DEVELOPMENT OF CHILD AGED ONE TO TWO YEARS

20 minutes

- Prior to the session you will have asked permission to use one or two children aged between one and two years to demonstrate how to use the card.

Method:

- Ask mother the age of the child.
- Ask parenting group members to find the section of the card that will be used.
- Find out if the child can do the activities in each section. The parent volunteer co-facilitator would be ideal to help the mother in the assessment. Demonstrate warm and friendly interactions with the child. Children will not perform well if they are feeling stressed.
- Explain that the pictures on the card show things the child should be able to do by the end of that age period. Explain that children develop in the same sequence, but at different speeds. We might notice that a child has progress in one area, then stops, and then turns attention to another area of development.
- With parenting group members watching, facilitator and child's mother will check to see if the child can do the things pictured under language development for their age. If so, the mother will check the box. If the child cannot, leave the box blank.
- It is important that the facilitator models how to show enthusiasm for what the child can do well. *If we find that the baby has not accomplished all milestones in this area, is that okay? Yes, because these are goals for the end of that period. If a child is not quite there in one area, give them some more time, especially if they are doing well in other areas. If a child is not developing well in more than one area, talk to staff at the health centre. For example, we might discover that the child has a hearing problem that is affecting speech. There are so many things that can be corrected with help from the health centre.*

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PRACTICE: PARENTS PRACTICE ASSESSING DEVELOPMENT

20 minutes

Steps

- In two or three groups, parents evaluate the language development of children in the three to five year range. There will be one baby in each group.
- With parents' permission, each group takes the child and goes through the activities listed in the age division. Ask them to check the box next to the activity if the child can do the activity. If not, leave it blank.
- Discussion. In the large group ask members to share what problems they encountered in evaluating their children. Ask if there are any questions about using the card.
- Modelling. Parent volunteer co-facilitator models recommended new practice.

ACTIVITY: MODELLING TALKING TO CHILD ABOUT A PICTURE[30]

10 minutes

Steps

- Facilitator tells parents that language development is an important life and school skill. *One of the most important things parents can do is help their child develop vocabulary and the ability to express ideas. Parents can do this through everyday conversation. Asking questions is a good way to help children advance language.*
- The parent volunteer co-facilitator will show a picture to their child. They will ask the child to tell what they see in the picture. Together they will talk about the picture. The parent will respond to what the child says and make a comment or ask a question in response. In this way the conversation builds like a ladder. This is called scaffolding.
- Members try and evaluate new practice.
- Facilitator summarises.

[30] Dr Francis Aboud of McGill University developed this activity for Plan International Bangladesh.

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WRAP-UP: WHAT DID WE LEARN TODAY? HOW WILL WE USE IT?

10 minutes

- *It's time to bring our parenting session to a close. What important things did we learn today?*
- Facilitator summarises comments in one or two sentences.
- *The first homework for today is to use the cards to check how well your child is progressing in language development. Show the cards to your neighbour, and help them assess their child. If a child is not doing well, the card can help parents identify ways they can help and encourage the child.*
- *The second homework is to talk to your child about something that you see, responding to what the child says with further questions (scaffolding).*
- *What are the two assignments? Does everyone agree to do this?*
- *Please talk to your spouse and any extended family members about what we discussed and ask for their opinions. Taking care of children is a family affair. Children benefit when all adults living in the home work together and use the same approaches. It is also important to talk to your neighbours about what you learned in this session and to support them to become better parents.*

SELECT PARENT CO-FACILITATOR

- Facilitator thanks this session's co-facilitator(s).
- *Who will volunteer to be the parent volunteer co-facilitator for next month?*
- Facilitator's note: before the next session, the parent volunteer co-facilitator will meet with the facilitator to discuss the next session's topic. The parent can give their opinions about the topic and any concerns they might have. They can then prepare to lead one part of the next session. The parent volunteer co-facilitator also has an important role to remind other members about the date and time of the next session.

END

- Confirm time and date of next meeting.
- Facilitator provides clear and inspiring summary statement.

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BACKGROUND INFORMATION ABOUT LANGUAGE DEVELOPMENT

What is language development?[31]

Language development is a process that starts early in life and develops rapidly in infancy. Children acquire language by learning it as it is spoken and through mimicry. For language acquisition to develop successfully, children should be in social environments that encourage interaction and communication with others. Parents play an important role in nurturing children's language and literacy development. Children's first language skills are developed in the home and parents are usually a child's first teacher.

There are four main components of language:

- Phonology refers to the organisation of sound patterns to create speech and correct pronunciation.
- Semantics involves understanding the meaning of words, symbols and phrases.
- Grammar is the organisation of rules about the structure of words and grammatical makers (such as tense, active or passive voice, etc).
- Pragmatics involves the conventions for appropriate and effective communication such as greetings, informal, and formal conversation.

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[31] This summary was adapted from 'Speech and language developmental milestones', National Institute on Deafness and other Communication Disorders, http://www.nidcd.nih.gov/health/voice/pages/speechandlanguage.aspx. Please refer to this source for more information.

MODULE 3-D: ASSESSING AND STIMULATING COGNITIVE DEVELOPMENT

Time: 1 hour 25 minutes

Purpose

Parents will learn how to use a pictorial child development card to evaluate the cognitive development of children aged from birth to eight years. They will also discuss parenting practices that help children's cognitive development.

Cognitive development focuses on the development of thinking skills and general knowledge about the world and how it works. Cognitive development involves thinking, reasoning and remembering skills. It includes the understanding of concepts and general knowledge about the world and how things work. From the start of life, babies are aware of their surroundings. They are active learners. They are busy gathering and organising knowledge about their world through the senses – seeing, hearing, touching, tasting and smelling. Children's everyday experiences can help them gain new knowledge and information if they are encouraged to recognise differences and similarities, to ask questions, and solve problems.

Cognitive development encompasses language and literacy, mathematical knowledge, science and the arts, music and other means for gaining knowledge, creative expression, and problem solving. Another aspect of cognitive development is the child's approach to learning. Learning is enhanced by curiosity, creativity, independence, cooperativeness and persistence. Pretend play is particularly important to the development of thinking skills.

Participant outcomes:

1. Talks to spouse, extended family and neighbours about the parenting group session.
2. Uses card to assess language development, from birth to eight years, of own child.
3. Shows child development card to neighbour and helps neighbour identify cognitive development milestones for child according to age.
4. Knows when to seek help from health provider for developmental delays.

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PREPARATIONS

Facilitator should look at cards to identify objects that can be used to evaluate the child's cognitive development. Put a collection of these objects in a bag and bring them to the session. Collecting these objects prepares the facilitator to think about how members will assess the achievement of milestones. The facilitator should conduct child development assessments as preparation for leading the session.

Arrange to have one or two children aged from birth to two years at the session, and two children aged from three to four years. Ask parents' permission to check the development of the child during the parenting group session. Parents will assess the cognitive development of these children using the pictorial cards.

Prior to the session, the facilitator will visit the home of the parent volunteer co-facilitator and go over the session content. Parents can help the facilitator make the session more understandable for the parenting group members. Prepare parent volunteer co-facilitator to model one new practice related to helping children develop thinking skills (cognitive development).

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STEPS

WELCOME

5 minutes

- Facilitator greets participants by name in a friendly manner.
- Introduce and thank co-facilitator for helping with today's discussion (co-facilitator leads at least one activity in this session and helps with small group work.)
- Identify any absent members. Ask for help from members to talk to absent members, share what was discussed today, and encourage them to attend the next session.

REVIEW

20 minutes

- Members remember what was learned in the last session, and the recommended practice. If the previous session was language development, then responses might include: baby babbles are a way of talking and we should respond to that; it is important to talk to young children while conducting routine care and chores; parents should teach children the names of objects around them; parents should show interest in what children say, and ask questions.
- In pairs or small groups of three or four, each member tells:
  - How they used new knowledge.
  - How children responded.
  - How spouse and extended family members responded.
  - Difficulties that arose.
- Ask parents to share some of the challenges they faced in talking to spouses or neighbours about language development, assessing the child using the card, or in conducting the activity, such as talking to their child about a picture or something seen, and asking questions to their child to get them to talk more about what they are seeing and thinking. Parents might want to discuss the cultural view that children should not speak around adults, or that it is culturally inappropriate for adults to talk to children in the recommended way. Parenting group members might need more time to discuss how parents help children develop critical language skills.
- Facilitator summarises findings and addresses the challenges.

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NEW KNOWLEDGE AND PRACTICE

FACILITATOR PRESENTS NEW TOPIC AND EXPLAINS IMPORTANCE

- *Today we will learn about the child's cognitive development. We will practice using the cards to make a record of your child's cognitive development.*
- Make sure everyone has the child development card.
- *Find the pictures that show cognitive development.*
- *There are several important things to know about helping children develop thinking skills (cognitive development).*
- *Babies learn from the time they are born. Baby's thinking skills first develop through the senses – touching, tasting, feeling, hearing and smelling. For example, a baby learns to distinguish the mother's voice from others. When parents give their baby things to explore with their senses, they are advancing their baby's thinking skills.*
- *One important thing young children start to learn is how the world works. Babies have some skills to figure out how the world works. For example, if they bang a can with a stick it makes a noise. Give them objects to explore but make sure they will not choke on them. Older children learn about stacking, pulling and buttoning things. They notice how shadows are formed, and how a baby animal grows and changes.*
- *An important skill is reasoning and problem solving. Exploring objects develops reasoning skills. Giving children choices also helps them develop the skills to reason. Encourage children to figure out things on their own. Ask children questions to make them think. Ask them to explain why they want to do something. Help them notice how things are alike and different. Allow them to explore messy things like sand and water. These are low-cost ways to learn about science.*
- *Another important thinking skill is memory. Ask children what they did at preschool. Play memory games. Help them learn to count, sing songs and recite the alphabet.*
- *Parents can also help children develop general knowledge. Help them learn their names and addresses, information about the village and how to plant seeds. Anything that parents are knowledgeable about is a good thing to teach children. Discuss things with children and let them answer questions. This is also a good way to transfer cultural values and traditions.*
- *Pretend play helps children develop thinking skills. If they pretend to be a mother they are learning to take another perspective. Using a stick as a pretend doll helps them practice using symbols to represent things. They will use symbols for reading and math. Pretend play with other children needs complex thinking skills as they plan the different roles and what will happen.*
- *Nutrition is important for brain development. Breastfeeding tends to lead to higher cognitive development. Protein, iodine and iron are especially important for brain development.*

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DEMONSTRATION: HOW TO EVALUATE THE COGNITIVE DEVELOPMENT OF A CHILD AGED ONE TO TWO YEARS

20 minutes

- Prior to the session you will have asked permission to use one or two children aged between one to two years to demonstrate how to use the card.

Method:

- Ask the mother the age of the child.
- Ask parenting group members to find the section of the card that will be used.
- Find out if the child can do the activities in each section. The parent volunteer co-facilitator would be ideal to help the mother in the assessment. Demonstrate warm and friendly interactions with the child. Children will not perform well if they are feeling stressed.
- Explain that the pictures on the card show things that the child should be able to do by the end of that age period. Explain that children develop in the same sequence, but at different speeds. We might notice that a child has progress in one area, then stops, and then turns their attention to another area of development.
- With parenting group members watching, the facilitator and child's mother will check to see if the child can do the things pictured under cognitive development for their age. If so, the mother will check the box. If the child cannot, leave the box blank.
- It is important that the facilitator models how to show enthusiasm for what the child can do well. *If we find that the baby has not accomplished all milestones in this area, is that okay? Yes, because these are goals for the end of that period. If a child is not quite there in one area, give them some more time, especially if they are doing well in other areas. If a child is not developing well in more than one area, talk to staff at the health centre. For example, we might discover that the child has a hearing problem that is affecting speech. There are so many things that can be corrected with help from the health centre.*

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PRACTICE: MEMBERS PRACTICE ASSESSING COGNITIVE DEVELOPMENT USING CARDS

20 minutes

- In two or three groups, parents evaluate the cognitive development of children aged three to five years. There will be one baby in each group.
- With parents' permission, each group takes a child and goes through the activities listed in the age division. Ask them to check the box next to the activity if the child can do the activity. If not, leave it blank.
- Discussion. In the large group ask members to share what problems they encountered in evaluating their children. Ask if there are any questions about using the card.

MODEL NEW PRACTICE: PLAYING PEEK-A-BOO , A MEMORY GAME, AND I SPY

10 minutes

- Facilitator says, *There are many ways we can help develop a child's thinking skills. Today we will learn a game to play with babies, and a game to play with older children.*
- Peek-a-boo (nine to 12 months): *Young babies think that when they can't see something it no longer exists. For example, you can put a toy in front of the baby and they will reach for it. If you cover the toy with cloth, at first the child will not look for the toy. You can play, "Where is the toy?" You can also play the game by covering mother's face with a cloth and peeking out from one side or the other.*
- Memory game (three to four years): *Place a few objects on the table. Ask children to cover their eyes. Remove one object. Child guesses what is missing. You can also play the game by putting four or five objects in a row. Child covers eyes. Change order of one object. Child looks for what is different.*
- I spy (four to five years): *After children know their colours, play I spy. "I spy something _____ (red)." The child has a designated number of guesses. If they guess in that time, they win and get to call the next "I spy".*
- Facilitator summarises the importance of the activity.

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WRAP-UP: WHAT DID WE LEARN TODAY? HOW WILL WE USE IT?

10 minutes

- Members describe what they learned in today's session and how they will use the knowledge. *It's time to bring our parenting session to a close. What important things did we learn today?*
- Members agree on what they will notice and try in coming days.
- *The first homework for today is to use the cards to check how well your child is progressing in cognitive development. Show the cards to your neighbour, and help them to assess their child. If a child is not doing well, the card can help parents identify ways they can help and encourage the child.*
- *The second homework is to play peek-a-boo, the memory game, or I Spy with your child.*
- *Please talk to your spouse and any extended family members about what we discussed and ask for their opinions. Taking care of children is a family affair. Children benefit when all adults living in the home work together and use the same approaches. It is also important to talk to your neighbours about what you learned in this session and to support them to become better parents.*

SELECT PARENT CO-FACILITATOR

- Facilitator thanks co-facilitator(s).
- *Who will volunteer to be the parent co-facilitator for next month?*
- Facilitator's note: before the next session, the parent volunteer co-facilitator will meet with the facilitator to discuss the next session's topic. The parent can give their opinions about the topic and any concerns they might have. They can then prepare to lead one part of the next session. The parent volunteer co-facilitator also has an important role to remind other members about the date and time of the next session.

END

- Confirm time and date of next meeting.
- Facilitator provides clear and inspiring summary statement.

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BACKGROUND INFORMATION ABOUT COGNITIVE DEVELOPMENT

What is cognitive development[32]

Cognitive development is the development of thinking, memory, information processing, language and other aspects of brain development. Parents can help their children in developing thinking skills by engaging in their learning and development from an early age, by having conversations, playing games and asking questions. Psychologist Jean Piaget's theory of cognitive development describes four stages of cognitive development:

1. **Sensorimotor stage** from birth until age two. During this stage, a child learns about their environment and themselves through sensation and movement.
2. **Preoperational stage** from time the child starts to talk until age seven. At this stage a child begins to apply their knowledge of language and use symbols.
3. **Concrete stage** from age five to six until early adolescence. During this stage a child's ability to think abstractly and make rational judgments increases.
4. **Formal operations** begins at adolescence and means children are capable of deductive reasoning and abstract thinking.

How parents help children develop thinking skills: wording questions in the right way

One of the simplest and easiest ways to develop children's thinking skills is by wording questions in the right way. If we are conscious of it or not, different types of questions need us to use different kinds or levels of thinking. The use of critical thinking is one of the most valuable skills we can pass on to our children. Supporting and nurturing these skills is crucial to the development of strong academic and lifelong problem-solving skills. Remember, the most important thing is to have fun with these skills. When children enjoy discussions with their parents and teachers, they'll love to learn.[33]

Bloom's Taxonomy[34]

Bloom's Taxonomy is a classification system of learning objectives that is widely recognised by educators. According to Bloom's Taxonomy, cognitive thinking requires six skills:

1. **Knowledge** involves remembering and recalling previously learnt information.
2. **Comprehension** involves understanding of information by organising and interpreting ideas.
3. **Application** involves the use of knowledge to new situations and problems.
4. **Analysis** is the breaking down and examination of information.
5. **Synthesis** involves compiling information to create new patterns or alternative solutions.
6. **Evaluation** is the judging on the quality or validity information according to a set of criteria.

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[32] This information is summarised from 'Stages of intellectual development in children and teenagers', Child Development Institute Parenting Today, http://childdevelopmentinfo.com/child-development/piaget.shtml.
[33] This information is summarised from 'Growing minds: developing thinking and reasoning skills', PBS, http://www.pbs.org/wholechild/parents/minds.html
[34] This information is summarised from Bloom, B.S. (1956) Taxonomy of educational objectives, New York, Longmans, Green

MODULE 3-E: TOY STIMULATION CARDS

Time: 1 hour 55 minutes

Purpose

For the young child, playing and learning is the same thing. Opportunities for early learning and opportunities for play go hand in hand, since learning for the very young child happens best through playful, game-like activity. Children use many household or natural objects as toys. Parents can also produce no-cost toys. If parents understand child development, they can produce toys that motivate children to achieve development milestones. In this session, parents will learn to use toy guides to produce toys that are well suited for their child's age and development needs. They will demonstrate what they learned by producing a toy for their child using no-cost, locally available materials.

Participant outcomes:

1. Explains the value of play and toys to adults in the family and neighbours.
2. Uses the toy chart to make an appropriate toy for their child's age.
3. Considers safety concerns when making the toy.

