**Toward the Next Generation of Early Childhood Development Parenting Interventions:
Knowns, Unknowns, and What Should be Known**

Compilation of Three Technical Consultation Reports
Billund April 4, 2019; Phone Consultation June 12, 2019; New York City July 17-18, 2019

EXECUTIVE SUMMARY

There is significant awareness of the importance of parenting for the development and well-being of young children; however, there is lesser knowledge about how to implement supportive efforts that enable parents (and other key caregivers) to foster the development and well-being of children. Three technical consultations were held in April 2019, June 2019 and July 2019 respectively, with the aim of developing a prospectus or research agendum to inform the design, implementation, and uptake of the next generation of ECD parenting programmes that will achieve these goals.

First Technical Consultation: A first Technical Consultation on Implementing Parenting Programmes for Early Childhood Development, co-hosted by UNICEF and the LEGO Foundation was held with approximately 30 academics, experts, and practitioners from around the world in attendance on 4 April 2019 in Billund, Denmark (see Appendix 1 for Agenda and Participant List). The day was divided into two main group-based tasks to achieve the aims of the technical consultation. The aim of the first task was to identify gaps in knowledge of implementing ECD parenting programmes; this aim was guided by a series of specific questions posed to groups of participants. The aim of the second task was to identify available literature, experts, and future research methodologies to address gaps identified in the first aim.

Second Technical Consultation: A follow-up Phone Consultation was held on 12 June 2019, with approximately 20 ECD academics, experts, and practitioners in attendance (see Appendix 2 for Meeting Notes, Participant List, and Presentation). The aim of this consultation was to share findings from the first consultation and gather further insights, particularly from those who were unable to participate in the first consultation. Participants' inputs were used to enhance the findings from the first consultation and are reflected in this report. Across the first two consultations, participants reached consensus over four sets of issues that serve as the agendum for the next generation of parenting intervention programmes. These four issues concern the design, implementation, uptake, and enabling environment of parenting programmes; they cover the interventions themselves and take a more systematic approach with the aim of scaling up.

Third Technical Consultation: To close out the consultative process, a third Technical Consultation was held in New York City on July 17-18, with approximately 30 ECD academics, experts, and practitioners in attendance (see Appendix 3 for Meeting Agenda and Participant List). The purpose of this Consultation was to finalize the prospectus for the research agendum and create the space for exchanging information on how participants intend to advance implementation of parenting programmes to keep the momentum growing on this rich agenda. Specifically, this consultation had four objectives:
  i.   Prioritize the issues within each research area based on the degree of urgency for implementation and relevance to their work.

ii.   Sort the issues on a continuum of knowledge known to knowledge unknown. Assign research methodologies to systematically analyze the evidence for the knowledge known issues and required studies for the knowledge unknown issues to discern the best potential ways to collect information on what we know and understand how the work of the participants could be leveraged to fill gaps in what we do not know.
iii. Create an outline of a plan to publish the evidence in an academic publication and also identify mechanisms for coordinating evidence generation and implementation initiatives to keep the agenda growing.
iv.   Understand how the evidence can be continually updated and disseminated to improve implementation and support collaboration amongst partners to continue to advance the agenda.

This report synthesizes the discussions and outcomes of the three consultations. Specifically, the report summarizes i) the key issues and considerations identified across the four identified areas (design, implementation, uptake, and enabling environment); ii) potential frameworks for presenting/addressing these issues; and iii) processes to advance this research agenda in both immediate 18-month and longer, 18-60-month time-frames. The report serves as a repository of information and a reference document as we continue to advance this agenda, and includes notes, agendas, participant lists, presentations, and other relevant resources from each of the three consultations.

I.   Design: Ensuring Programme Effectiveness

Certain considerations are paramount in the design and execution of successful parenting programmes. The consultation identified the following as critical:

A. The need for monitoring and evaluation tools of coverage, process, and impact
B. Programme effectiveness factors related to parent behavior, tolerance for information, cultural relevance, child outcomes, and contextual influences
C. Delivery platform composition in terms of dimensions, components, and opportunity costs
D. The best methodologies for working with parents toward behavior change

II.   Implementation: Promoting Programme Service Providers

The success or failure of parenting programmes in large measure rests on characteristics of the workforce that actually implements the programme. The consultation identified the following as critical:

A. The composition and characteristics of the workforce that delivers the parenting programmes.
B. The most effective models for workforce training, supervision, and mentorship to improve and support the workforce
C. How best to incentivize the workforce to maintain the fidelity of the parenting programme, including financing/costing as a critical factor for low fidelity.
D. How best to leverage other workforces to integrate/embed parenting messages (e.g. physicians, nurses, CHWs et al.) within their daily workflows; and beyond direct interventions, what are the possibilities for media and other population-level campaigns.

III.   Uptake: Responding to Parental Demand

Successful parenting programmes are integrated into the enveloping community, society, or culture and respond to parental demand. The consultation identified the following as critical:

A. Uptake by parents and caregivers through parent empowerment and using a bottom-up approach, effectively drawing on what parents want (including cultural values)

IV.   Enabling Environment: Convincing Diverse Communities about Programme Value

Successful parenting programmes are integrated into the enveloping community, society, or culture and necessitate uptake by governmental powers. The consultation identified the following as critical:

A. Uptake by governments through economic and business cases and building on evidence-informed approaches

These four issues concerned with design, implementation, uptake, and enabling environment of parenting programmes guide the report that follows. Each is addressed in terms of *what is known*, *what is unknown, and possible professional and organizational sources* that may be sought to address what is not known.

NOTES:

(i)   The consultations did not address in detail each component for each issue; blanks are left for completeness sake and to provoke future deliberations and contributions.

(ii)   For some sources that were suggested, information is incomplete and needs to be further elaborated; however, it is still included even if the information provided was partial.

(iii)   Wording in this report remains faithful to participants' voices and expressed sentiments.

DETAILED REPORT

I.   Design: Ensuring Programme Effectiveness

The consultation identified four design considerations as paramount to ensuring the success of a parenting programme. They are: (A) the need for monitoring and evaluation tools of coverage, costs, process, and impact; (B) programme effectiveness factors related to parent/caregiver behavior, tolerance for information, child outcomes, and contextual influences; and (C) delivery platform composition in terms of dimensions, components, and opportunity costs; and best methodologies for working with parents toward behavior change.

A.   The need for monitoring and evaluation tools of coverage, costs, process, and impact.

- *What is known:*

Tools used in RCTs that simulate scale, SIEF Toolkit for Measuring Early Childhood Development in Low- and Middle-Income Countries, UNICEF Multiple Indicator Cluster Surveys (MICS), and C4CD observation tool. Using structured activities like mapping and situation analysis, is valuable to document and organize the voice of participants.

- *What is unknown:*

What mechanisms are in place to monitor or evaluate the impact of parenting programmes. What are the costs of implementing parenting programmes, and what are the core non-negotiable components of evidence-based programmes which remain integral at all stages – across contexts and for scaling, that must be costed? How to ensure that programme scale-up can be sustainably funded by governments and maintain effectiveness. What are the steps to scaling, and what methodologies can be promoted? How can we create a paradigm shift when working at scale through implementation science and simultaneously view both design and implementation through hybrid designs? Moving to scale beyond the pilot test, how can the element of scale be incorporated into the initial design stages of parenting interventions. Identify changes that need to occur in systems for programmes to be successful at scale. What are the trade-offs between very resource intensive, vertical parenting programmes and real-world volunteer led programmes? Identification and comparison of outcomes between these two types of programmes could be useful. How can well thought, resource intensive programmes be replicated at scale in the real world and how can these programmes be best adapted and made feasible, effective, and sustainable at scale.

Which indicators best capture behavior change? What process indicators are needed to codify to ensure quality implementation. What tools best measure aspects of parenting (e.g., responsive feeding)?

- *Possible sources:*

TULSA evaluations, C4CD, UNICEF MICS, and conditional cash transfers (CCTs).

B. Programme effectiveness factors related to parent behavior, tolerance for information and sustained behavior change, child outcomes, and contextual influences.

- *What is known:*

UNICEF Standards for ECD Parenting Programmes. Care for Child Development (CCD), Reach Up; Home Visiting of the U.S. type are effective. Best in class interventions are identifiable and may be reached through meta-analysis; no further generation of parenting programmes at this time is required. Dosage depends on delivery mechanisms. The length of an intervention varies depending on what the intervention is trying to achieve. Maintain and deliver the core of the intervention but allow flexibility in adaptation. Modelling with children and feedback enliven groups and the work of the deliverer. A focus on children attracts parents. Empowering not lecturing is effective. Messaging and relationships matter. Universal services create norms. Opting out vs. opting in enlarges coverage. Programme services provided by participants from targeted communities can stimulate demand and enhance uptake. Structure assists people delivering a programme so that they can focus on quality of delivery. Parent should not be asked to follow a script.

- *What is unknown:*

What is a parenting intervention? Is it one thing or many? What components need to come together, and evidence on how many messages can be integrated into one programme? Strategy to convince other sectors like health and nutrition on the additive effects of parenting interventions? Is it necessary to unpack different programme elements, and how do we prioritize these effectiveness factors (effectiveness for whom and to what extent)? In defining parenting interventions, we need a closer understanding of the specificities with respect to the beneficiaries we are trying to reach through parenting interventions (including **age** – e.g. prenatal until 8 years, **contexts** – e.g. low resource vs. high resource settings, and **type** of beneficiary – e.g. parents vs. non-parental care providers/caregivers). The identification of a standardized metric such as a diagnostic tool to capture the heterogeneity of population needs in a given context (e.g. what are the constraints that families are facing, family beliefs/expectations, caregiver mental health, financial constraints, identifying who are the care providers) would support identification of target population(s), and build cross-country convertibility of programmes. How to use data generated from existing interventions to build on the evidence from low-income countries (more longitudinal studies in low-income countries are needed).