Preparations

Prepare set of toy guides for each parenting group member.

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STEPS

WELCOME

5 minutes

- Facilitator greets participants by name in a friendly manner.
- Introduce and thank co-facilitator for helping with today's discussion (Co-facilitator leads at least one activity in this session and helps with small group work.)
- Identify any absent members. Ask for help from members to talk to absent members, share what was discussed today, and encourage them to attend the next session.

REVIEW

20 minutes

- *What was our assignment? Each of you used the cards to assess the cognitive development of a child between two and eight years, either your child or a neighbour's child* (2 minutes).
- Go around the circle. First third tell about a success or challenge in evaluating the children and/or trying the new practice modelled in the last session (10 minutes).
- Second third tell about of a success or challenge in trying the new practice modelled during the last meeting (5 minutes).
- Final third share any more comments about their experience, positive or negative (3 minutes).
- Facilitator thanks everyone for sharing and makes a final summary statement.

TOPIC INTRODUCTION

20 minutes

- *In the last three sessions we learned that children develop in four major areas. We learned that all children develop at different rates but they follow the same path. If parents know what to expect they will also know what to do to help their children achieve milestones. What are some of your ideas about what parents can do at home to help children achieve milestones and develop their full potential?*
- Write answers on flipchart or blackboard. Please do not comment on ideas, just record all that is said.
- Suggestion: if no blackboard is available, facilitator can write ideas in their notebook. It is important to have a record of parents' ideas. We can think of it as baseline.
- Facilitator compliments parents for their suggestions, and says, *I also have two ideas to share.*

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TOPIC INTRODUCTION

Continued from previous page

- *The most important part of your child's early learning experience is you. It is through interactions and experiences with loved and trusted adults that babies and young children begin to make sense of the world.*
- *They also need interesting things to touch and do. The young child wants to explore and understand. It is how they develop intelligence and identity.*
- *Young children learn best through play, so one of the best ways you can help them is to provide stimulating toys and materials for them to explore.* Parents might say that they have no money for toys. *Anything a child can explore is a toy. Today I will share with you a tool that will enable you to make useful toys for each stage of development.*

INTRODUCTION TO THE TOY GUIDES

- Facilitator explains, *Parents can stimulate children's development by providing them with materials that are appropriate for their development stage. This toy guide can help you get ideas about how to do that.*
- Give parenting group members a set of toy guides.
- Give parenting group members five minutes to examine them. Then ask the following questions and take two or three responses for each question:
  - *What do you notice about the toy guides?*
  - *How are they the same?*
  - *How are they different?*
  - *What is the purpose of the guides?*
  - *Who are they for?*
  - *How can a parent select the best toys for the child?*
- Conclusion: *A child's abilities and needs change constantly from birth to six years. A toy for a two year old will make no sense to a six month old. It is as if Grade 1 students were provided with learning materials for Grade 3 students.*

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GROUP WORK

30 minutes

- Review five areas of development (motor, social and emotional, language and intellectual development).
- Divide into four groups. Facilitator shares example from one toy page for each below. Then the groups do the same with the other toy pages. Give 15 minutes for the assignment.
- Ask Group 1 to find one toy on each page that can be used to develop language.
- Ask Group 2 to find one toy on each page that can be used to develop positive emotions and sharing (social and emotional development). Share one example.
- Ask Group 3 to find one toy on each page that can be used to develop thinking skills and the ability to use tools (intellectual development). Share one example.
- Ask Group 4 to find one toy on each page that can be used to develop motor skills (hands arms legs and feet). Share one example.
- Group sharing: facilitator refers to a toy page. Each group tells one example of a toy to develop the four areas. Go through each page briefly.

WRAP-UP: WHAT DID WE LEARN TODAY? HOW WILL WE USE IT?

10 minutes

- *Take out your notebooks and write the number eight at the top of a page. This is our eighth meeting.*
- *What did we learn today? Let's see if we can think of a sentence that explains what we learned.*
- Facilitator listens to various ideas. Facilitator then states one sentence that captures the main idea behind the purpose of this discussion, and asks the group for agreement.
- *How could you show that with a picture?* Parenting group members draw a picture to remind them of the idea.

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ASSIGNMENT

- *We have learned something important today.*
- *Please talk to your spouse and any extended family members about what we discussed and ask for their opinions. Taking care of children is a family affair. Children benefit when all adults living in the home work together and use the same approaches. It is also important to talk to your neighbours about what you learned in this session and to support them to become better parents.*
- *This month, please make a toy for your child and bring it to the next parenting group meeting. We will make an exhibit of all your toys. In making your toy, remember two important things: make sure that it is for your child's developmental age, and make sure that the toy is safe.*

SELECT PARENT CO-FACILITATOR

- Facilitator thanks this session's co-facilitator(s).
- *Who will volunteer to be the parent co-facilitator for next month?*
- Facilitator's note: before the next session, the parent volunteer co-facilitator will meet with the facilitator to discuss the next session's topic. The parent can give their opinions about the topic and any concerns they might have. They can then prepare to lead one part of the next session. The parent volunteer co-facilitator also has an important role to remind other members about the date and time of the next session.

END

- Confirm time and date of next meeting.
- Facilitator provides clear and inspiring summary statement.

TOY SAFETY

When making toys for children, safety should be a big concern. Be careful not to give small objects to children under three. The general rule is make sure the object is bigger than 1.5 inches or 3.8 centimetres (longest side) for children under three. Make sure there are no small objects on the toy that the baby can pull off and put in their mouth. Also be careful not to use paint with a lead base on toys. It can poison children.

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MODULE 3-F: MAKING AND USING TOYS TO STIMULATE DEVELOPMENT

Time: 1 hour 40 minutes

Purpose

The adult's role in establishing the environment for play is important. Parents can help children learn through play by providing enough time for children to play and ensuring that the materials are stimulating for the level of the child. The opportunity to practice and master a skill is important. After mastery the child becomes bored. Novelty or newness is needed for the brain to continue development. Therefore, play materials that the child can use in different ways have the most value. That's why sticks and stones make good toys. In this session, parents learn to change and add new play materials to increase novelty and stimulate the child to try and learn new things. They identify ways that a toy can be used to stimulate physical, social and emotional, cognitive and language development. Parents should observe children as they play. Look for opportunities to talk meaningfully with children and ask questions that promote thinking.

Participant outcomes:

1. Tells spouse, extended family members and neighbours about the parenting group session.
2. Explains how a toy can be used to stimulate development in four major areas.
3. Provides a place for toy storage such as a basket or bag.

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STEPS

WELCOME

5 minutes

- Facilitator greets participants by name in a friendly manner.
- Introduce and thank co-facilitator for helping with today's discussion (Co-facilitator leads at least one activity in this session and helps with small group work.)
- Identify any absent members. Ask for help from members to talk to absent members, share what was discussed today, and encourage them to attend the next session.

REVIEW

20 minutes

- Ask parents to display toys in designated area.
- Encourage parenting group members to walk around and enjoy looking at toys they made for the children.
- Each tells what they made and how the child played with it.
- Members sit in a circle to begin discussion about today's topic.
- Facilitator compliments parents on the toys made.

TOPIC INTRODUCTION AND DEMONSTRATIONS

20 minutes

- *Today we are going to discuss how toys can be used to develop children's abilities.*
- *When babies are very small toys are useful to make their immediate surroundings more interesting and instructive. The mobile has three objects hanging. Two of the objects are the same and one is different. This gives baby things to look at and think about.*
- *Between seven and 14 months children are not very interested in toys. They are interested in moving about and interacting with people.*
- *Between one and two years, children are most interested in toys that useful in social activities with the primary caregivers. For example, a parent uses a toy to hide behind their back and say, "Where is dolly?" The parent brings it out quickly and says, "Here I am." The child will laugh and anticipate dolly's exit and entrance, but the child is mostly enjoying the social exchange with the caregiver.*

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TOPIC INTRODUCTION AND DEMONSTRATIONS

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- *By three years, toys take on great importance in the child's life. Children enjoy playing with objects they can use in many different ways. A container full of bottle caps or a pile of stones can be used for building, making a design, or in a physical game or sport.*
- *We learned that we can also make many attractive toys for children to play with.*
- *When we make a toy we want to make sure that it has good value for the child. One way we can assess the value is thinking about how the toy can be used to help the child develop in several ways – language, motor, social, and emotional and language.*
- Using two toys made by the parents, show how each one can be used to develop more than one area of development. Here are some examples:
  - Ball – can be used to develop gross motor skills by kicking or throwing. It can be used to develop thinking skills by noticing the colours and shape. It can be used to teach language by saying and tossing high, low, fast or slow.
  - Doll – can be used to develop skills of sharing by pretending it is the baby and the child is the father or mother. Dressing and undressing the doll can give children opportunity to develop fine motor skills. It can be used to develop knowledge by labelling the body parts: face, legs, arms, etc.

GROUP WORK: HOW TOYS CAN BE USED TO STIMULATE ALL AREAS OF DEVELOPMENT

minutes

- Divide parenting group members into groups of four.
- Each group selects one toy made by one of the members. Discuss how the toy can be used to develop different areas of development.

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PRESENTATIONS

25 minutes

- Each group presents toy to others and tells how the toy can be used to develop social and emotional, physical, motor and language development.
- After each presentation ask others if they have anything to add about how this toy can be used. (Each group will need five minutes to present and more comments from group.)
- Facilitator makes concluding remarks about toy use and safety.
- *We have seen many toys and learned how the child can use them in different ways. It is important to change toys or use them in different ways. When children get bored of a toy, it loses its learning value.*
- *We also learned that toys can be used to create enjoyable interactions between parent and child.*
- *We learned that we must take care to provide safe toys.* Remind parents of toy rules and ask if they can think of others.

WRAP-UP: WHAT DID WE LEARN TODAY? HOW WILL WE USE IT?

10 minutes

- *Take out notebooks and write the number nine at the top of the page. This is our ninth meeting.*
- *What did we learn today? Let's see if we can think of a sentence that explains what we learned.*
- Facilitator listens to various ideas. Facilitator then states one sentence that captures the main idea behind the purpose of this discussion, and asks the group for agreement.
- *How could you show that with a picture?* Parenting group members draw picture to remind them of the idea.

ASSIGNMENT

- *We have learned something important today.*
- *Please talk to your spouse and any extended family members about what we discussed and ask for their opinions. Taking care of children is a family affair. Children benefit when all adults living in the home work together and use the same approaches. It is also important to talk to your neighbours about what you learned in this session and to support them to become better parents.*
- *This month, please collect things around the house that your child can play with. Make sure that the items are safe. Provide your child with a basket or bag to keep their own toys. Remember it is important to change the toys or add something new when the child has grown tired of the toys. Novelty and new challenges are important for a child's brain development.*

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SELECT PARENT CO-FACILITATOR

- Facilitator thanks this session's co-facilitator(s).
- *Who will volunteer to be the parent co-facilitator for next month?*
- Facilitator's note: before the next session, the parent volunteer co-facilitator will meet with the facilitator to discuss the next session's topic. The parent can give their opinions about the topic and any concerns they might have. They can then prepare to lead one part of the next session. The parent volunteer co-facilitator also has an important role to remind other members about the date and time of the next session.

END

- Confirm time and date of next meeting.
- Facilitator provides clear and inspiring summary statement.

NOTE

Parents might want to learn more about how play helps children learn. Here are some things you can share. Play satisfies an innate need for creativity and curiosity. Children who are skilled at play have more power, influence and capacity to create meaningful lives. Play builds skills like problem solving, persistence, and collaboration that are needed throughout life. Practice with play helps us cope with new experiences. A playful attitude enables the mind to explore and remain open to a wide range of possibilities. Play is a natural place to integrate academic learning such as math, science and literacy. Play settings are good places for children to develop an understanding of how communities of people can and should work together.

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STAGE 4 MODULES: WHAT DID WE LEARN AND WHAT DO WE WANT TO DO NEXT?

Right: Plan's Community Led Action for Children project is working with communities like this one in Zambia to improve child wellbeing and parenting skills.

STAGE 4 MODULES: BACKGROUND INFORMATION

In the Stage 4 modules, parents evaluate what they have learned, how their parenting has changed, and what they want to learn and do in the future. In the first session, parents discuss perspectives about child wellbeing, just as they did in Stage 1. This enables facilitators to quantify changes in knowledge and beliefs gained from the parenting program. Through this discussion parents identify community concerns they want to address as a group. They also identify areas of concern where they want more information. During Stage 4, they organise themselves as a community action group to address the child wellbeing concerns in the community and as a self-study group to further develop their own parenting skills.

Members learn and practice a methodology that enables them to self-manage their own parenting discussion groups. The methodology is called 'reflection on practice'. After teaching members the methodology, the ECCD facilitator from the sponsoring organisation hands over the parenting group to the community facilitators, while continuing to provide intermittent monitoring and support.

A family receives a home visit in Cambodia.

IN THE STAGE 4 MODULES, PARENTS EVALUATE WHAT THEY HAVE LEARNED, HOW THEIR PARENTING HAS CHANGED, AND WHAT THEY WANT TO LEARN AND DO IN THE FUTURE.

During Stage 4, members are provided with opportunities to learn from experts and pullout discussion guides. While implementing the Stage 1 to 3 modules, program managers and facilitators can begin preparation of the pullout guides for Stage 4. Selected topics might include child

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wellbeing issues of concern identified by parents in Stage 1, issues identified by the sponsoring agency, or other topics mentioned during parenting group meetings. Most development organisations have a range of training programs and awareness-raising materials that can be adapted as pullout discussion guides in Stage 4 parenting. Ask sector specialists for assistance with revising their current materials to fit the parenting module template provided on page 226.

Health providers might be invited to facilitate discussions on health. Experts might be called in for special topics (eg growing kitchen gardens, protecting children during monsoon rains and flooding, gender equity, helping children in primary school, child protection, etc). Health topics should be selected from the health indicators prioritised in the child wellbeing index on page 43. *Facts for Life* (2010) is another resource for essential health messages, scientific facts, and practical tips for improving child health.

Review indicators for child protection to determine what pullout guides are required to stimulate reflection and action to keep children safe and protected. Refer to the school readiness indicators in the appendices for other pullout discussion topics about how parents can facilitate school readiness.

Each session should follow a format of review, discussion, modeling, practice, and decision-making about how parents will apply the new skills. Discussion topics will be presented in order of members' interests. Consider laminating and organising the pullout discussion guides in a way that the topic of interest can easily be pulled out and used.

THE AIM OF THE EARLY CHILDHOOD PROGRAM IS TO IMPROVE CHILD WELLBEING AND SCHOOL READINESS. THE PRIMARY EMPHASIS FOR THE PARENTING PROGRAM IS TO ACHIEVE THE CHANGES IN CHILDREN AND FAMILIES REQUIRED FOR REACHING CHILD WELLBEING INDICATORS.

Since many of the Stage 4 modules will be developed by the sponsoring organisation, a reminder is in order: stay goal focused. The aim of the early childhood program is to improve child wellbeing and school readiness. The primary emphasis for the parenting program is to achieve the changes in children and families required for reaching child wellbeing indicators. There are many topics that could be discussed; use the child wellbeing index and the school readiness indicators in the appendices to stay on track. But also recognise other factors that contribute to parents' capacity to provide for their children. These might include improved literacy or job training skills, assistance in planting a household garden, or raising poultry to improve child nutrition.

Plan is working with families from the indigenous Mangyan tribes in the Philippines to support early childhood care and development.

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MODULE 4-A: WHAT DID WE LEARN AND WHAT DO WE WANT TO DO NEXT?

Time: 1 hour 35 minutes

Purpose

The parenting group has been meeting for one year. Members learned and practiced many new skills to support child wellbeing. It is a good time for the sponsoring organisation to assess what parents learned. More importantly, it is time for parenting group members to discuss what they now believe to be true and how they have changed. A method for doing this is to return to the first discussion in the course: parents' views about child wellbeing priorities and needs.

Important things to find out include:

- Current understanding about health, learning and protection as essential indicators by eight years. Do they know more than they did a year before? How do they assess changes in their own home?
- Do they view early care as a higher priority? What aspects do they value and prioritise?
- What do they now say about barriers that exist in the family or community that prevent optimal child development?
- Are there areas where they want new knowledge and skills to address and improve areas of concern?
- Have they made strong bonds and friendships? Do they want to continue meeting together? Are they interested and is there a willingness to work as a team to assess community problems that undermine early childhood outcomes?

Parents should feel good about the time invested to improve childrearing. During this session they should celebrate all they have accomplished.

Participant outcomes:

1. Talks to spouse, extended family and neighbours about the parenting group session.
2. Recognises changes in own knowledge and practice related to raising healthy, well-developed and protected children.
3. Commits to working with other members as a child study and action group.

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STEPS

WELCOME

- Facilitator greets participants by name in a friendly manner.
- Facilitator tells members that they have completed the basic parenting education course. Facilitator congratulates and thanks them for their participation in the group and their commitment to good outcomes for their children.
- Facilitator suggests that participants use the meeting time to discuss their views about child wellbeing and how their views have changed. Ask for approval from group members to do this.
- Facilitator tells participants that this will lead to a discussion about whether the group wants to continue meeting, and what they might do together.

REVIEW – NOTE TO FACILITATOR

- The entire session serves as a review of what was learned over the course, so there will not be a separate discussion on the previous session (child protection).