How do parenting interventions impact parenting behavior? What is the minimum dosage for parent behavior change? The minimum versus optimal dose. The mediating variables that contribute to a difference in dosage for different families. Many programmes aim for the former, but is that what we want for children and parents? Studies that compare dosage directly. How to sustain behavior change. How does a "theory of change" link parent outcomes and child outcomes – can we examine "theory of changes" for existing parenting interventions, see if they have been evaluated, and examine what works well in these programmes. What is needed to prevent wash out/fade out. How best to sequence

interventions? Whether dosage can be adjusted without changing the effectiveness. Which components of a programme can be changed - how do we get to a point where we understand what core pieces need to be in place for programmes to maintain fidelity and be effective? What must be maintained during the replication phase, and what pieces can be let go of (particularly in low resource settings)? What are the methodologies to distill the active ingredients and common elements of effective parting interventions? What combination of interventions is optimally effective (home visits + mass media? Home visits + group visits + mass media). Dosage impacts on parental outcomes (e.g., mental health). Effects of context on intervention dosage. Where an intervention works in a particular context, what can be changed and what cannot. Whether prescriptive parenting programmes are best (parents might not want to follow a script), or whether principles only might be better (this is a research question).

How parents / communities can participate in the programme design process. How to address cultural relevance and specificity of programmes. What is the varying impact of various levels of participation/co-design in programme effectiveness? Addressing the participatory component in programme design: what impact does participation (e.g., local design and co-creation) have on efficiency, effectiveness and sustainability. Unpack data for disaggregation/personalization and individualization. Comparison of programmes designed by experts vs. grassroot communities, acknowledgment of external impactful variables (e.g., external programs may have more resources/training but lack relevance) and linkages to sustainability of grassroot community programmes. Where we begin to see dilution/diffusion.

Different issues around programme design (e.g., effectiveness of interventions versus the scale up of effective interventions). The overall clarity on what aspects of parenting are necessary (large scale programs that target all parents, ones for targeted outcomes, parents of specific populations of children, etc.). Is the focus large-scale programs that target all parents, ones for targeted outcomes, parents of specific populations of children, etc. Consideration of dosages for different communities/target populations must be made (use a population scale perspective instead of the replication of an initial programme). The proper dose when delivering interventions in humanitarian contexts. The necessary components in such populations (e.g., do these programs need an additional mental health component)? Generation of an Official Evidence Gap Map of parenting interventions toward a clearinghouse of evidence base of parenting interventions. Currently the parenting programme community does not have a series of academic literature vetted against publishing journal standards. The academic literature generated by this group will fill this gap and serve as a fulcrum and implementation gateway for future parenting programmes.

- *Possible sources:*

The Nurturing Care Framework from a proportionate universalism approach. (universal/targeted/indicated). Systematic reviews; LSHTM - SPRING trials looking at context;

existing costing tools; research in 35 countries on a triple P program (Matt Sanders) on the evaluation and dissemination of population-based approaches to parenting and family interventions; IDB evaluation of Cuna Mas program in Peru (Araujo et al 2018); Quality Assessment Tool developed in Peru; Lancet ECD Series.

C. Delivery platform composition in terms of dimensions, components, and opportunity costs.

- *What is known:*

Data links between early benefits and later ones – Flavio Cunha (2010 Economics). Little is known about leveraging existing platforms, including health, media, education, social welfare, child protection, nutrition, community, but not to the extent that is needed for taking programmes to scale.

- *What is unknown:*

How countries decide which platforms to prioritize (e.g., including public + private sectors). What are the opportunity costs? How to embed the interventions as part of routine delivery. Need to think about parenting programmes at the systems level. Should parenting programmes be integrated or not? What incentivizes a system to adopt an intervention? What are innovative platforms for testing delivery. How to communicate Trial and programme results with the community where testing was completed. What modifications are required to the programme to fit into the system.
  o To the existing system/service.
  o Who has the capacity to make decisions?
  o Quality improvement at scale.

- *Possible sources:*

Integrate opportunity costs into ongoing research: World Bank Madagascar + Senegal, Reach Up Jamaica, Crianza Feliz Brazil, scale up of CCD, Integrated Child Development Services (ICDS) India; Poshan Abhiyan.

D. The best methodologies for working with parents toward behavior change.

- *What is known:*

Health and nutrition sectors have done a lot of thinking about this nudge. Good brief questionnaires are in use across many countries that look at parental outcomes (e.g., well-being). Parent meeting to integrate nutrition and chid development are fruitful, as is attaching government benefits /schemes with attendance to such meetings.

- *What is unknown:*

The alternative mechanisms (e.g., peer groups, mass media, targeted campaigns, men's engagement, social norms) that are effective agents of change, how to change them, and how to assess their effectiveness. How to measure their contribution to effectiveness compared to the other 'noise'. How do delivery mechanisms at different service entry points address the needs of caregivers of children with a wide age range (0-8 years). How does large scale communication (e.g., media, SMS) lead to behaviour change; has this been measured, and is there evidence that its impactful to child development?

- *Possible sources:*

II.   Implementation: Promoting Programme Service Providers

The success or failure of a parenting programme in large measure rests on characteristics of the workforce that actually implements the programme. The consultation identified four considerations as paramount. They are: (i) The composition and characteristics of the workforce that delivers the parenting programmes; potential limitations; (ii) the most effective models for workforce training, supervision, and mentorship to improve and support the workforce, as well as a deeper analysis of the tradeoffs between supervision and additional training, and (iii) how to best incentivize the workforce to maintain the fidelity of the parenting programme; and how to leverage other workforces to integrate/embed parenting messages (e.g. physicians, nurses, CHWs et al.) within their daily workflows and beyond direct interventions the possibilities for media and other population-level campaigns. The consultation also recognized the importance of being cognizant of the limitations of implementers; as we think about scaling up, there needs to be a further exploration of the types of constraints faced by service providers.

A.   The composition and characteristics of the workforce who delivers the parenting programmes.

- *What is known:*

Training and supervision are essential, but the workers can come from a variety of qualification levels. Fundamental to any parenting programme intervention is *who* is conveying the message; it is crucial that the workforce has some connection to the parents. The workforce must be accepted by participants. A good training manual is necessary as are a pool of master trainers. In most cases, frontline workers have minimum qualifications, the programme should be mindful of this in training modules as flexibility, picking cues from the situations, communication etc. may not come easily to all workers. The level of education of frontline workers is minimal and bearing that in mind maybe training on responsivity and sensitivity of the worker towards caregiver should be included in training.

- *What is unknown:*

The relative values of education preservice vs. in-service training. Workforce delivering behavior and attitude change. Who are the trustworthy people in the community? How to most effectively change the knowledge, attitude and behaviors of workers. How to increase diversity in the ECD workforce, the role of gender in the workforce, expectations of

community volunteers, positive policies for ECD female workers, and gender bias in reporting of research. What is the labor burden of the volunteer approach? How can implementation case science studies be used to analyze parenting programme failures and successes? How can parenting interventions be integrated across different disciplines and sectors; leverage different workforces to embed parenting messages.

- *Possible sources:*

ECDAN taskforce on the workforce (mapping of the existing workforce); the Early Childhood Workforce Initiative by R4D and ISSA (including the ECWI diagnostic/planning tool, which will be launched by the end of 2019;) WHO & UNICEF's child health redesign (re-appropriation of resources); Care for Child Development. A review existing government models in diverse countries; Cote d'Ivoire and Bernard Van Leer Foundation.

B. The most effective models for workforce training, supervision, and mentorship to improve and support the workforce.

- *What is known:*

Lack of workforce knowledge challenges are crosscutting (e.g., there is no common base of understanding about children, brain development is missing, etc.). It is unrealistic to pile more and more programme components on frontline workers … and parents for that matter! Interventions should not be repetitive and should present facts interestingly. More use of technology and interactive methods for both parents can be useful. What is feasible will vary with context. Investment to expand the workforce is likely essential in most settings. Informal sectors can be important for reinforcing content and promoting uptake (but perhaps not so much for primary delivery).

- *What is unknown:*

Who is the workforce, and what are the enabling and inhibiting environments of workforce development? How can methodology of implementation science from the fields of health and economics be leveraged for parenting programmes? Does the workforce operate in formal (health workers, parent coaches, doctors, ECE teachers, teachers) or informal (supermarket employees, local leaders, labor cooperatives) systems? Training and ongoing support are essential, but there is little knowledge on how to sustain skills. What are the trade-offs between supervision and additional training – what kind of supervision is needed to reduce the number of days of workforce training while ensuring effectiveness? What are the different supervision strategies currently being deployed? Establishing a system of checks and balances, with the facilitation of external evaluators.   Opportunities to use technology for training, mentoring, capacity building need attention. Little is known about shifting roles of this workforce, their knowledge base, quality of training, and changing attitudes (in terms of buy-in and believing that this is their role). What the prominent differences are between an existing and new workforce. Should a programme train existing workers or hire new or different types of workers to align with programme priorities. What strategies are needed for

different contexts. What criteria are valued for new hires or for choosing a good group facilitator from among community of teachers or volunteers. Are attitudes shifted more easily within a workforce than among parents. Why and how. How well would workers do staying on as mentors.

- *Possible sources:*

Audio recording (ELMA's work in Rwanda); QI (quality improvement) initiative around PDSA (child health); USAID white paper on effective coaching strategies for education; Theresa Betancourt, Pierre Barker (IHI). Pratham: home visitors, mentors, super-mentors in a cascading system; Home Based Care for Young Child (HBYC) Strengthening of Health & Nutrition through Home Visits – Operational Guidelines (India); Smith et al. in NYAS supplement for views of workforce and parents; Bishop's Gate University; TIDES, Annals of New York Academy of Sciences.