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TODAY'S TOPIC

INTRODUCTION

- *As we have learned, there are three important areas to pay attention to when taking care of children: health and growth, learning and development, and safety and protection.*
- *Let's think about a child who is eight years old. We look at the child and see a child who is doing very well.*
- *Related to health and physical development, what are some things that a child needs in the first eight years to achieve a healthy body and good physical development? Let's hear two or three examples.*
- *Related to learning, what are some things that a child should learn in the first eight years to get a good start in life? When we speak of learning we think of life skills, cultural and spiritual values, and school-related learning. Let's hear two or three examples.*
- *Related to safety and protection, what are some things that children need in the first eight years to get a good start in life? Let's hear two or three examples.*

ACTIVITY 1: GROUP WORK

- *Let's divide into three groups. Each group should sit in a circle.*
- *Each group should select a person who can record the ideas that are spoken. Write these in your notebook or on a piece of paper.*
- Once circles are formed and a note taker is selected, assign one topic to each group – health and growth, development and learning, and safety and protection. Method: three topics are written on three cards. Each group chooses a card.
- *In your circle please share ideas about all the things that children need in this area to get a good start in life.*
- Please use this method: go around the circle. Each person says one idea related to the topic. After everyone has taken a turn and the idea has been recorded, then go around the circle again and again until all the ideas have been stated.

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ACTIVITY 1: REPORTING

minutes
(10 minutes each)

- Each group reports a list of things they think children need to have a good start in life, in the area discussed in that group.
- After reporting, facilitator asks others if they have something more to add.
- Facilitator asks, *Of the things mentioned, what are some of the most challenging for families in this community to achieve?*
- Parents state their opinions and facilitator takes note of what they say.

ACTIVITY 3: ADDRESSING THE ISSUES

minutes

- Facilitator asks, *Do you think there might be something this group could do to address these problems?*
- Participants discuss some of the areas of biggest concern.
- Facilitator suggests that the next meeting be used to discuss what they might do to address these issues, and what more the members want to learn.

WRAP-UP: WHAT DID WE LEARN TODAY? HOW WILL WE USE IT?

minutes

- *What did we learn today? Can we think of a sentence that explains what we learned?*
- Facilitator listens to various ideas. Facilitator then states one sentence that captures the main idea behind the purpose of this discussion, and asks the group for agreement.
- *How can you use this information?*

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ASSIGNMENT

- Today we realised that we learned a lot from our discussions about parenting for child development.
- Please think more about your views on community issues that are preventing the optimal development of young children. Plan to share your ideas at our next meeting.
- Talk to your spouse, extended family and neighbours about what we discussed, and ask for their opinions.
- Does everyone understand and agree to do that?

SELECT PARENT CO-FACILITATOR

- Facilitator thanks this session's co-facilitator(s).
- *Who will volunteer to be the parent co-facilitator for next month?*
- Facilitator's note: before the next session, the parent volunteer co-facilitator will meet with the facilitator to discuss the next session's topic. The parent can give their opinions about the topic and any concerns they might have. They can then prepare to lead one part of the next session. The parent volunteer co-facilitator also has an important role to remind other members about the date and time of the next session.

END

- Confirm time and date of next meeting.
- Facilitator provides clear and inspiring summary statement.

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MODULE 4-B: PARENTING SELF-STUDY GROUPS

Time: 1 hour 35 minutes

Purpose

An important parenting principle that is promoted in the program is that parents have a great deal of valuable knowledge and, when shared, group members can learn from each other, even without the presence of an 'expert'. During the course of one year, the parenting group members have learned from each other and from expert advice. In Stage 4, the parenting group will transition from one managed by an outside facilitator to one managed by the community.

Parenting will improve through reflection on practice. When parenting group members share childrearing successes and challenges with others they develop the practice of reflection. When they explain things to others, the thinking and motivation behind their thinking becomes clearer. Feedback from trusted friends also promotes growth. When parents share their experiences there is also good opportunity to learn from others.

In this session, parenting group members will learn a methodology for conducting their own sessions without outside expertise. The external facilitator will teach the method through example and practice during a parenting session. At the next meeting, the external facilitator will watch the community facilitator and parents conduct the session without help. The external facilitator will then provide feedback to the group.

Participant outcomes:

1. Understands and is able to use a tool for conducting own parenting group discussions.
2. Identifies one successful parenting strategy to present at the next session.
3. Identifies one childrearing challenge that they face and plan to share at next parenting meeting.

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STEPS

WELCOME

- Facilitator welcomes members by name in a friendly manner.
- Facilitator discusses the transition of the parenting group to self-management.
- Suggests a way forward that includes community managed parenting discussions combined with occasional visits from guest experts.
- Today parenting group members will practice the methodology for self-management and assess its value and practicality for the group.

NEW KNOWLEDGE

- Introduce: basic steps in the 'Reflection on practice – a tool for parenting self-study groups', which you will find on the page 220.
- Practice the steps

NEW ACTIVITY REVIEW

- Assess value and practical use for self-managed parenting groups.

ASSIGNMENT

- *Each parent will reflect on parenting successes and challenges and plan to share one success and one challenge at the next meeting.*
- *The community facilitator will lead the meeting helped by a parent volunteer co-facilitator.*

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SELECT PARENT CO-FACILITATOR

- *Who will volunteer to be the parent co-facilitator for next month?*
- Facilitator's note: before the next session, the parent volunteer co-facilitator will meet with the facilitator to discuss the next session's topic. The parent can give their opinions about the topic and any concerns they might have. They can then prepare to lead one part of the next session. The parent volunteer co-facilitator also has an important role to remind other members about the date and time of the next session.

END

- Confirm time and date of next meeting.
- Facilitator provides clear and inspiring summary statement.

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REFLECTION ON PRACTICE – A TOOL FOR PARENTING SELF-STUDY GROUPS

Time: 1 hour 50 minutes

Purpose

Reflection on practice is a tool for conducting parenting discussion groups. The facilitator asks parenting group members to reflect on childrearing experiences since the previous meeting. Parents will describe one success and one challenge related to supporting early childhood health, learning, safety and protection. When parenting group members share childrearing successes and challenges with others they develop the practice of reflection, which promotes self-improvement. When they explain things to others, the thinking and motivation behind their thinking becomes clearer. Feedback from trusted friends also contributes to improved practice. The methodology includes time for members to select one parent's childrearing challenge for in-depth discussion and problem solving. There is also space for members to select one parent to explain more about how they achieved the success mentioned.

Benefits include:

1. Realising more meaning in the role of parenting.
2. Strengthening motivation to improve parenting.
3. Providing a rich base of shared knowledge.

Steps

Share childrearing accomplishment related to improved wellbeing

- Each parent briefly describes an accomplishment since the previous meeting. The member will tell how they did something and how the child responded. Others listen but do not interrupt, comment or question. Listen only.

Identify and describe a problem or challenge in childrearing

- Each parent has three to four minutes to describe one problem they have identified.
- Others listen and do not comment. This helps others to develop listening skills and allows the speaker to reflect, as they speak, without interruption. This also allows the sharing process to move quickly.

Problem analysis

- Members select one problem to analyse. Group members ask information-seeking questions, pushing for clarification and further refinement of the problem, but do not offer advice.

Problem – solutions and action

- The group then brainstorms possible solutions and helps the parent in developing an improved way of dealing with the problem. At the next meeting the parent will report on the success of the plan.

Building new knowledge and skills – presentation

- In the final activity members select one parent to tell more about how they achieved the childrearing success mentioned in step one. This promotes leadership from within the group and enables 'positive deviants' to serve as role models and catalysts for improving the practice of peers.

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MODULE 4-C: PLANNING COMMUNITY ACTION FOR CHILDREN

Time: 1 hour 40 minutes

Purpose

This session provides members with the opportunity for forward planning. In the first session of Stage 4, members identified concerns related to community support for optimal child health, learning and protection. At this meeting they will discuss these issues in more depth and will develop a plan of action for addressing the issues and reviewing progress. They will also identify areas where they want more knowledge or skills. This might include specific parenting skills, such as disciplining children or skill development, that has an impact on how well they can provide for their children (eg literacy, vocational training, etc). In this session, members will learn a seven-step problem-solving methodology. It is a useful tool for improving the effectiveness of the community-led action for children group.

Participant outcomes:

1. Develop a plan of action. Parenting group member concerns about community issues that undermine child wellbeing, actions that will be taken by the group, and review procedure.
2. Develop a list of topics for which more information and skill building for better parenting is desired.

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STEPS

WELCOME

10 minutes

- Facilitator greets participants by name in a friendly manner.
- Introduce and thank co-facilitator for helping with today's discussion (Co-facilitator leads at least one activity in this session and helps with small group work.)
- Identify any absent members. Ask for help from members to talk to absent members, share what was discussed today, and encourage them to attend the next session.
- External ECCD facilitator is present as an observer.
- Facilitator introduces points of discussion for today's meeting. See purpose statement on the previous page.

ACTIVITY 1: COMMUNITY CONCERNS – DISCUSSION AND ACTION PLAN

60 minutes

- Parenting group members review community concerns identified in Module 4-A. At the time, members reviewed what they learned about improving child wellbeing and identified community issues that impede the wellbeing of some children.
- Members identify one problem that they would like to address as a group.
- Facilitator introduces problem-solving tool to examine the problem and develop action plan (see the seven-step problem-solving model on page 224).

ACTIVITY 2: IDENTIFICATION OF TOPICS – INFORMATION AND SKILLS NEEDED

20 minutes

- Parents identify more topics that they want to learn about or some skills they want to gain that will help them provide for their children.
- External ECCD facilitator might suggest some available resources for consideration.
- Together plan when the external experts will work with the parents, and when sessions will be held using the parenting discussion tool.

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REVIEW OF DECISIONS

Examples:

- Group will continue to meet according to the same schedule.
- During most meetings, members will use the reflection on practice tool.
- At designated times, an expert speaker will meet with the group to develop skills in the area identified (eg planting a household garden to increase child micronutrients, or reading for children literacy program).
- During each meeting they will review progress on the community action plan.
  Once the problem is solved, the group can identify other concern(s) to address.

PLAN INTERNATIONAL BOLIVIA CASE STUDY – ESTABLISHING A 'CHILD WATCH' PROGRAM TO PREVENT AND ADDRESS CHILD ABUSE AND NEGLECT

In Bolivia, defence offices are in charge of monitoring and prosecuting child abuse and neglect offenses. The defence offices are doing a good job but they are not reaching rural and remote villages. People living in rural and remote villages have different concepts about child protection so there is some tension between the office and the communities. Plan International Bolivia intends to find a way to support rural communities to identify child protection issues and develop a plan of action. To achieve the goal, they are promoting community dialogue among leaders, stakeholders and the myriad of community volunteers working with the ECCD programs. Discussion group members will establish community definitions and standards about physical and emotional abuse and neglect that is not acceptable. Those in the study groups will plan ways to take action about child maltreatment that is not currently dealt with in the child defence office. In this way, Plan International Bolivia will forge a stronger partnership between Plan International's community ECCD program and the municipal children's defence offices. Their goal is to achieve a community-led child protection structure ('child watch') that works in partnership with the municipal child defence offices.

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SEVEN-STEP PROBLEM-SOLVING MODEL[35]

Problem solving is an important and necessary skill to develop over time to use in everyday life or when you are confronted by a challenging situation. The seven-step problem-solving model is a useful resource for you to use anytime you experience a challenge or have a goal to achieve.

Step 1: Identify the problem

- Be clear what the problem is. Name it!
- Talking to others might help to identify the problem.

Step 2: Explore the problem

- Think about the question from different angles.
- Ask: what, why, how and why.

Step 3: Set goals

- Define what it is you want to achieve.

Step 4: Look at alternatives

- Brainstorm for ideas. Be creative. Write all ideas down.
- The more alternatives there are, the more likely you will be able to discover an effective solution.

Step 5: Select a possible solution

- List possible solutions; explore possible outcomes and consequences.
- Identify which are most relevant and manageable solutions in your situation.

Step 6: Implement a possible solution

- Begin to put your solution into action.
- Prepare yourself by planning when and how to do it.
- This might take time and effort. Motivate yourself by rewarding achievements.

Step 7: Evaluate

- Explore the effectiveness of your solution. Did you achieve what you wanted? Ask: how, why and what.

A general tip to problem solving is asking others for advice. This might help you explore the problem, identify possible solutions and evaluate them yourself.

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[35] Adapted from Learning and Teaching Unit, University of South Australia (2011), *Problem Solving*, http://w3.unisa.edu.au/counsellingservices/balance/problem.asp

TEMPLATE FOR PRODUCING PULLOUT DISCUSSION GUIDES

Time: 1 hour 45 minutes

Parenting program organisers will ask for help from other sector specialists to produce pullout discussion guides that facilitators can use to discuss a range of topics beyond the core course outline. This might include more in-depth discussions about health, hygiene, nutrition and growth, safety, positive discipline, promoting early literacy or math skills, developing responsibility and self-help skills, or setting up a playgroup, etc. In addition, parents might identify knowledge and skills in other sectors that affect their ability to provide for their children. This might include topics such as vocational training, forming a savings and loan group, literacy training, building a toilet, or disaster risk management.

The parenting discussion groups follow a discussion format based on best practice research. Please ask experts to use the template below when designing a pullout discussion guide or meeting with the parenting group.

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WELCOME

- Greets members warmly by name.
- Introduces and thanks volunteer co-facilitator.
- Absentees recorded.
- Members asked to contact absentees.

REVIEW

- Members remember what was learned.
- Group work – members tell:
  - How they used new knowledge.
  - How children responded.
  - How spouse, extended family and neighbours responded.
  - Difficulties that arose.
- Facilitator summarises findings and addresses the challenges.

NEW KNOWLEDGE AND PRACTICE DISCUSSED, MODELLED AND TRIED

- Facilitator presents new topic and explains importance.
- Members discuss current views about what is said.
- Facilitator explains how new knowledge can be used to improve child outcomes.
- Parent volunteer co-facilitator models recommended new practice.
- Members try new practice and evaluate.
- Facilitator summarises.

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WRAP-UP

- Members describe what they learned in today's session and how they will use the knowledge.
- Members agree on what they will notice and try in coming days.

SELECT PARENT CO-FACILITATOR

- Facilitator thanks co-facilitator(s).
- *Who will volunteer to be the parent co-facilitator for next month?*
- Facilitator's note: before the next session, the parent volunteer co-facilitator will meet with the facilitator to discuss the next session's topic. The parent can give their opinions about the topic and any concerns they might have. They can then prepare to lead one part of the next session. The parent volunteer co-facilitator also has an important role to remind other members about the date and time of the next session.

END

- Confirm time and date of next meeting.
- Facilitator provides clear and inspiring summary statement.

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Right: A consultative meeting of families participating in a Plan-supported project to empower families in rural Cambodia.

1 – CHILD WELLBEING INDEX[1]

HEALTH/GROWTH

1. Fully immunised, takes vitamin A supplement, and is de-wormed.
2. Breastfed exclusively for first six months; includes colostrum; no other food or drink provided.
3. Eats three nutritious meals every day; includes protein, fruit and vegetables; eats breakfast before going to school; eats from own bowl to measure sufficient quantity for age; girls and boys served same amount and quality.
4. Has shelter that is hygienic, safe, warm and dry.
5. Has clean place to sleep and gets approximately ten hours sleep per night; girls and boys have the same quality bedding and hours of sleep.
6. Uses toilet and washes hands with soap after toilet and before eating.
7. Drinks safe water.
8. Brushes teeth before sleep.
9. Girls and boys participate in recreational activities every day.
10. Provided time for physical exercise in a clean and safe outdoor environment every day.
11. Can identify health worker within their community and seeks their support when in need.
12. Weight and height normal for age.
13. Provided medical care when ill, without gender discrimination.
14. Knows/practices accident prevention relative to setting.

COGNITIVE/PSYCHO-SOCIAL

1. Child likes self and feels valued.
2. Has at least one friend.
3. Shows acceptance of people who are different.
4. Solves conflicts without aggression.
5. Follows through on simple tasks to take care of self and help others.
6. Is learning to practice cultural and spiritual values.
7. Curious about things around them and actively engaged to 'find out'.
8. Persistent and creative in solving problems.
9. Asks questions without fear.
10. Has time and materials for enriched play and learning with friends and mentors in the community.
11. Has a conversation with adults that builds language, knowledge, thinking skills and sense of competence every day.
12. Is read to and told stories.
13. Engaged in learning: participates in ECCD centres (four to five years) and primary classrooms that promote social, emotional, physical, cognitive, and language development; and achieves quality scores for emotional and instructional support.

Note: When assessing child wellbeing ensure that girls, boys, children with disabilities and those from other vulnerable groups are valued and treated equally. Children with disabilities should be assessed and provided with necessary referrals and appropriate support.

PROTECTION/PARTICIPATION

1. Birth is registered and certificate provided.
2. Knows name, address and guardian's name.
3. Receives consistent love and support from primary caregivers.
4. Neighbours provide caring support and supervision against physical and emotional abuse/harm.
5. Begins to sense dangers and seeks help from trusted adults.
6. Can distinguish between right and wrong, truth and lies.
7. Can resist peer pressure.
8. Child's guardians are aware of where and what child is doing at all times.
9. Child and guardians know how to report and respond to child protection violation.
10. Can identify at least one source of adult support.
11. Child understands, can follow and achieve positive guidelines for behaviour.
12. Able to control own behaviour and impulses.
13. Shows empathy for peers; stands up for what is fair and right.
14. Able and allowed to make small decisions appropriate to age and capacity.
15. Communicates needs and views and feels that views are taken seriously.
16. Participates in activities that cross gender barriers.

Revised April 2012

[1] Deborah Llewellyn compiled these indicators from multiple sources, with assistance from Plan International country offices in Australia, Finland, Uganda, Egypt, Indonesia and India, and Save the Children offices in the US, Mozambique, Tanzania, Bangladesh and Bhutan. Plan International Finland and child protection consultant Stephanie Delaney provided valuable input for child protection indicators. The indicators should be in place by the time the child reaches eight years.

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2A – COGNITIVE DEVELOPMENT MILESTONES (BIRTH TO EIGHT YEARS)

Age	What to look for
0 to 3 months	• Reacts to sound, light and motion • Discovers hands • Looks at patterns • Prefers to look at human face and geometric shapes • Anticipates feeding
3 to 6 months	• Recognises faces • Shows interest in small objects • Discovers that objects exist when out of sight • Explores cause and effect, drops objects, bangs
6 to 12 months	• Waves 'bye-bye', shakes head for 'no' • Looks for objects that are hidden • Pushes and rolls toys • Looks in a mirror and smiles at self • Fascinated with small objects
12 to 18 months	• Recognises name • Points to some body parts • Pulls an object to reach something • Interested in everything they see • Knows when picture book is upside down
18 to 24 months	• Knows/can name two to three body parts • Understands yes and no • Starts to play make believe • Imitates adult behaviour when playing • Matches similar objects • Knows 'me' and 'you'
2 to 3 years	• Knows colours • Knows difference between large and small • Loves to pretend and imitates animals • Grasps categories such as 'chicken' and 'dog' • Can make simple choices
3 to 4 years	• Can match like objects; sorts by colour or size • Knows purpose of objects • Understands sentences with time concept • Uses pretend play • Asks, "Why?" • Understands some number concepts
4 to 5 years	• Orders objects large to small • Knows first and last • Knows more or less • Understands opposites • Engages in elaborate, dramatic play • Draws pictures to represent objects • Can tell full names • Up to 15-minute attention span
5 to 6 years	• Can say purpose of body parts • Can tell where lives • Understands sequence of events • Can order objects by size • Draws and explains picture • Retells a story • Combines thoughts into one sentence • Curious about how things work • Reads

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2A – COGNITIVE DEVELOPMENT MILESTONES (BIRTH TO EIGHT YEARS) CONTINUED

Age	What to look for
6 to 8 years	Observation and problem solving • Observes with curiosity • Asks questions, "What?", "Why?", "How?" • Likes to solve problems • Uses persistence in solving a challenging problem • Begins to understand cause and effect • Uses creativity and imagination in solving maths and literacy tasks, and in play • Reflective; applies learning to new context Logical thinking and maths • Compares, sorts and matches objects by size, shape, colour, number, amount • Organises by category • Arranges objects in series (for example, big to small) • Recognises patterns and can repeat them • Shows awareness of time and sequence • Understands location and position words (for example, above) • Counts objects accurately, not by rote, to 10 or 20; some skills at higher level, up to 50 or 100 • Solves picture puzzles and geometric puzzles (up to 12 pieces) Represents with symbols • Takes on pretend roles • Uses imagination in play • Begins to understand what is real and not real

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2B – LANGUAGE DEVELOPMENT MILESTONES (BIRTH TO EIGHT YEARS)

Age	What to look for
0 to 3 months	• Cries when needs something • Stops crying when attended • Makes sounds • Looks at person speaking
3 to 6 months	• Makes sounds to get attention • Recognises voice of mother • Starts to imitate sounds • Listens to conversation
6 to 12 months	• Reaches for mother/father • Babbles to self • Says two or three words • Beginning to respond to words • Points with finger when wants something
12 to 18 months	• Points to objects or pictures when named • Obeys simple commands • Says few words clearly; important people/objects; and few other words such as “my”; “more”; “all gone” • By 15 months, puts several words together; by 18 months learning nine new words a day • Responds when asked, “Where?”
18 to 24 months	• Can say own name • Says two to three word sentences • Can listen to short stories • Uses language to serve needs • Says hello and goodbye • Can follow simple directions

Age	What to look for
2 to 3 years	• Repeats phrases they hear • Points to common objects when named • Asks questions • Begins to use language to express idea/feeling • Recites short poems • Names colours
3 to 4 years	• Converses with others; recounts events that happened during day • Remembers songs • Knows shapes and colours • Follows series of two related directions
4 to 5 years	• Speaks in sentences; uses many words • Can name what they see • Speaks clearly • Knows above, below, in front of • Counts to five • Likes to say poems and sing songs • Asks “When?” “How?” and “Why?” questions
5 to 6 years	• Counts to 10 or 20 • Recognises and names colours • Tells stories • Highly verbal • Uses “because” • Follows three unrelated commands • Listens to long stories • Uses words to express feelings

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2B – LANGUAGE DEVELOPMENT MILESTONES (BIRTH TO EIGHT YEARS) CONTINUED

Age	What to look for
6 to 8 years	Listening and speaking • Talks with others about personal experiences/views • Says sentences with five or more words • Describes objects, events and relations • Expresses feelings in words • Actively listens to others (can repeat back and ask questions to further understanding) • Notices differences in sounds • Uses new vocabulary • Understands and follows oral directions • Asks and answers questions • Enjoys conversations with friends and adults Reading and writing • Draws to represent ideas and develop motor skills to write • Enjoys and values storybooks • Comprehends what is read • Knows that print carries a message • Knows that spoken words can be written down • Knows letters and sounds • Writes name, alphabet, words and sentences

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2C – MOTOR DEVELOPMENT MILESTONES (BIRTH TO EIGHT YEARS)

Age	What to look for	
	Gross motor	Fine motor
0 to 3 months	• Brings closed fists to mouth • Raises head • Moves arms and legs	• Opens and closes hands • Grasps fingers • Holds small objects
3 to 6 months	• Lifts head and trunk • Rolls over • Reaches for objects • Sits with support	• Reaches for dangling objects • Grasps objects in both hands • Explores objects with hands and mouth
6 to 12 months	• Sits alone • Crawls • Pulls up and takes steps when supported • Rolls ball • Holds out arms and legs when being dressed	• Plays with small objects • Picks up small objects with two fingers • Transfers objects hand to hand • Hits objects together • Enjoys clapping
12 to 18 months	• Takes steps • Climbs • Walks well • Pushes and pulls objects	• Takes objects out of containers • Stacks boxes • Takes tops off • Beginning to feed self
18 to 24 months	• Runs without difficulty • Walks backward • Squats • Hops • Walks up and down stairs with aid • Moves to music	• Puts objects in and out of containers • Can peel peas or banana • Builds with blocks • Uses hands to drink from cup • Scribbles with whole arm movement
2 to 3 years	• Jumps over objects • Walks on tiptoe • Throws and kicks ball • Likes to help dress and undress self	• Washes hands without help • Pours sand from one container to next • Draws a circle • Rolls clay • Opens jars, turns screws, objects • Turns book pages • Feeds self

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2C – MOTOR DEVELOPMENT MILESTONES (BIRTH TO EIGHT YEARS) CONTINUED

Age	What to look for	
	Gross motor	Fine motor
3 to 4 years	• Walks on toes • Can jump forward • Can throw and receive ball • Balances on one foot • Begins to dress self	• Holds crayon or pencil correctly • Can draw recognisable figures; crosses and circles • Can tear paper • Can button • Builds a tower of blocks • Makes shapes with clay
4 to 5 years	• Hops on one foot • Walks along a line • Can kick ball in a direction • Walks up and down stairs, but brings feet together on each step	• Can string objects • Can copy drawings • Can cut along a line • Washes own hands • Can print a few letters
5 to 6 years	• Walks backwards • Catches ball • Turns somersault • Can hop and count • Can skip • Can walk up and down stairs alone, alternating feet	• Can draw a girl or boy • Makes figures from clay • Can draw shapes • Practices self-care habits independently
6 to 8 years	• Can run, jump, hop, skip, throw catch and swim • Shows balance when walking on raised board, log or tires • Uses body movements to express feelings • Shows coordination with swings, ropes, climbing or with moving toys • Uses tools for chores and crafts • Needs physical actions to learn and understand concepts	• Controls small muscles in hands: pours, cuts, traces, twists, inserts, ties, pounds • Coordinates eye to hand movement, for example can thread a needle or copy something from a blackboard or picture • Uses tools for writing and drawing

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2D – SOCIAL AND EMOTIONAL DEVELOPMENT MILESTONES (BIRTH TO EIGHT YEARS)

Age	What to look for
0 to 3 months	• Gazes at faces • Happy when sees mother; turns head when hears mother's voice • Nurses frequently • Social smile
3 to 6 months	• Recognises father and mother • Laughs at funny faces • Shows anger when toy taken away • Shows interest in other children
6 to 12 months	• Likes people; prefers caregiver • Might cry when caregiver leaves • Might cry when strangers appear • Plays "Peek a Boo" • Pushes away things not wanted
12 to 18 months	• Shows little understanding of rules and warnings • Smiles when praised; cries when scolded • Possessive of toys • Imitates gestures • Enjoys songs and simple picture book stories
18 to 24 months	• Shows affection by hugging, smiling • Imitates what adults do • Washes own hands • Says no; asserts independence • Plays beside other children; difficulty sharing

Age	What to look for
2 to 3 years	• Displays affection • Plays happily alone but likes audience • Plays beside other children, not with • Loves small chores • Understands instructions and begins to test authority
3 to 4 years	• Beginning to play with other children • Learning to share • Shows first signs of sympathy • Asks for help • Uses toilet independently • Helps with small household tasks
4 to 5 years	• Shows emotion • Puts objects away • Can dress with a little help • Plays cooperatively with peers • Can share and take turns • Identifies with own gender
5 to 6 years	• Develops friendships • Enjoys imaginative play with friends • Beginning to understand some moral values – good and bad; fairness • Invents games • Dresses and undresses without any help

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2D – SOCIAL AND EMOTIONAL DEVELOPMENT MILESTONES (BIRTH TO EIGHT YEARS) CONTINUED

Age	What to look for
6 to 8 years	Sense of self • Positive self-esteem and identity • Shows ability to adjust to new situations • Demonstrates appropriate trust in adults • Recognises own feelings and manages them well • Confidence to express needs Responsibility for self and others • Demonstrates self-direction and independence • Takes responsibility for own wellbeing; shows initiative • Respects and cares for home, classroom environment, materials and personal items • Follows routines and rules, but likes to do things own way • Creative problem-solver Social behaviour • Has friends and plays cooperatively • Recognises the feelings of others and responds appropriately • Learning to control emotions • Respectful and affectionate toward parents; relies on parents to know right from wrong • Respects rights of others • Uses respectful words to resolve conflicts

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3A – CHILD DEVELOPMENT INDICATORS (BIRTH TO TWO YEARS)[1]

For use with pictorial child development cards for non-readers[2]

Age	Gross motor	Fine motor	Language	Cognitive	Social and emotional
0 to 3 months	· Brings closed fists to mouth · Raises head · Moves arms and legs	· Opens and closes hands · Grasps fingers · Holds small objects	· Cries when needs something · Stops crying when attended · Makes sounds · Looks at person speaking	· Reacts to sound, light and motion · Discovers hands · Looks at patterns · Prefers to look at human face and geometric shapes · Anticipates feeding	· Gazes at faces · Happy when sees mother; turns head when hears mother's voice · Nurses frequently · Social smile
3 to 6 months	· Lifts head and trunk · Rolls over · Reaches for objects · Sits with support	· Reaches for dangling objects · Grasps objects in both hands · Explores objects with hands and mouth	· Makes sounds to get attention · Recognises voice of mother · Starts to imitate sounds · Listens to conversation	· Recognises faces · Shows interest in small objects · Discovers that objects exist when out of sight · Explores cause and effect, drops objects, bangs	· Recognises father and mother · Laughs at funny faces · Shows anger when toy taken away · Shows interest in other children
6 to 12 months	· Sits alone · Crawls · Pulls up and takes steps when supported · Rolls ball · Holds out arms and legs when being dressed	· Plays with small objects · Picks up small objects with two fingers · Transfers objects hand to hand · Hits objects together · Enjoys clapping	· Reaches for mother or father · Babbles to self · Says two or three words · Begins to respond to words · Points with finger when wants something	· Waves "bye-bye"; shakes head for "no" · Looks for objects that are hidden · Pushes and rolls toys · Looks in a mirror and smiles at self · Fascinated with small objects	· Likes people; prefers caregiver · Might cry when caregiver leaves; · Might cry when strangers appear · Plays "Peek a Boo" · Pushes away things not wanted

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1 Adapted from Pro Mujer Bolivia, 1990 (the child development pictorial tools used in this document); 'Early childhood counts: a programming guide on early childhood care for development', The World Bank, 2000, see http://www-wds.worldbank.org/servlet/WDS_IBank_Servlet?pcont=details&eid=000094946_00072405363524; UNICEF's *Facts for Life*, fourth edition, 2010, see http://www.factsforlifeglobal.org/; and 'The ABCs of child development', PBS (no date), see http://www.pbs.org/wholechild/abc/

2 Recommendation: select three indicators from each domain for each age cluster that can be easily understood by picture. See examples by Plan International Uganda.

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3A – CHILD DEVELOPMENT INDICATORS (BIRTH TO TWO YEARS) CONTINUED

Age	Gross motor	Fine motor	Language	Cognitive	Social and emotional
12 to 18 months	· Takes steps · Climbs · Walks well · Pushes and pulls objects	· Takes objects out of containers · Stacks boxes · Takes tops off · Begins to feed self	· Points to objects or pictures when named · Obeys simple commands · Says few words clearly; important people/ objects; and few other words such as “my”; “more”; “all gone” · By 15 months, puts several words together; by 18 months learning nine new words a day · Responds when asked, “Where?”	· Recognises name · Points to some body parts · Pulls an object to reach something · Interested in everything they see · Knows when picture book is upside down	· Shows little understanding of rules and warnings · Smiles when praised; cries when scolded · Possessive of toys · Imitates gestures · Enjoys songs and simple picture book stories
18 to 24 months	· Runs without difficulty · Walks backward · Squats · Hops · Walks up and down stairs with aid · Moves to music	· Puts objects in and out of containers · Can peel peas or banana · Builds with blocks · Uses hands to drink from cup · Scribbles with whole arm movement	· Can say own name · Says two to three word sentences · Can listen to short stories · Uses language to serve needs · Says hello and goodbye · Can follow a simple direction	· Knows/can name two to three body parts · Understands yes and no · Starts to play make believe · Imitates adult behaviour when playing · Matches similar objects · Knows “me” and “you”	· Shows affection by hugging, smiling · Imitates what adults do · Washes own hands · Says no; asserts independence · Plays beside other children; difficulty sharing

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3B – CHILD DEVELOPMENT INDICATORS (2 TO 8 YEARS)[1]

For use with pictorial child development cards for non-readers[2]

Age	Gross motor	Fine motor	Language	Cognitive	Social and emotional
2 to 3 years	· Jumps over objects · Walks on tiptoe · Throws and kicks ball · Likes to help dress and undress self	· Washes hands without help · Pours sand from one container to next · Draws a circle · Rolls clay · Opens jars, turns screws and objects · Turns book pages · Feeds self	· Repeats phrases · Points to common objects when named · Asks questions · Begins to use language to express ideas/feelings · Recites short poems · Names colours	· Knows colours · Knows difference between large and small · Loves to pretend and imitates animals · Grasps categories such as 'chicken' and 'dog' · Can make simple choices	· Displays affection · Plays happily alone but likes audience · Plays beside other children, not with · Loves small chores · Understands instructions and begins to test authority
3 to 4 years	· Walks on toes · Jumps forward · Throws and receives ball · Balances on one foot · Begins to dress self	· Holds pencil correctly · Can draw recognisable figures, crosses and circles · Tears paper · Buttons · Builds a tower of blocks · Makes shapes with clay	· Converses with others; recounts events that happened during day · Remembers songs · Knows shapes and colours · Follows series of two related directions	· Matches like objects; sorts by colour or size · Knows purpose of objects · Understands sentences with time concept · Uses pretend play · Asks, "Why?" · Understands some number concepts	· Begins to play with other children · Learns to share · Shows first signs of sympathy · Asks for help · Uses toilet independently · Helps with small household tasks
4 to 5 years	· Hops on one foot · Walks along a line · Kicks ball in a direction · Walks up and down stairs, but brings feet together on each step	· Can string objects · Can copy drawings · Can cut along a line · Washes own hands · Prints a few letters	· Speaks in sentences; uses many words · Can name what they see · Speaks clearly · Knows above, below, in front of · Counts to five · Likes to say poems and sing songs · Asks "When?", "How?" and "Why?" questions	· Orders objects large to small · Knows first and last · Knows more or less · Understands opposites · Elaborates dramatic play · Draws pictures to represent objects · Can tell full names · Up to 15-minute attention span	· Shows emotion · Puts objects away · Can dress with a little help · Plays cooperatively with peers · Can share and take turns · Identifies with own gender

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1 Adapted from Pro Mujer Bolivia, 1990 (the child development pictorial tools used in this document); 'Early childhood counts: a programming guide on early childhood care for development', The World Bank, 2000, see http://www-wds.worldbank.org/servlet/WDS_IBank_Servlet?pcont=details&eid=000094946_00072405363524; UNICEF's Facts for Life, fourth edition, 2010, see http://www.factsforlifeglobal.org/; and 'The ABCs of child development', PBS (no date), see http://www.pbs.org/wholechild/abc/

2 Recommendation: select three indicators from each domain for each age cluster that can be easily understood by picture. See example by Pro Mujer Bolivia.