C. How to best incentivize the workforce to maintain fidelity of the parenting programme.
- *What is known:*

Fidelity of implementation is important, and incentives are key for an existing workforce to take up the priorities of a parenting programme. Workers need agency. Examples from immunization build in incentives, and service waiting rooms constitute an opportunity with a captive audience. We have some ideas of the enablers, mentors, and visual tools. We also know some of the barriers. There are missed opportunities for mothers who go to clinics etc. and sit and wait (TV, video, talks to a captive audience). Need to build excellence into workforce training and participation and utilize in-country expertise. BRAC Playlab models in humanitarian settings have done work around how to make local women working in the PlayLab feel valued as part of a new workforce. Information overload for workers is an issue-however, further understanding of workforce constraints/limitations is needed.

- *What is unknown:*

What is learned from health, nutrition, education, social protection sector to identify key research gaps relevant for ECD sector; there is a lot we can learn about the workforce and training/supervision models in other sectors. In supervision and referrals, how to incentivize "good enoughness". What the bare minimum of quality is, and what the threshold is. Whether integration is cost-effective, even at the cost of dilution. On quality, what defines excellence. Where the cut offs are for what is poor quality. What the delivery system is, what the unintended consequences are. Health workers already have a lot to do - how to best prioritize for them. Whether there is a well-child visit model that could be moved towards global application.

- *Possible sources:*

Health workforce alliance; review for MDGs on CHW workforce; WHO guidance on systems integration. India (ASHA workers), BRAC play labs. Early Childhood Workforce Initiative.

III.   Uptake: Responding to Parental Demands

Successful parenting programmes are integrated into the enveloping community, society, or culture and respond to parental demand. The consultation identified the following as critical:

- *What is known:*

Published parent perception studies and feasibility studies. We should not expect to see impact for each individual parent in each and every area of multidimensional parenting. Session validation and feedback create positive expectations. To build capacity confidence, the programme needs to be sensitive in introducing different modules as relevant to specific groups (e.g., don't introduce reading first with illiterate mothers). Letting parents lead, facilitate, or co-facilitate in parenting groups, and building on bottom-up approaches is important. In some countries, parents self-organize and establish their own forms of parenting programmes – we need to explore and build upon grassroots parenting programmes – including in humanitarian settings. Focus on prioritizing parent demand and need rather than convincing communities. A stronger emphasis should be placed on parent voice and agency, what they are doing well- how can we learn from and build onto that to address parents' needs and the needs of their children. Often very scalable and cost-effective solutions can be found looking at what parents do well within their individual contexts. Long-term change of parent behaviors or the child development impact is less often tested in our current structure of evaluation. It is important to look at the country system and think holistically; that is, to integrate parenting programmes into multiple channels as through community health etc. Such strategies will not reach every parent, but likely to reach a lot. Community sensitization should be multi-leveled, considering the opportunity, benefits, partnerships, timing, commitments, influencing local leaders, using images, advancing the understanding of programme effectiveness, appealing to media (radio, TV). We also know about universal vs. targeted approaches: (e.g. CCT = target to poor); Universal: UK (home visit) and Thailand (universal prenatal clinic); CCTs: Philippines (attend parent group), Mexico/Progressa (attend parent group), Timor Leste. ECD alone for home visits may not have much demand or impact, but high-quality community sessions may be better. Home visits can be targeted.

- *What is unknown:*

We do not know enough about formative and process evaluations. How much of this type of documentation might exist in the gray literature? Understanding how parents perceive the programs. How best to apply adult learning methodologies to the advantage of parenting

programmes. How to shape demand in conflicting value contexts; how to study demand in these contexts and engage behavior economists. What parents in humanitarian contexts want. Scale might mean different things to different stakeholders. How to integrate triangular relationships in parenting programme design -- specifically, family systems approach, didactic & triadic relationships incorporated in programme design. How best to use different approaches to change norms and behavior. Whether an effective program changes parent practice but not child outcomes. How to build on and extend local traditions and cultural games to enhance parenting programmes, as well as building on grassroots, parent-led programmes and scaling. What are best practices to engage grassroots community leaders and stakeholders in the planning and programming decisions to meet the complex needs of their communities, especially those impacted by humanitarian crisis. Whether we can learn from other fields about behavior change using media. Unpacking the elements of scaling in dynamic landscapes that are continuously changing, and different resources parents need to adopt messages to create an enabling environment. Analysis the scaling processes of currently implemented parenting programmes (case studies). Comparison of bottom-up (Ministry of Education, e.g., TEEP-ACEV in Turkey) vs. top-down approaches (India). What scale means in humanitarian and high stress settings. Quality improvement at scale.

- Possible sources:
  Medical Research Council review of feasibility studies; ChildFund Guatemala Reach Up; Parenting for Lifelong Health; Colombia, Rwanda and India Home visiting trials; UNICEF Ethiopia; Darlington Group on engaging parents in parenting programs; NCF Guidelines on responsive caregiving; NYAS supplement; Turkey's Home Visiting Initiative; Survey parents to identify resources; The Home Instruction Program for Preschool Youngsters (Hippy), Reach Up; Bernard Van Leer Foundation; modules for parents in high stress settings (e.g., humanitarian settings or parents of children with disabilities; conduct formative research in strategic locations /countries on what parents want and how they want it delivered (e.g., by which modalities, etc.).

IV. Enabling Environment: Convincing Diverse Communities About Programme Value

- *What is known:*

Costing data are important but scarce, and what evidence there is needs to be better communicated to policymakers. Governments might want to exploit existing (welfare) programmes (which identify key actors in communities and best conveyers of messages). integrated multisector ECD programmes where investments build on each other, the size and timing of roles may vary but need to be informed by inputs from other sectors. Parenting continues throughout. Parenting is only one aspect of ECD: Responsive caregiving, health and nutrition, and safety, protection from violence. We need to think holistically. Clear terminology is needed around parenting, parenting programmes, and interventions.

- *What is unknown:*

The macroeconomic case for parenting programmes in terms of cost effectiveness, cost of inaction and country investment cases. Specifically conducting a cross-national comparison on cost effectiveness. How do we define costing (e.g., marginal cost analysis) and who is the targeted audience? How do we address costing of implementation (e.g., tools/guidance for different ministries on budgeting)? How to bring together economic analysis (e.g., complex economic modelling, public finance analysis) to make a compelling case for government uptake in each country context? Identifying guidelines or examples on advocating to government for uptake of parenting programmes. Consideration a higher degree of diversity in research contexts as there is limited engagement in uptake of lessons from literature from countries which feel under-represented. How do we develop a model and measure over time? Address the issue that parenting programme uptake will have different costs in different countries. What we are selling: one programme or ECD as a whole. Dissecting ECD by programme is risky. There exist competing funding streams. Does a given "piece" of a parenting programme work, and whether it is cost effective. How we most effectively advocate around parenting. Is brain development work an effective hook? Do interventions with multiple arms work. The cost of inaction as well as return on investment. How does parenting relate to Nurturing Care - parenting as what the parent can do in the home, where as ECD is much broader. Is there a risk of verticalizing ECD components (e.g. parenting silo vs early learning silo) if we talk about ECD as a programme? Need to build parenting interventions into other programmes and then compare their relative effectiveness and cost effectiveness. Need "return on investment" studies (apart from Heckman). Most of the studies have been done in the US, so extrapolating those numbers to LMICs is not appropriate. Need more work on the return on investment specifically to LMICs. Issue of comparability of cost effectiveness measures across studies. Need broader interventions on parenting (not just health and nutrition). Can we estimate the Return on Investment (RoI) both in the immediate and medium term to spur investments? Is there an investment case for parenting interventions? How do entry points look different in humanitarian contexts? What are best practices to engage grassroots community leaders and stakeholders in the planning and programming decisions to meet the complex needs of their communities, especially those impacted by humanitarian crisis. Identification of country examples in which public financing has been successfully used to advocate for governmental uptake, and how can lessons from other sectors be leveraged in this context. Are there specific typologies in successful examples; commonalities in what has worked in similar regions, similar policy environments. Social return on investment- leveraging the unintended benefits of the interventions beyond child outcomes (e.g., women's empowerment, burden on health systems, justice). Case studies of current programmes co-created with communities. Understanding what communities value and do not value about interventions.

There is a need to ensure the use of evidence-based programmes and their utilization towards scale while maintaining effectiveness. The real need identified is for governments to have a better understanding on costing and ensuring that the scale-up of programmes can be

sustainably funded by governments. In addition, we need to know how to assemble and provide information in the most effective manner to guide governments, highlighting the non-negotiable aspects of scaling, and how much this will cost; analysis of the strengths and limitations of costing information is needed. Hence, further exploration of communication strategies to effectively inform policy makers and drive demand for parenting programmes should be considered.

What the impact on demand is. What the impact of universal services is for beneficiaries. How CCT infrastructures or other entry points offer opportunities to leverage parenting programme delivery. Whether leaders who implement programmes at the most local level are able to increase their ECD efforts. Examine tradeoffs between very resource intensive, vertical parenting programs and the real-world volunteer led programs. How can we best adapt evidence-based programs, building from their strengths to ensure that governments can feasibly, effectively and sustainably replicate them at scale.

- Possible sources:

World Bank (SIEF), Abdul Latif Jameel Poverty Action Lab (JPAL), Inter-American Development Bank (IDB), Department for International Development - UK (DFID) (ongoing research), Economists (Meltem Aran Development Analytics; RTI; Heckman) ASCII India; U Chicago, Center for the Economics of Human Development); Institute of Health Visiting Excellence in Practice – UK; ongoing CCTs that involve parenting, Center on the Developing Child at Harvard University; JPAL & Brookings Institute of Sciences; Florencia Lopez Boo; Heckmann Curve

Desiderata

Cross cutting all these issues is the need to consider play, the role of fathers, non-parental care providers and gender transformative parenting, nontraditional families, technology, media, social influencers, disability, adversity, vulnerability, and quality.