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3B – CHILD DEVELOPMENT INDICATORS (2 TO 8 YEARS) CONTINUED

Age	Gross motor	Fine motor	Language	Cognitive	Social and emotional
5 to 6 years	· Walks backward · Catches ball · Turns somersault · Can hop and count · Can skip · Can walk up and down stairs alone, alternating feet	· Can draw a girl or boy · Makes figures from clay · Can draw shapes · Practices self-care habits independently	· Counts to 10 or 20 · Recognises and names colours · Tells stories · Highly verbal · Uses the word “because” · Follows three unrelated commands · Listens to long stories · Uses words to express feelings	· Can say purpose of body parts · Can tell where lives · Understands sequence of events · Can order objects by size · Draws and explains picture · Retells a story · Combines thoughts into one sentence · Curious about how things work · Reads	· Develops friendships · Enjoys imaginative play with friends · Beginning to understand some moral values: good and bad; fairness · Invents games · Dresses and undresses without any help
6 to 8 years	· Can run, jump, hop, skip, throw, catch and swim · Can balance easily · Uses movement to express feelings · Shows coordination · Learns concepts through physical action	· Controls hand muscles · Hand-eye coordination · Uses tools for writing and drawing	· Can describe feelings, events, objects, etc, in words · Sentences consist of five or more words · Can engage in conversation · Vocabulary increases · Can follow oral instructions · Can draw and write · Understands symbols	· Displays curiosity. Asks questions: “What?”, “Why?”, “How?” · Uses persistence in solving a challenging problem · Some understanding of cause and effect · Uses creativity and imagination · Sorts by category · Understands time · Can count accurately · Imagination in play · Can role play	· Positive self-esteem and identity · Can adjust to new situations · Manages feelings · Expresses needs · Demonstrates self-direction and independence · Takes responsibility, shows initiative · Follows routines and rules, but likes to do things own way · Plays well with others · Recognises feelings; own and others · Controls emotions

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4A – PARENTING SUPPORTS FOR SCHOOL READINESS (FOUR TO SIX YEARS)

Social and emotional

Sense of self
- Smile, hug and caress child
- Make eye contact when talking; use child's name
- Notice child's wishes and needs – hungry, tired, afraid, bored – and respond
- Give praise for what child manages to do well
- Give bag or basket for child to keep own small objects for play

Responsibility for self and others
- Offer choices to children
- Involve child in making family decisions
- Encourage independence
- Establish home routines
- Involve child in home chores that do not impede schooling; give praise for good work

Social behaviour
- Tell and discuss stories that teach values
- Tell child about your experiences and feelings
- Encourage child to express own feelings and notice the feelings of others
- Explain why some things are allowed and others are not
- Model non-violent way to solve conflicts
- Make sure child has at least one friend

Physical

Gross motor
- Let child toss rocks in game; turn ropes; catch/throw ball
- Play games that involve running, skipping, circle turns, hopping, stand on tiptoe, squat, kick, throwing
- Teach child to dance
- Let child balance on logs/beams

Fine motor
- Allow child to safely explore small objects such as rocks, seeds, leaves
- Encourage child to use fingers in pouring, tying, braiding
- Let child feed self
- Encourage child to draw pictures and letters (if no paper use stick/sand)
- Let child model with clay

Healthy body
- Use safe drinking water and food, and proper storage
- Take action to prevent and manage child illness
- Prevent abuse/neglect
- Provide full immunisation
- Provide safe disposal of human faeces
- Wash hands with soap after toilet and before preparing food and feeding
- Ensure child sleeps under treated bed net where malaria exists
- Make home clean and safe
- Provide three nutritious meals daily; include protein, fruit, and vegetables

Cognitive

Observation and problem solving
- Help child focus attention and notice surroundings – "Look at this! What is this?"
- Ask questions that require thinking – "What do you think will happen if?"
- Encourage child to ask questions
- Encourage child to figure out something alone

Logical thinking and math
- Help child describe patterns found in environment or on clothing
- Help child describe position of objects and distances
- Let child order things by size or colour
- While child plays, talk about what is happening
- Help child plan something step by step
- Teach child to make sound patterns with drum or clapping
- Involve child in counting objects in daily life

Creativity/imagination
- Accept child's alternative ways of doing something
- Provide time to play each day
- Provide play materials that can be used in different ways

Language

Listening and speaking
- Discuss pictures/events and teach child new words
- Tell/read a story and discuss; ask questions using who, what, when, where, why and how
- Encourage child to talk; listen with interest and respond to what they say
- Have daily conversation with child, much like that of adults
- Offer opportunity for child to take a message to someone

Reading and writing
- Help child notice printed words in environment
- Cut out words and make into card games
- Teach child to say first and last name, and identify other family and friends by name
- Teach child to read name; put each letter of name on a card
- Involve child in singing nursery rhymes that entail actions like pointing to body parts
- Give child a book and teach to care for book; make picture and word books from exercise notebook

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4B – SCHOOL READINESS INDICATORS (FOUR TO SIX YEARS)

Social and emotional	Physical	Cognitive	Language
Sense of self · Likes self and feels valued · Adjusts easily to new situations · Demonstrates appropriate trust in adults · Recognises own feelings and manages them well · Confident to express needs · Is learning to practice cultural and spiritual values **Responsibility for self and others** · Follows through on simple tasks to take care of self · Helps others · Takes responsibility for own wellbeing without being told to do so · Follows routines and rules · Respects and cares for home, classroom and personal items **Social behaviour** · Sociable; plays well with other children; has at least one friend · Shows empathy for peers and stands up for what is fair · Able to control own behaviour and impulses · Uses respectful words to resolve conflicts · Can tell right from wrong	**Gross motor** · Demonstrates basic movements – runs, jumps hops, skips, balances · Uses body movements to express feelings and needs · Shows coordination with swings, ropes, climbing, etc · Can throw, kick and catch **Fine motor** · Controls small muscles in hands: pours, cuts, traces, twists, inserts, ties, pounds · Coordinates hand-eye movement · Uses tools for writing and drawing **Healthy body** · Uses toilet · Washes hands with soap after toilet and before eating · Eats three nutritious meals every day (protein and fruits and vegetables) · Drinks safe water · Immunised, takes vitamin A supplement and is de-wormed · Lives and plays in clean and safe environment; protected from injury · Sleeps under insecticide treated nets in malaria regions · Can identify community health worker	**Observation and problem solving** · Observes with curiosity · Asks questions – "What?" "Why?" "How?" (Without fear) · Shows persistence in solving a problem · Uses creativity; imagination · Reflective; applies learning to new context **Logical thinking and maths** · Compares, sorts and matches objects by size, shape, colour, number, amount · Organises by category · Arranges objects in series (for example, big to small) · Recognises patterns and can repeat them · Shows awareness of time and sequence · Understands location and position words (for example, above) · Can count objects accurately up to 20, some skills for rote counting up to 50 or 100 · Solves puzzle pictures (12 pieces) and geometric puzzles **Represents with symbols** · Takes on pretend roles · Makes believe with objects · Uses a symbol to represent	**Listening and speaking** · Talks with others about personal experiences and views · Describes objects, events and relations · Expresses feelings in words · Actively listens to others (can repeat back and ask questions to further understanding) · Notices differences in sounds · Uses new vocabulary · Understands and follows oral directions · Asks and answers questions · Actively participates in conversations **Reading and writing** · Draws to represent ideas and develops motor skills to write · Enjoys and values oral stories and storybooks · Comprehends what is read · Knows that print carries a message · Knows that spoken words can be written down · Knows letters and sounds · Writes name, alphabet, and some words

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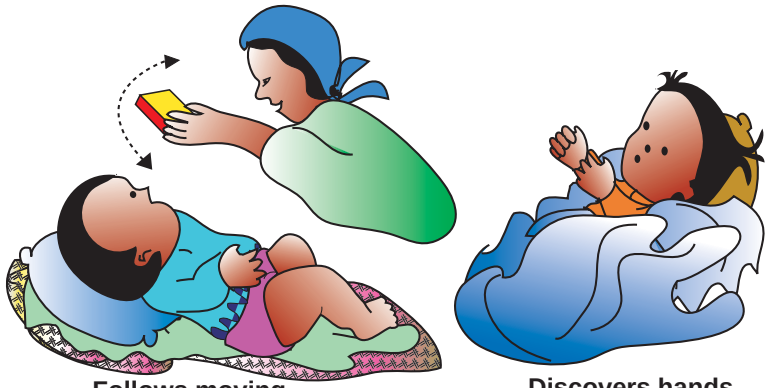
5A – PICTORIAL CHILD DEVELOPMENT CARD: COGNITIVE DEVELOPMENT

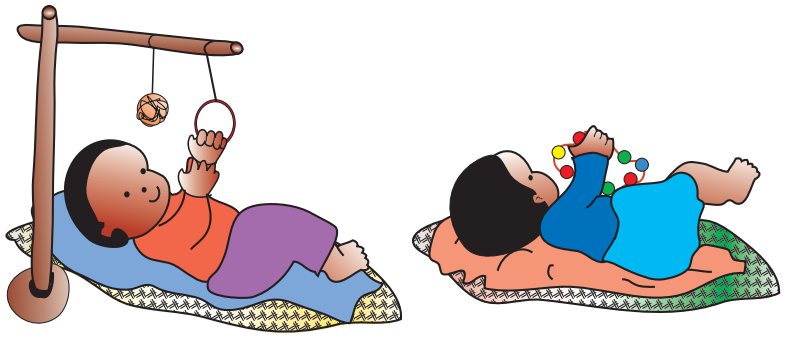
0 - 3 Months Cognitive Dev



Follows moving objects or sound

Discovers hands

3 - 6 Months Cognitive Dev



Grabs nearby objects

Shows interest in small objects

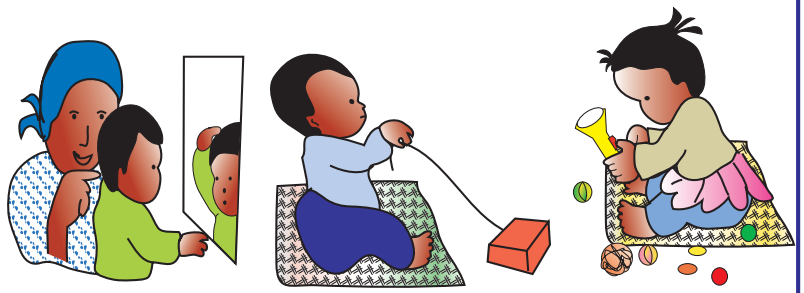
6 - 12 Months Cognitive Dev

Looks for objects that are hidden

Pushes and rolls toys

Looks in mirror & smiles at self

12 - 18 Months Cognitive Dev



Names 2 to 4 parts of the face

Pulls an object to reach something

Interested in every-thing she sees

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18 - 24 Months Cognitive Dev

Knows/can name 2-3 body parts

Understands yes and no

Plays with many objects

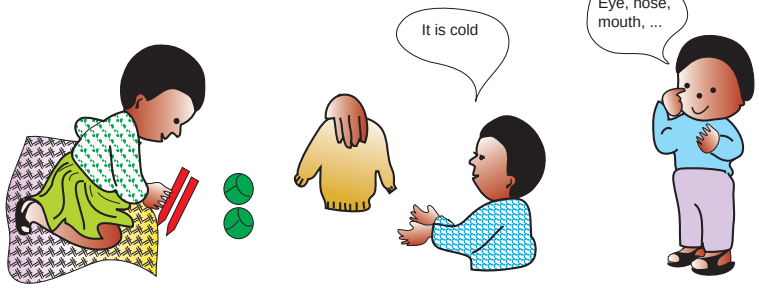
2 - 3 years Cognitive Dev

Knows colours

Knows dif. between large and small

Imitates animals

3 - 4 years Cognitive Dev

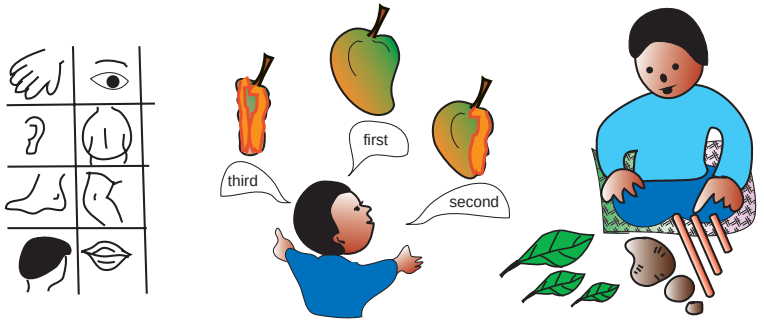


Can match like objects

Knows purpose of objects

Can name 10 body parts

5 - 6 years Cognitive Dev



Can say purpose of body parts

Can tell sequence

Can order objects by size

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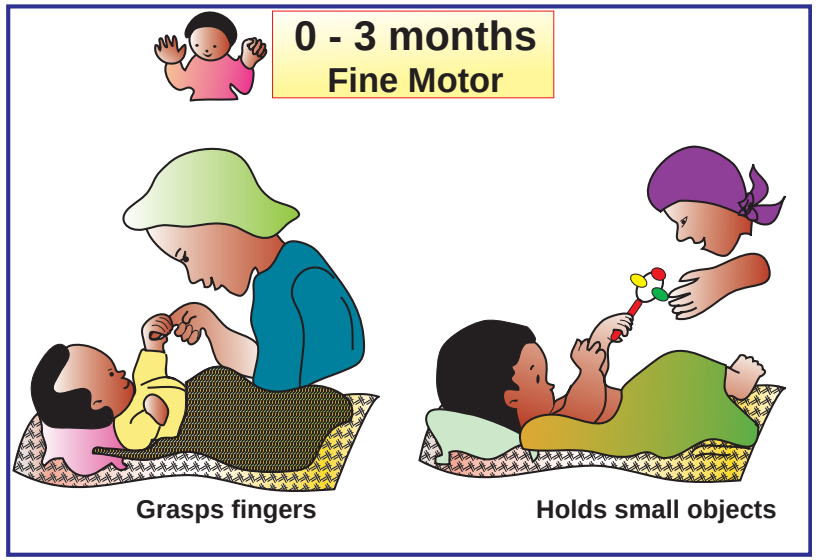
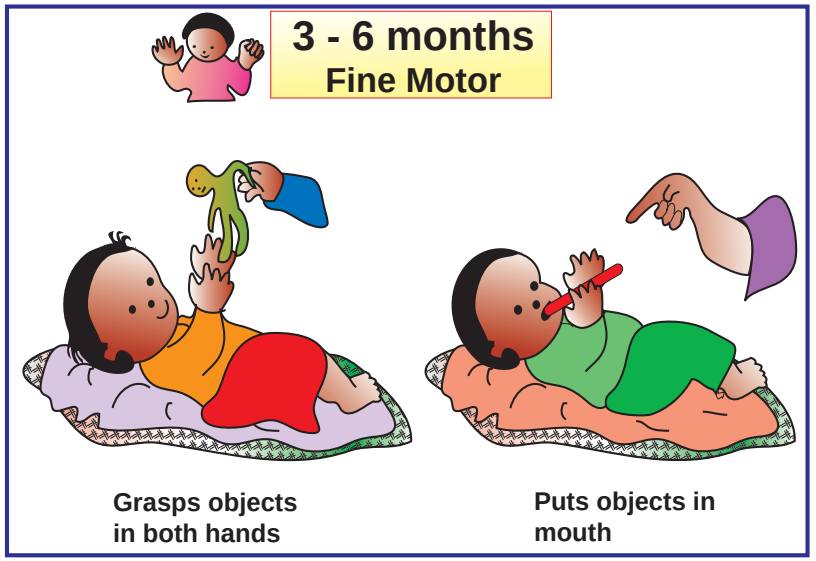
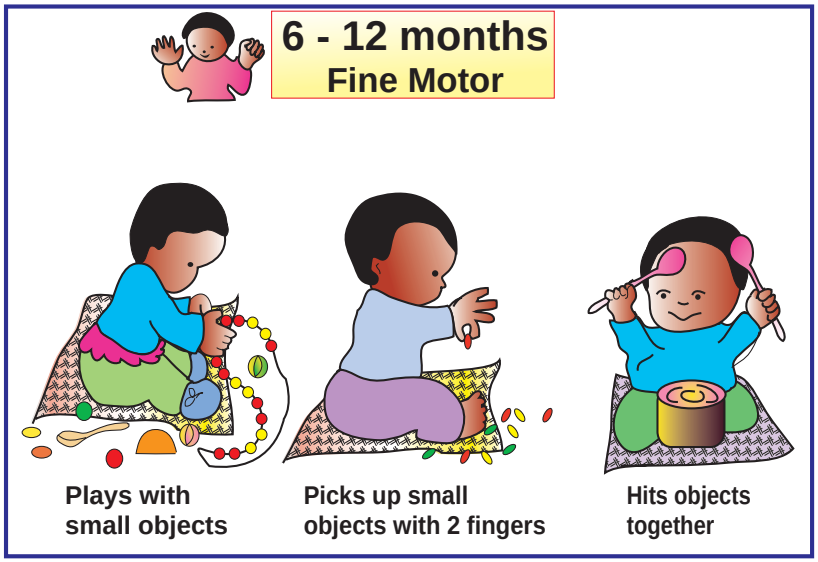
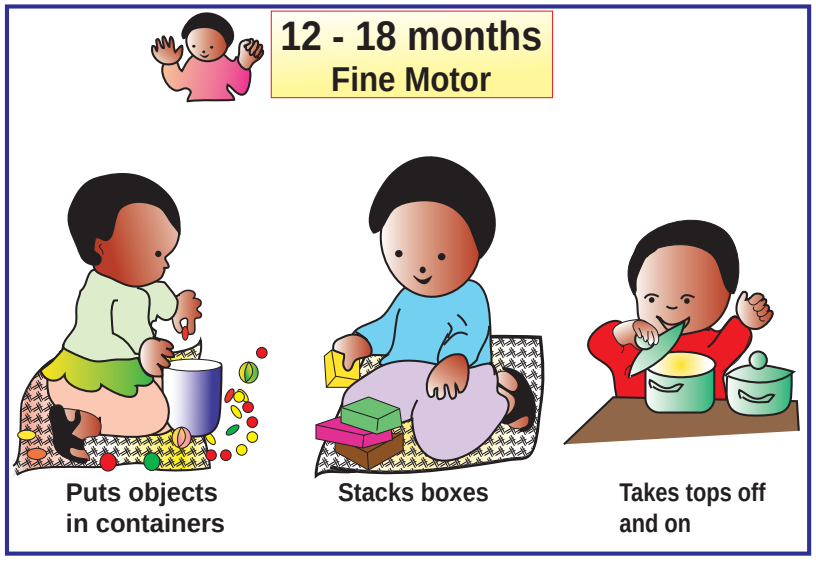
5B – PICTORIAL CHILD DEVELOPMENT CARD: FINE MOTOR DEVELOPMENT









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18 - 24 months Fine Motor

Puts objects in & out of containers

Can peel peas or banana

Builds with blocks

3 - 4 years Fine Motor

Likes to draw and paint

Can tear paper

Can button

4 - 5 years Fine Motor

Can string objects

Can copy drawings

Can cut along a line

5 - 6 years Fine Motor

Can draw a girl or boy

Makes figures from clay

Can draw shapes

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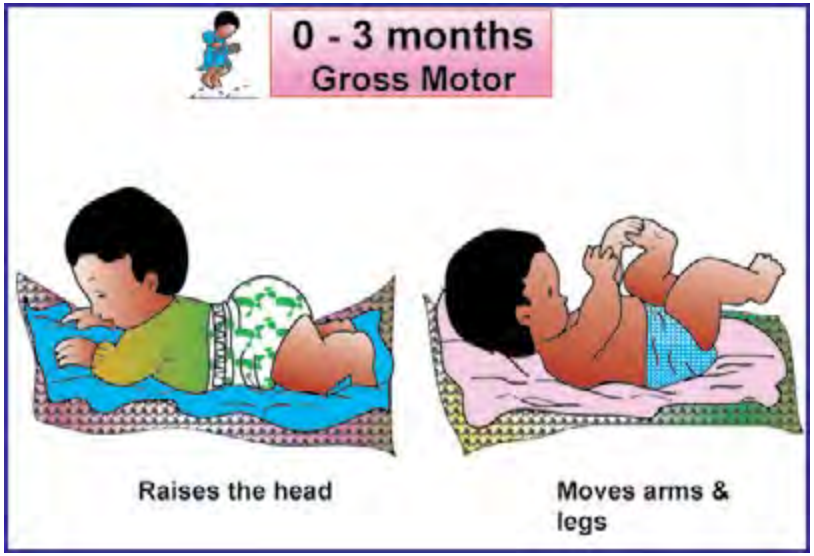
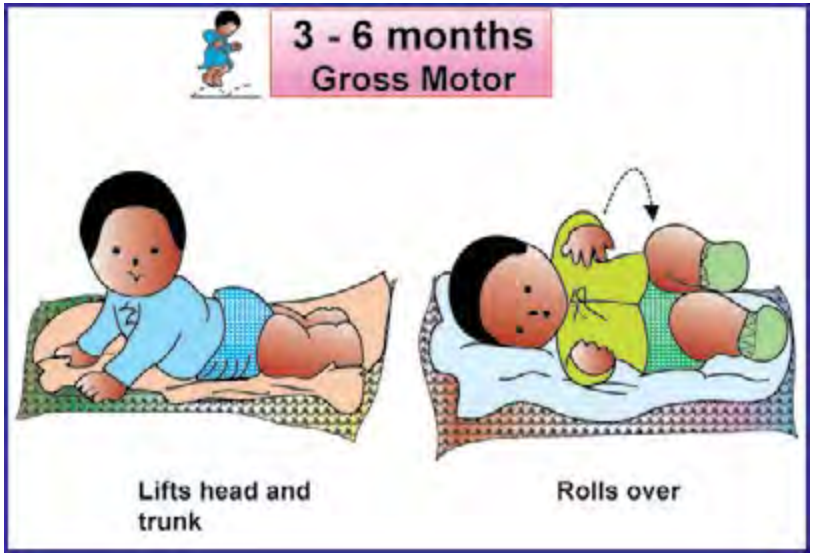
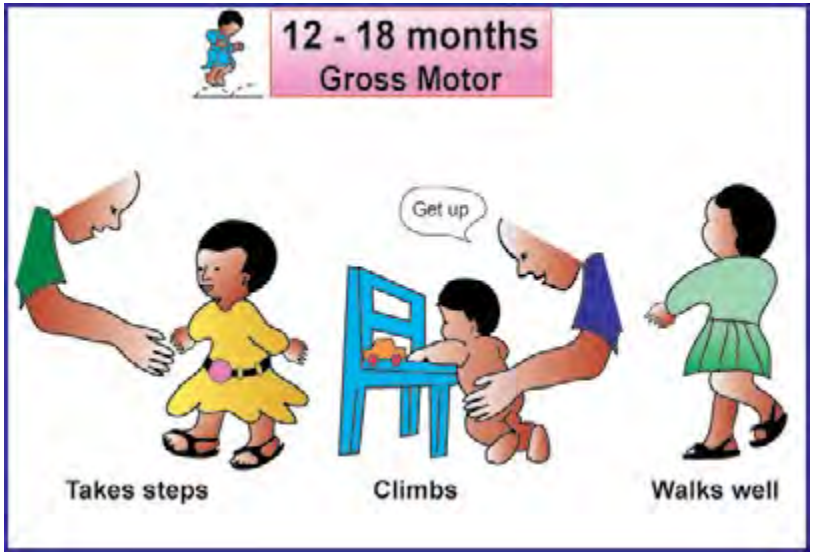
5C – PICTORIAL CHILD DEVELOPMENT CARD: GROSS MOTOR DEVELOPMENT







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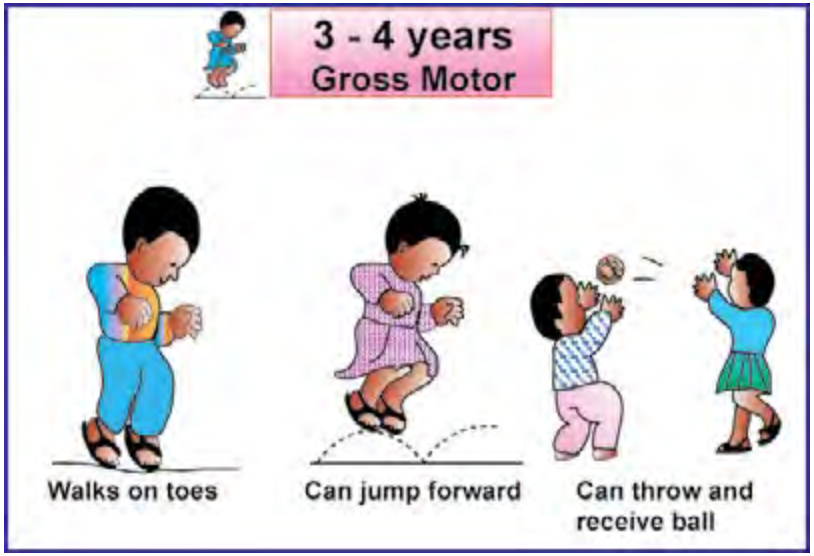
5C – PICTORIAL CHILD DEVELOPMENT CARD: GROSS MOTOR DEVELOPMENT CONTINUED



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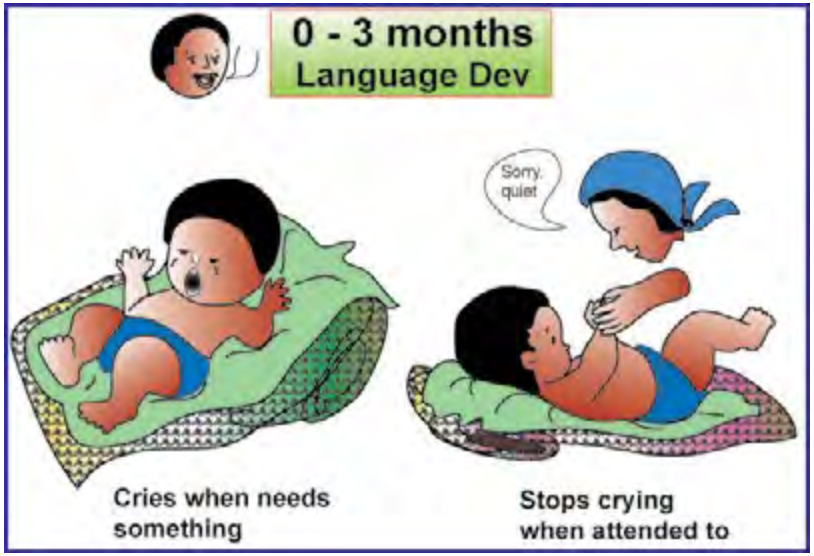
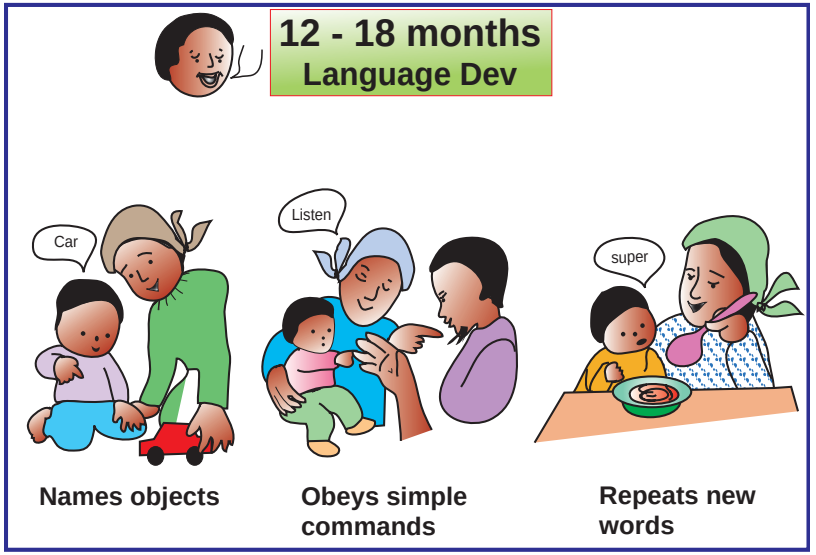
5D – PICTORIAL CHILD DEVELOPMENT CARD: LANGUAGE DEVELOPMENT





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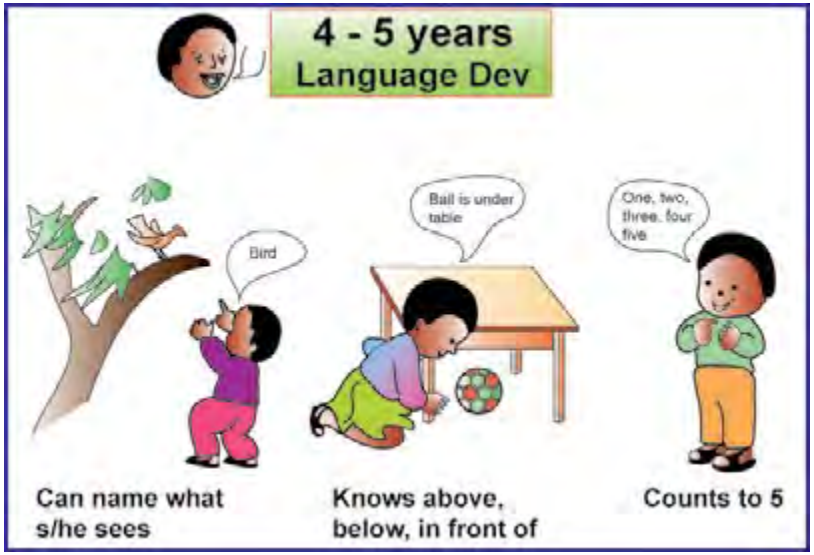

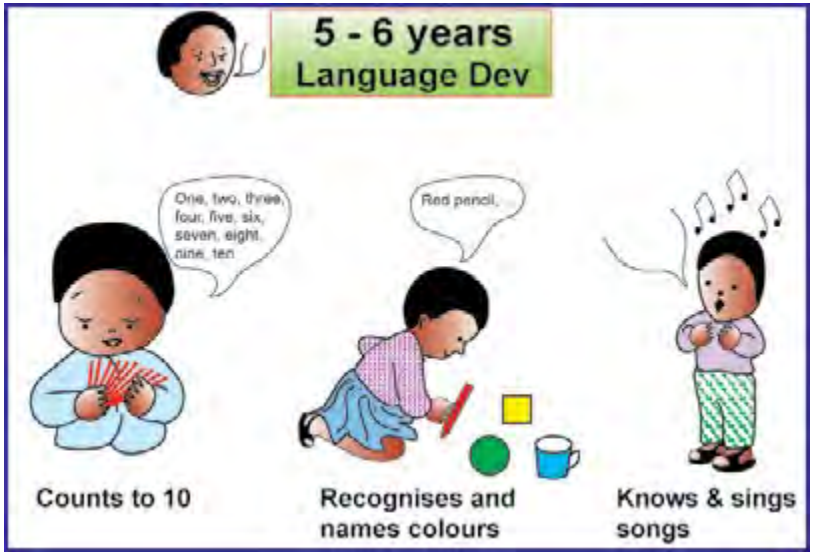

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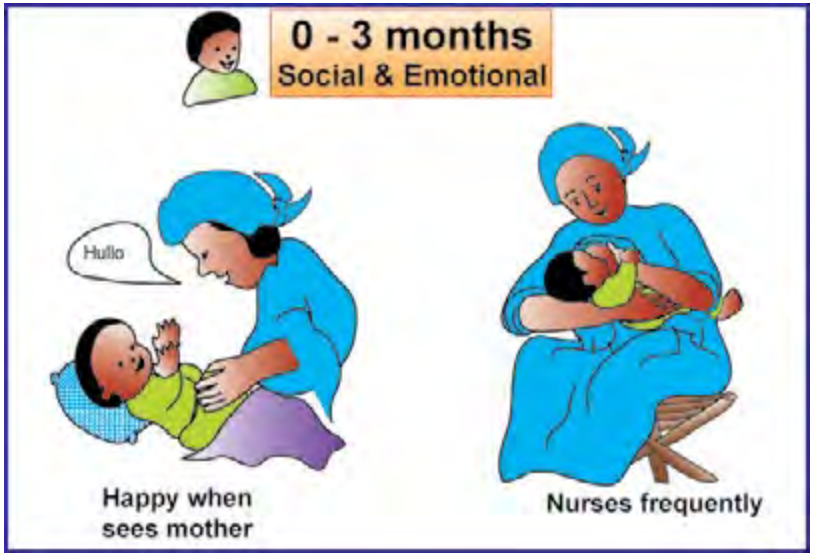
5E – PICTORIAL CHILD DEVELOPMENT CARD: SOCIAL AND EMOTIONAL DEVELOPMENT



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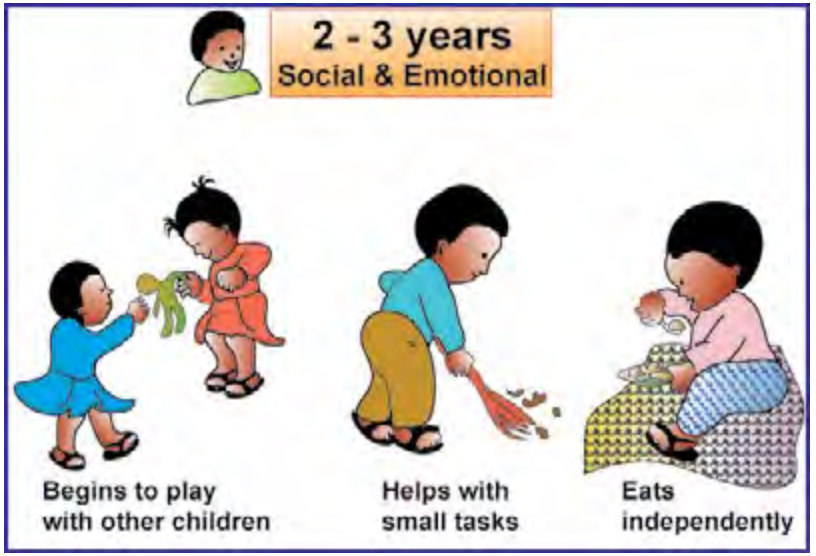