- About play, how people conceptualize and understand "responsive engagement and playful learning" vary. Mapping the local play traditions and understanding existing roles and beliefs about play in children's upbringing are vital.
- About fathers and non-parental care providers, mothers are typically the audience of parenting programmes. How can we best engage fathers in responsive and playful learning interactions with their children? We need to find out where fathers are and take messages to them there. We need to integrate parenting messages with things that interest fathers (e.g., budgeting, financing). We need to involve fathers in the design process. We need to go to men's work place and use "wrap around" messaging. We need to explore the effectiveness of joint parentings programmes for mothers and fathers together as a couple. We need to acknowledge the importance of social norms in working with women and men and gender transformative parenting. Furthermore, we need to examine the role of non-parental care providers closely – many of whom spend large amounts of time caring for children – and determine how they fit into the framing of this research agenda.

- About nontraditional families (e.g., refugees), how can parenting programmes function best in a refugee context? Where are people waiting? How are people spending their time? What is their ability to receive information? What are optimal targeting strategies? Where are the support networks for caregivers? These families are on the move, and we need to know how to intervene effectively in contexts where families may not be in one place for the entire duration of the programme.

- About technology, home visitors may use tablets with apps to track and refer to each child at each visit. Visual illustrations are helpful for home visitors, for instance, to communicate alternative milestones to parents. Technology can have reach, but we must be careful that it not becomes the focus. The use of technologies in the many fashions they can be used should be a major focus, as use of some could be relatively cheap and that area is advancing quickly. Technology may have particularly high relevance for program engagement, staff management, and monitoring and evaluation.

- Finally, the following points were addressed to close the third and final consultation: (i) a paper or paper series is planned that would chart critical elements and guide the development and implementation for the next generation of parenting programmes; (ii) a plan was devised and discussed to identify core and advisory members of working groups to develop and write the paper(s); and (iii) a tentative plan for the orientation and organization of the paper(s) was proposed that revolved around one or both of two frameworks: and ecological and a implementation science framework.

Next Steps: A Roadmap for Developing the Prospectus and Beyond

- Inclusion and joint ownership are key to developing the research agendum that flows from the three topics of design, implementation, and uptake.

- The area of parenting programmes is both fast emerging and vast. It is therefore imperative to be mindful that whatever design, implementation, and uptake decisions are made now might become obsolete sooner than desirable. In consequence, it would be useful to find ways to make the decisions reached in the consultation "live on" beyond the consultation.

- So many topics are addressed in the report, it is difficult to determine what might be most critical at this moment (we cannot do everything well right now, and it seems that some of the questions would be almost impossible to answer in the short run with what we know and what it would take to answer them). So, we need to gain a sense of what to privilege in each area addressed right now? Almost everything in the report is relevant, but some items are more addressable now and, even among those, some are perhaps more important to address now. Also, one size is not going to fit all in almost any of the areas mentioned. To be useful, the report needs to address specificity. We want to clarify research questions. The development of a theory of change also would also guide the group through what those critical intervention elements are to impact the intended outcome.

- What kinds of literature are most relevant going forward? How can effective knowledge management be ensured? (ECDAN's Knowledge Platform might be used to collect and share

relevant resources, ensuring alignment and harmonization.) Can we create an information repository? (ISSA – Knowledge Hub could help in collecting and sharing existing information.)

- The idea is to create a global good for the field. Therefore, we need core knowledge that can facilitate a global conversation between the north and across the south.

- Note: This effort aims to bring in scholars from the global south as well as young scholars to build the next generation of leadership.

Timeline of Activities (April – July 2019) - COMPLETED

Date	Activity
May 3	Meeting Report circulated among experts (including those who were invited but unable to attend Billund consultation) for feedback
May 13	Deadline for all feedback on meeting report
May 13 - 29	Revisions to the meeting report based on feedback
June 12	Second Technical Consultation (Phone Consultation)
July 17 - 18	Third Technical Consultation (New York)

Summary of Key Processes for Advancing the Research Agenda on the implementation of ECD Parenting Programmes