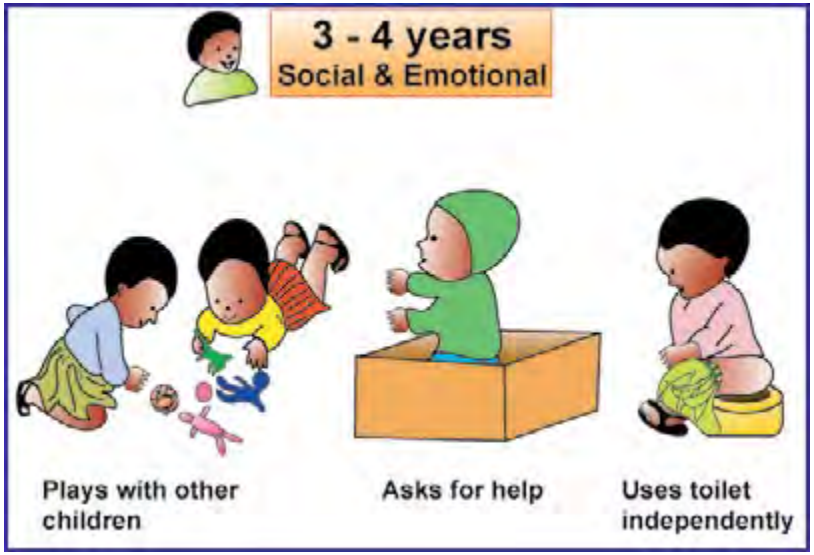

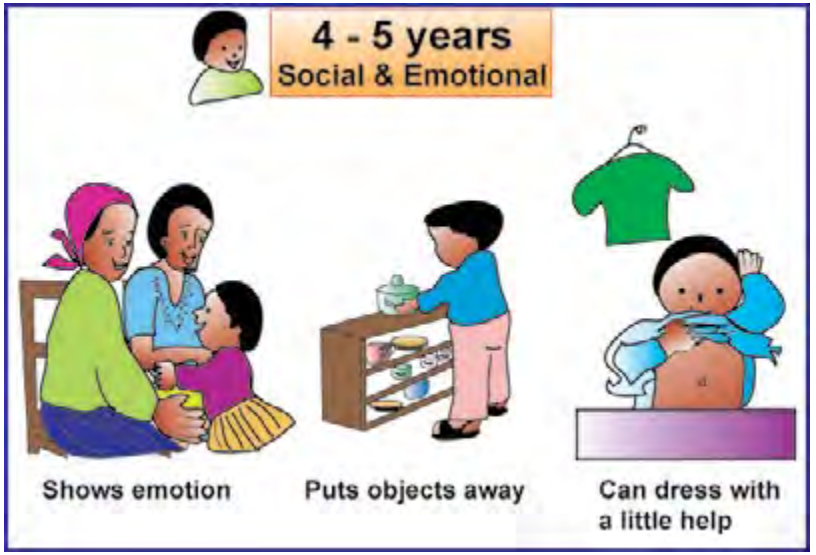

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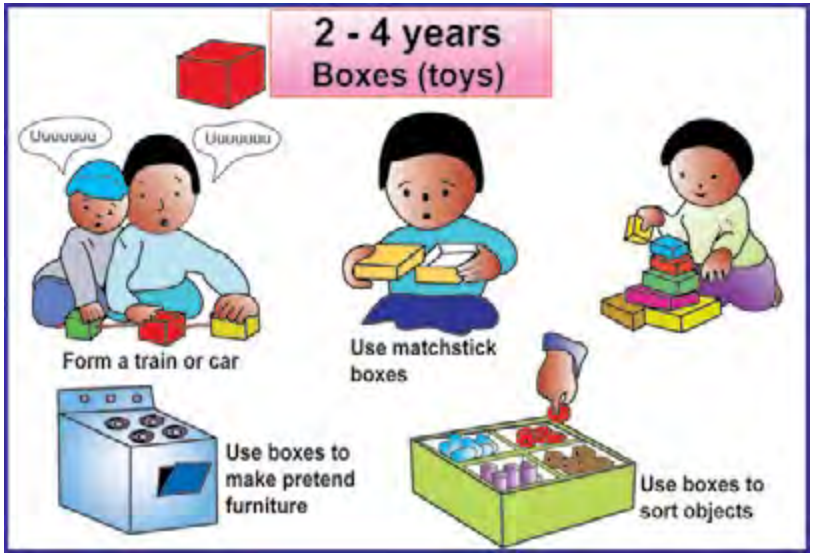
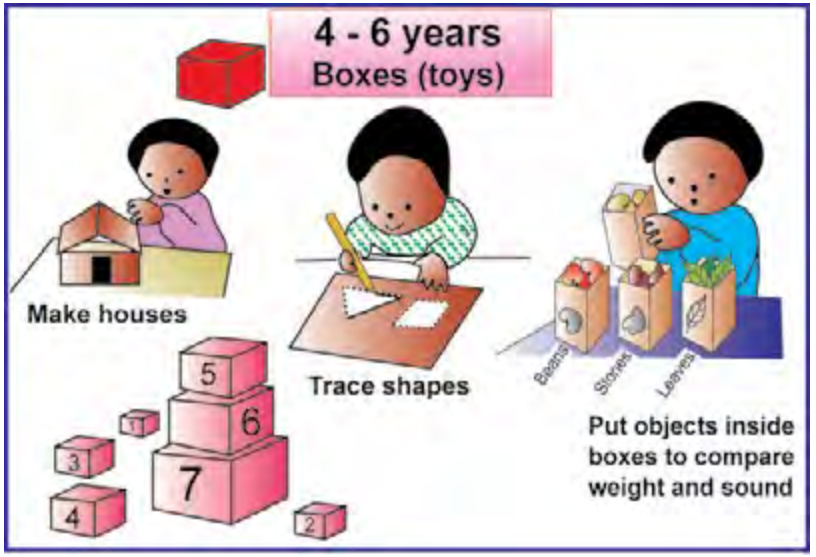
6A – PICTORIAL TOY STIMULATION GUIDE: BOXES





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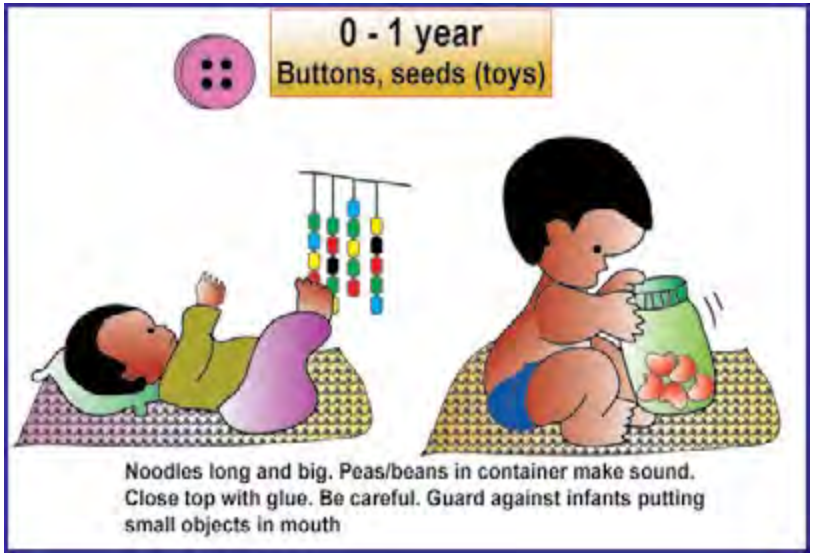
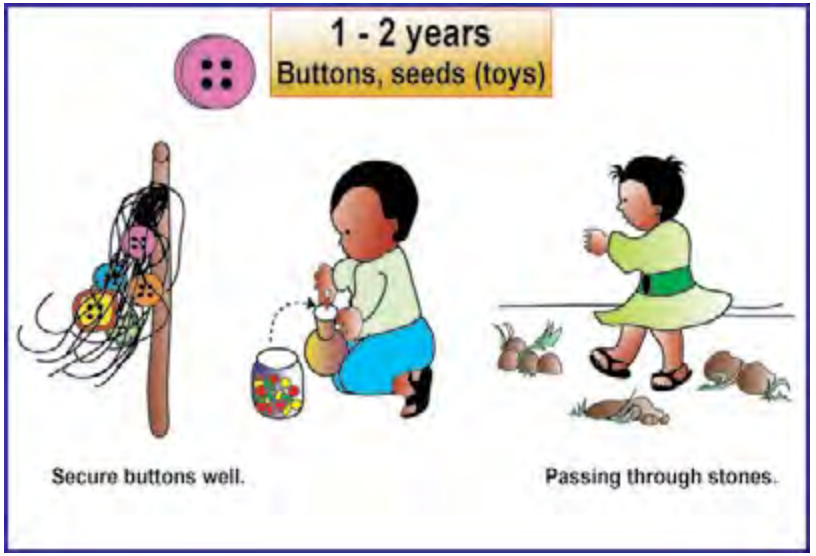
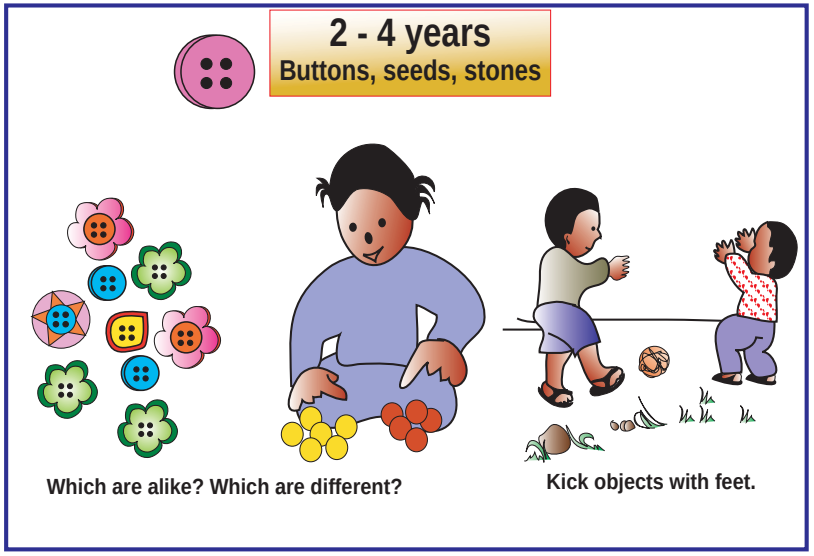
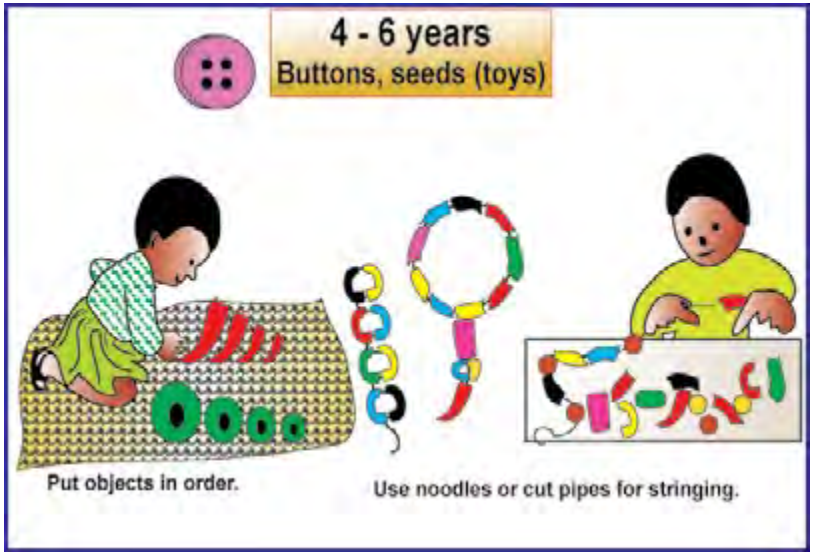
6B – PICTORIAL TOY STIMULATION GUIDE: BUTTONS









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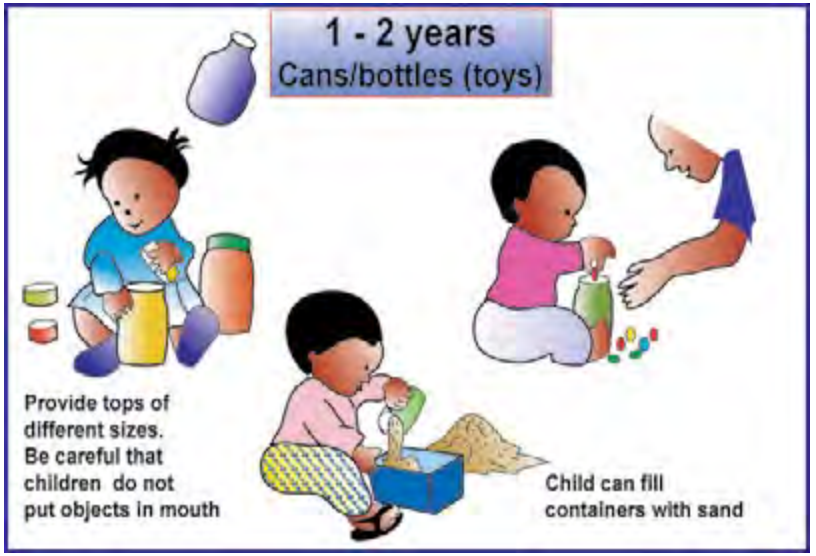
6C – PICTORIAL TOY STIMULATION GUIDE: CANS/BOTTLES



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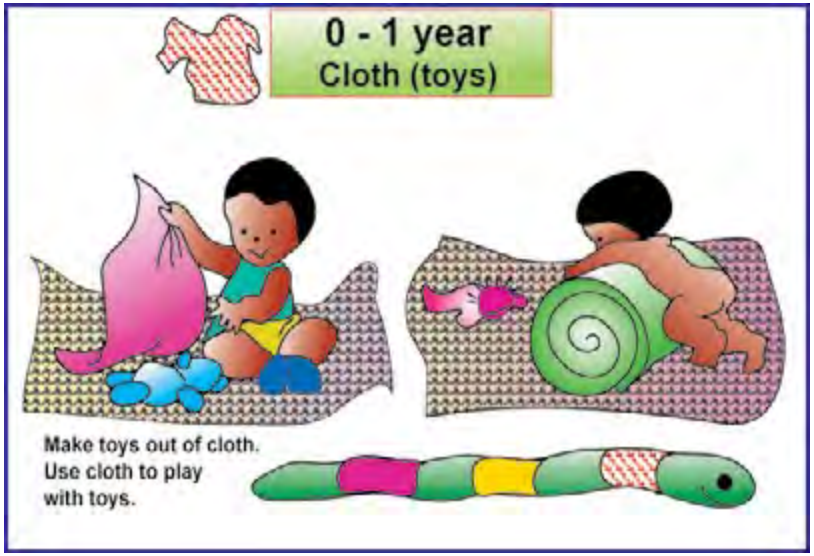
6D – PICTORIAL TOY STIMULATION GUIDE: CLOTH



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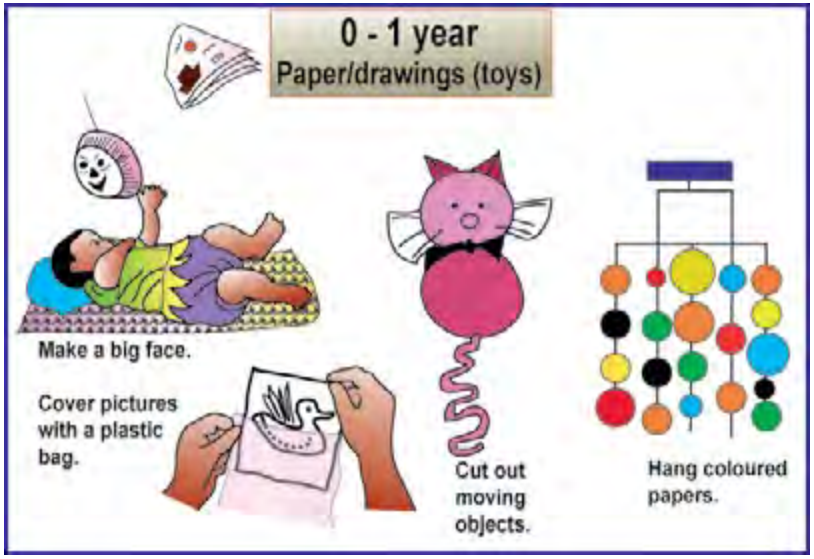
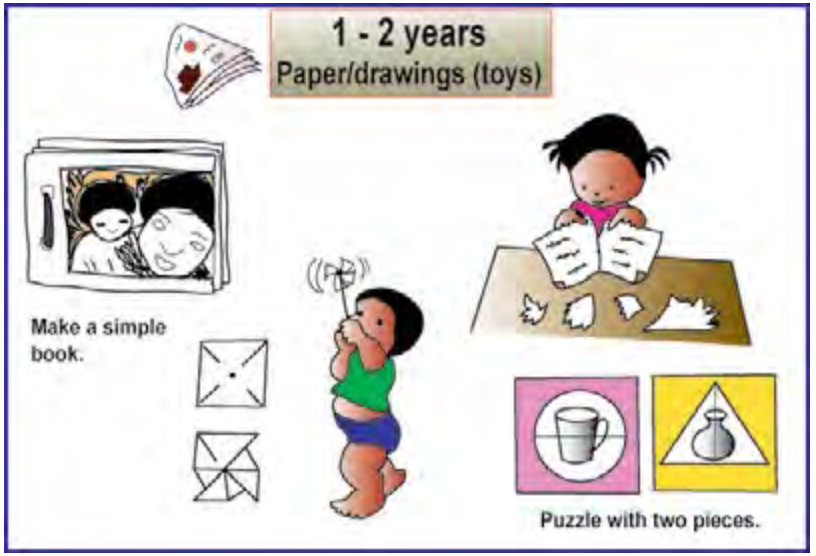
6E – PICTORIAL TOY STIMULATION GUIDE: PAPER





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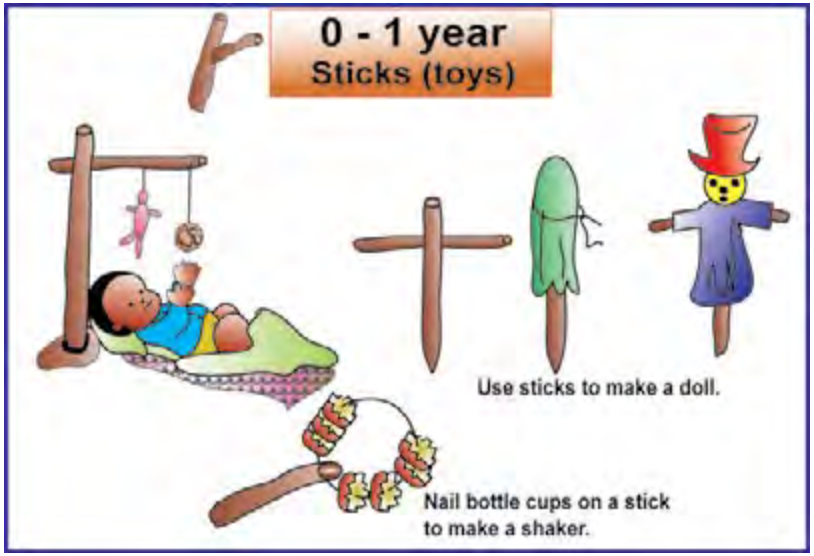
6F – PICTORIAL TOY STIMULATION GUIDE: STICKS