18 months or fewer	18 – 60 months
➤ **Participation/Involvement of Key Stakeholders:** Expand participation beyond only researchers to bring parents into the process and set up a multi-disciplinary working group - including policy makers, young researchers (e.g., Africa Early Childhood Network young researchers), implementors, front-line workers, et al. (representing Global South & North, non-English speakers, etc.)	➤ **Participation/Involvement of Key Stakeholders:** Establishing the core group to lead the initiative and involving all consistencies involved in the process; tapping into existing networks of experts across regions and areas of specialization; involving arrange of stakeholders from different regions etc.
➤ **Collaboration among authors:** Information sharing in an organized, transparent manner; creation of regularly updated document folder or shared platform; and leveraging technology for collaboration and efficiency. Assign clear roles (e.g., observer and commenters), expectations, and timelines. Regularly schedule meetings between research and implementation teams. Facilitate collaboration for authors - potentially following the example of Jacob's Foundation Writing Retreats.	➤ **Collaborating with Existing Knowledge:** Contribute information/experiences from existing research initiatives; prioritization of work that can be completed in 18-60-month timeframe etc.
	➤ **Data Sharing:** Share data from organization-specific databases and existing or past evaluations of parenting programmes etc.
	➤ **Advocacy and Dissemination:** Leverage regional ECD network platforms to disseminate findings from the research agenda; connect and convene with experts and policy-makers; showcase the initiative internally and through ongoing external communication channels etc.
➤ **Prioritization/Staying true to the course of work:** Identify three key short-to-medium term action points that can be achieved within the 18-month time frame and start work; assign a core working group that will keep work moving and also make hiring decisions.	➤ **Generating New Knowledge:** Work within ongoing or new research initiatives to identify common learning questions/measures that contribute to knowledge gaps etc.
➤ **Meeting milestones:** Organize in-person meetings at key milestones; establish short-, middle-, and long-term goals with deadlines.	➤ **Seeking Additional Funding:** Advocate for creating a funding mechanism to fund the research; seek funding opportunities, develop a budget; advocate to donors to fund portions of the agenda etc.
➤ **Being inclusive/keeping larger community informed**: Hold consultations in different world regions to facilitate collaboration. Partner with local universities and research institutions. Integrate into the work plan the communication strategy and dissemination for the broader audience.	➤ **Capacity Development:** Help NGOs and governments strengthen M&E; facilitate country exchanges; support education and training efforts to translate evidence to practice etc.
	➤ **Norms and Standards:** Production of guidelines, tools and indicators etc.

Detailed Summary of Commitments & Processes for Research Agenda (18-60-month timeframe)

Finding the "Right" People:
- Help set the core group to lead the initiative including responsible, accountable, consulted and informed terms to keep all constituencies involved in the publication process.
- Tap into networks of experts in economics on measurement and structural modeling.
- Link with experts and practitioners in the global south.
- Involve stakeholders globally
- Link to the workforce initiative around workforce issues.
- Promote participation and inclusion.
- Lead in the region to involve the community.
- Help identify others that should be here.
- Volunteer to be a paper reviewer.
- Volunteer to write a paper
- Support UNICEF and the LEGO Foundation in any way that can be helpful.

Collaborating with Existing Knowledge:
- Continue to provide research evidence for 1) what works under what circumstances and 2) using health platforms for integrated interventions.
- Help prioritize the work that can be done in 18 months and beyond.
- Offering program as a grass roots program that has spread.
- Contribute experiences for the implementation science review.
- Contribute with knowledge on parenting in fragile contexts.
- Identify research experiences from the global south.
- Identify case studies from the region.

Data Sharing:
- Sharing parenting program data from data bases.
- Sharing data from evaluations of parenting programs.
- Making data available for scoping efforts.

Advocacy and Dissemination:
- Include parenting as part of advocacy and communication strategies
- Online platform to collate findings from others
- Intervention registry
- Leverage ECD, global and regional networks' assets and strengths (web-portals, convenings and reach)
- Mention the agenda during any high-level meetings (e.g. with Ministers or mayors)
- Be a voice for dissemination
- See how we can link in other internal departments to show-case this initiative
- Ensure ongoing communications regularly sent out to all networks and partners.
- Connection and convening with experts and policy makers
- Leverage our networks across sectors
- Provide a global platform to share knowledge, advocate, connect and align

Generating New Knowledge:
- Work with our portfolio to identify common learning questions/measures that contribute to knowledge gaps.
- Building common questions/measures into ongoing or new research initiatives.
- Work with academic institutions and knowledge partners to help answer many of these questions.
- Integrating parenting ECD with nutrition and growth study.
- Encourage country programmes to add elements of information gaps to the implementation of parenting programs.
- Be a link and potentially source funds to build a research project around new projects that are in initial stages of design/implementation.
- Taking what was learned in this meeting into new research ideas.
- Developing tools and methods for future trials and field projects.

Seeking Additional Funding:
- Advocate for creating a funding mechanism to fund the research
- Seek funding opportunities in Australia and other bi-lateral Aid agencies
- Develop the budget that will be needed
- Advocate to other donors to fund part of the agenda

Capacity Development:
- Helping NGOs and governments build M&E improvements
- Country exchanges across regions
- Communities of practice that emerge from this work
- Webinars
- In partnership with implementation organizations, support education and training efforts to translate evidence to practice.
- Strengthen capacity at all levels in parenting support through care for child development.
- Support to bring parenting programs to national level. Integrate CCD into holistic program and work to make parenting programs playful
- Revisit the workforce and community perceptions of what is needed, support workforce to plan.

Norms and Standards:
- Production of guidelines, tools and indicators

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