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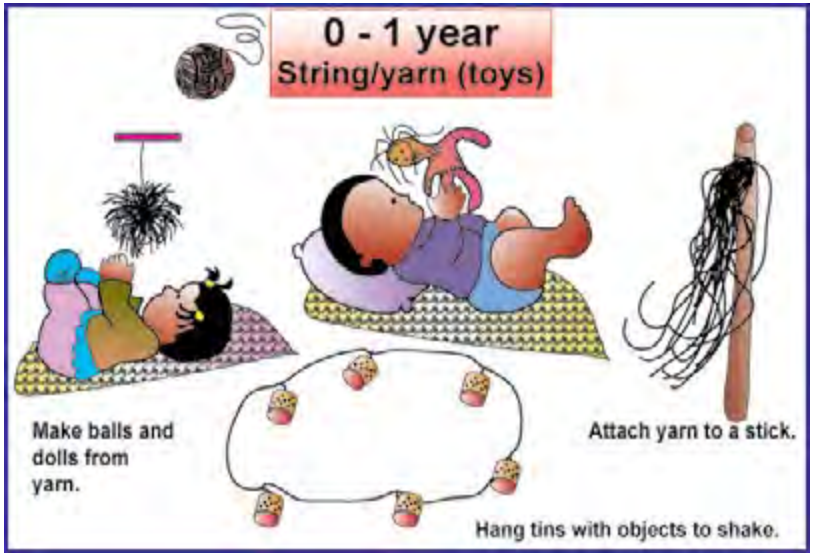
6G – PICTORIAL TOY STIMULATION GUIDE: STRING/YARN



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7A – PARENTING GROUP MONTHLY REPORTING FORM

Month:

Facilitator:

Location:

Parenting group:

Session topics:

PARENTING GROUP SESSIONS

Name/location of group	Parenting group monitoring tool 1 – average score	Items going well	Items not going well	Parenting group monitoring tool 2 – average score	Items going well	Items not going well

Actions taken to improve facilitation:

HOME VISITS

Name of person and location	Feedback on useful sessions and why	Experiences sharing knowledge with spouse and neighbours	Level of satisfaction	Actual practices taught in parenting group sessions that were observed in home

Comments:

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7B – PARENTING GROUP MONITORING AND EVALUATION TOOL 1 – SESSION ROUTINE

Purpose: This tool provides a quality score on how well the session was executed. It is a learning and reflection tool.
Scoring: Provide an average score for each section and track changes over time.

Date:

Village name:

Actual start time:

Actual end time:

Facilitator name:

Co-facilitator name: ☐ M ☐ F

Parent volunteer co-facilitator name: ☐ M ☐ F

Name of observer:

Number of parenting group members enrolled: ☐ M ☐ F

Number present today: ☐ M ☐ F

If children present, record how many.

Birth–2 years: M: F:

3–6 years: M: F:

Ask facilitator for names of absent parenting group members:

Please record additional information on the back of form, and note which section you are referring to.

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A. MEETING PLACE AND TIME

Score observation:	No		Yes		Evidence
	0	1	2	3	
A. Meeting place made available by community.					
B. Location accessible to members.					Interview some members.
C. Meeting time selected by members based on availability.					Interview some members.
D. Meeting place quiet without disruptions.					If disruptions occur, does facilitator handle well so the parenting group session can resume?
E. If children present, provided with clean, safe place to meet, toys and supervision.					

B. PARENTING GROUP ROUTINE

Session components		No		Yes		Comments
		0	1	2	3	
1. Welcome 10–15 minutes	A. Meeting starts on time.					
	B. Facilitator greets participants, uses names, and speaks informally.					Brief warm-up game or song might be provided.
	C. Introduces and thanks parent co-facilitator.					
	D. Absentees recorded.					
	E. Members asked to contact absentees.					
	F. Total time takes 15 minutes.					

(0 = not adequate, 1 = minimum, 2 = good, 3 = excellent)

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B. PARENTING GROUP ROUTINE *CONTINUED*

2. Review (experiences implementing new practice) 30 minutes	A. Facilitator asks members to remember what was learned.					
	B. All members tell how they used new knowledge.					Most sharing done in small groups, few examples provided during group sharing.
	C. Members discuss how children responded.					
	D. Members discuss how spouse and extended family members responded.					
	E. Parent volunteer co-facilitator plays active role including demonstrating reviewed practice.					
	F. Facilitators provide positive summary statement about what was learned and how used (previous session).					
	G. Review takes 30 minutes.					
3. New knowledge and practice discussed, modelled and tried 45 minutes	A. Facilitators present new topic and explain purpose.					
	B. Members discuss current views related to the topic.					
	C. Facilitator explains how new knowledge can be used for improved parenting.					
	D. Parent volunteer co-facilitator models new practice.					
	E. Parenting group members try the new practice.					
	F. Time takes 45 minutes.					

(0 = not adequate, 1 = minimum, 2 = good, 3 = excellent)

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B. PARENTING GROUP ROUTINE *CONTINUED*

4. Wrap-up	1. Members summarise what they learned and what they will do (one sentence).					
	2. Members agree on new practices to notice and try.					
	3. Facilitator thanks parent volunteer co-facilitator for help leading the session.					
	4. New parent volunteer co-facilitator selected for next session.					
	5. Confirms time and place for next meeting.					
	6. Facilitator summarises session using clear and inspiring language.					
	7. Closing takes 10-15 minutes.					

C. SOCIAL-EMOTIONAL ENVIRONMENT OF SESSION

Observation	No		Yes		Evidence
	0	1	2	3	
1. Safe and welcoming environment.					
2. Respectful and kind interactions between parents.					
3. Discussions present new ideas while respecting local cultures.					
4. Balance between laughter and fun with serious discussion of ideas.					

(0 = not adequate, 1 = minimum, 2 = good, 3 = excellent)

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Consultation: Share observations with facilitator. Provide facilitator with the opportunity to comment on observations and discuss challenges. Note the key points below.

Average quality scores: add scores in each section and divide by number of items in that section.

Date:

A. Meeting place and time:

B. Parent group routine:

Welcome

Review

New knowledge

Wrap-up

C. Social and emotional environment:

(0 = not adequate, 1 = minimum, 2 = good, 3 = excellent)

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7C – PARENTING GROUP MONITORING AND EVALUATION TOOL 2 – FACILITATION

Purpose: Facilitation skills contribute to the outcomes. This tool describes specific practices that effective facilitators use. Discuss strengths and areas for improvement and track changes over time.

Session observed:

Date:

Location:

Facilitator name: ☐ M ☐ F

Co-facilitator name: ☐ M ☐ F

Name of observer:

Number of parenting group members enrolled: ☐ M ☐ F

Number present today: ☐ M ☐ F

If children present, record how many.

Birth–2 years: M: F:

3–6 years: M: F:

Overall score:

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SCORE FACILITATION SKILLS OBSERVED DURING THE SESSION:

Indicator	No		Yes		Evidence
	0	1	2	3	
1. Members seated in circle.					
2. Facilitator sits with members (not apart).					
3. Greets members by name in a friendly, smiling way.					
4. Facilitator speaks clearly.					
5. Uses conversational, not 'teacher' tone.					
6. Uses suitable vocabulary for group.					
7. Explains ideas so others understand.					Uses concrete examples.
8. Involves co-facilitator to lead session.					
9. Encourages equitable participation, not calling on same people.					
10. Asks higher-level and open-ended questions that promote thinking.					Example: *What do you think are the benefits to the children from that practice? Why?*
11. Listens carefully to what is said and shows empathy, interest and support.					
12. Gives time for members to think about response; quiet members are encouraged to speak.					
13. Appreciates all responses and gives equitable feedback (same kind of feedback to each); non-judgmental.					Tip: Best to say, *Thank you,* after parent comments rather than, *Good.*
14. Encourages interaction between members.					Examples: *Does anyone want to ask them a question about that? Do you have any feedback or advice for them?*
15. Facilitator uses encouraging and inspiring language.					
16. Facilitator takes brief notes without breaking eye contact and flow of discussion.					

(0 = not adequate, 1 = minimum, 2 = good, 3 = excellent)

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SCORE FACILITATION SKILLS OBSERVED DURING THE SESSION *CONTINUED*:

17. Uses notes to help highlight important points of day.					
18. Members that dominate are kindly controlled.					
19. Facilitator knows content.					
20. Facilitator follows routine; keeps time.					

Consultation:

- After the session, talk with the facilitator. Write notes on the back of the page.
- Share two or three strengths and discuss.
- Share two or three observations that need improvement.
- Ask facilitator for comments on each of these.

Signatures:

Score:

Average quality scores: add scores in each section and divide by number of items in that section.

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7D – HOME VISIT MONITORING FORM

Name of parent:

Names (and ages) of children:

Village/ward/district:

Name(s) of researcher(s):

Role:

Date of interview:

A. PARENTING GROUP MEETINGS: LEARNING AND APPLICATION

Questions	Comments
1. What has been the most meaningful parenting group discussion so far?	
2. What new practices do you use as a result of that meeting?	
3. Do you remember what we discussed in last month's meeting and what new parenting practices were promoted?	
4. Which of the practices have you been able to use?	
5. Were they effective for you? Why or why not?	
6. Has your spouse been supportive of your attendance? Have you influenced them to change any practices?	
7. What has been your experience talking to neighbours about what you have learned?	
8. What are some positive changes in your children as a result of what you have learned and are using?	
9. What are some of the problems you face in parenting at this time?	

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B. PARENTING GROUP MEMBER LEVEL OF SATISFACTION

Satisfaction	No	Yes	Comments
1. I am enjoying the parenting group. (Comment: Why or why not?)			
2. The meeting time is good for me.			
3. The location is good for me.			
4. I am satisfied with the gender make up.			
5. The topics are interesting and useful to me.			
(0 = not satisfied, 1 = minimum, 2 = good, 3 = excellent)	0 1 2 3		

C. ACTUAL PRACTICES OBSERVED

List practices promoted in past sessions that were observed during the home visit. There might be little or no opportunity to observe parent and child interactions during the visit. However, there might be the opportunity to see improvements in how the parent sets up the home to enhance child wellbeing. For example, there might be a basket of toys for the children, soap and water by the toilet, or a safety measure to prevent children from falling in the fire.
(0 = practice implemented did not reflect parenting group learning, 1 = moderately correct, 2 = adequate, 3 = excellent)

Practices promoted in session and observed during home visit	Inadequate 0/1	Adequate 2/3	Evidence

D. ANALYSIS

Researchers review findings and finalise the monitoring form together. The child wellbeing index on page 43 provides a useful reference for thinking about the status of child development supports in this home, as well as changes over time.

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AusAID:	The Australian Agency for International Development
CEE/CIS:	Central and Eastern Europe Commonwealth of Independent States
CLAC:	Community Led Action for Children
CLTS:	Community Led Total Sanitation
CRC:	Convention on the Rights of the Child
CRPD:	Convention on the Rights of People with Disabilities
ECCD:	Early Childhood Care and Development
HIV and AIDS:	Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome
NGO:	Non-Government Organisation
UNAIDS:	United Nations Programme on HIV/AIDS
UNDP:	United Nations Development Programme
UNESCO:	United Nations Educational, Scientific and Cultural Organisation
UNFPA:	United Nations Population Fund
UNICEF:	United Nations Children's Fund
US:	United States
WFP:	United Nations World Food Programme
WHO:	World Health Organization
WID:	Women in Development

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agent: a person who acts to create change within a group or environment.

baseline: a situational analysis or other kind of measurement, which is used as a basis for comparison and usually done at the beginning of a program/project. This allows for the identification of milestones and change as a program/project progresses through its life cycle.

beneficiary: a person or entity that receives a benefit from development programs/projects. Beneficiaries can be either direct, ie those for whom the activity is devised and directed, and indirect, ie those who are not targeted but receive some benefit.

capital: resources that people gain, accumulate and use toward a purpose.

child development cards: a set of pictorial cards that can be used by parents and caregivers to monitor child development, from birth to eight years. The cards assist parents to learn about parenting practices that support child development milestones in all areas (social/emotional, physical, language and cognitive).

child watch groups: a community led child protection structure, which involves strong partnerships between municipal policing offices and community members to monitor and prevent child abuse and neglect.

citizenship capital (also referred to as political capital): refers to the ability to utilise citizen status to access services, participate in decision-making processes, and to take on advocacy roles.

co-ed (co-educational): to offer education to both sexes in the same class or program.

community change agents: members from within a community who show leadership skills and take/lead action to create positive change in their community.

Community Led Action for Children (CLAC): an approach to ECCD that seeks to prove that 100% of disadvantaged children in a targeted high poverty community can achieve child wellbeing indicators and school success through effective and quality early childhood supports. The key components of CLAC are:

- A parenting program that improves knowledge and practical skills to improve child health, development, learning and protection through a process of appreciative enquiry that engages parents in discussion and action around child development.
- A low cost, high quality early learning program that serves every child in the year or two before primary school to ensure school readiness.
- A transitions to primary school program with school and community based activities that enable children to enter school on time, stay in school and learn.
- Innovations in sector integration and improvements in government buy-in and support for ECCD.

cultural context: the unique circumstances and understandings within a specific community or culture. This commonly refers to the thoughts, opinions and feelings that result from a person's experiences.

didactic: a form of teaching or lecturing which intends to teach a moral lesson.

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Education for All: The *Education for All* movement is a global commitment to provide quality basic education for all children, young people and adults. The movement is led by UNESCO, which partners with governments, development agencies, civil society and the private sector to achieve six *Education for All* goals by 2015.

family capital: refers to a broader set of skills that improves the ability of parents to provide for their children. These skills include human (knowledge), social (cultural), economic and political (citizenship) aspects.

generative curriculum: a curriculum that is developed through genuine interaction and collaboration with beneficiaries and the community.

holistic: concerned with complete systems rather than with treatment of distinct parts. A holistic approach to ECCD enhances cognitive, physical, emotional and social development, while also recognising health, child protection and cultural factors that influence development outcomes.

honorarium: a reimbursement for a service in the form of a payment or gift.

human capital: refers to training, skills and knowledge about child development and personal skills that have an impact on how well the family can provide for the child.

integrated: to combine or coordinate separate program elements to establish an interrelated and unified whole.

intentionality: refers to the facilitator's interactions with group members that are thoughtfully designed to challenge and extend thinking and reflection.

IMCI (Integrated Management of Childhood Illnesses): IMCI is a low-cost integrated community health approach that was initially designed by UNICEF and WHO. IMCI guidelines consist of evidence-based and cost-effective interventions to address and reduce child deaths due to common childhood illnesses and conditions such as acute respiratory infection, diarrhoea, measles, malaria and under-nutrition. IMCI interventions include capacity building and training of health staff in early detection, counseling, and determining effective treatments and referrals.

meta-cognition: refers to a person's knowledge and reflection on own thinking, assumptions and practices. This thinking about thinking allows individuals to become more thoughtful and aware of their actions.

micronutrients: a substance, such as vitamins or minerals, that is essential in small amounts for a child's proper growth and development.

model/modelling: a system or person that presents an example to be imitated or compared.

multiplier effect: the way in which an initial activity or investment starts a reaction which generates more activity and creates more beneficiaries.

optimal: desirable or most favourable.

ECCD facilitator: the person who supervises all ECCD activities in the field. ECCD facilitators usually supervise five or more communities and spend at least two or three days per month in the community. The ECCD facilitator is the lead parenting facilitator, working alongside with the community co-facilitators.

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community co-facilitator: will take over facilitation in year two (not advisable to pay honorarium in year one, but in year two takes on responsibility for parenting facilitation and home visits and should receive honorarium).

parent volunteer co-facilitator: rotates monthly (no payment; chance to share leadership and develop leadership. Over course of a year, a parent volunteer co-facilitator might actually demonstrate more skill and commitment than the community facilitator. In that case, the parent can take on role of lead facilitator in year two and receives an honorarium).

positive deviants: community members who have the attitudes and behaviour that enables them to be successful parents even in a situation with minimal resources. These individuals act as role models to others and can take up leadership positions within parenting programs.

scaffolding: is a learning technique that uses feedback to extend learning. Questions, discussion and feedback are used to build on existing knowledge like a ladder.

scale-up: this refers to the expansion of a program or project in terms of geographic area and/or budget.

situational analysis: defines and interprets the context of a community. It often describes the economic and socio-political conditions, an analysis of need, and a general state of internal and external affairs. This provides the context and knowledge for project/program planning.

social capital: includes interpersonal skills and connections between families, neighbours and the community. It creates an environment of support and education, and enables marginalised families to gain the confidence to interact with institutions and services.

stigma: a distinguishing personal trait that is perceived as or actually is physically, socially, or psychologically disadvantageous.

stunting: an impediment in the normal physical and cognitive development of a child commonly as a result of malnutrition experienced during the early years of life.

synthesis: a learning technique that improves critical thinking by applying prior knowledge and skills to combine elements into a pattern not clearly there before.

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