Supporting parents for home-based responsive caregiving in low-resource settings[i]

Supporting parents to provide responsive caregiving at home in resource-constrained environments has the potential to improve early childhood development (ECD) outcomes, including cognitive, language and motor development. The British Academy-led GCRF/ DFID-funded Early Childhood Development Programme has generated evidence on the potential of parental support for responsive caregiving to improve ECD outcomes in low- and middle-income countries (LMICs).

> **Responsive caregiving** is one of the five components of the WHO's **nurturing care framework** along with good health, adequate nutrition, security and safety, and opportunities for learning. Responsive caregiving includes observing and responding to children's movements, sounds and gestures and verbal requests. It is the basis for protecting children against injury and the negative effects of adversity; recognising and responding to illness; enriched learning; and building trust and social relationships. Before young children learn to speak, the engagement between them and their caregivers is expressed through cuddling, eye contact, smiles, vocalisations and gestures. These mutually enjoyable interactions create an emotional bond, which helps young children to understand the world around them and to learn about people, relationships and language. These social interactions also stimulate connections in the brain.
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> World Health Organization, United Nations Children's Fund, World Bank Group. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization; 2018. P.14.

Findings of the programme point to the need to understand the existing nature of caregiving in different social and cultural contexts, and generate insights on the best ways to integrate and scale up responsive caregiving messages into existing health and nutrition interventions.

Evidence

Parental Beliefs

One research project set out to develop a scalable programme to promote early childhood nutrition and development in rural Uganda. The intervention introduced a package of support for parents on how to psychologically stimulate their children, and integrated this into an existing outreach programme which focussed on health and nutrition messaging.

The research found that time- and resource-constrained parents had few opportunities to engage in stimulating activities with their children. They considered cognitive development and intelligence to be innate and believed that satisfactory child development resulted from providing children with shelter, nutrition and healthcare. These beliefs appeared to be one of the key factors underlying the lack of a stimulating home environment.

Inducing change in parental practices in this context required:

- Shifting parental narratives around childcare through culturally appropriate advocacy messages, mobilising community networks including opinion leaders and normalising responsive care practices within the community; and
- Supporting parents to promote their children's development through age-appropriate actions.

A similar study in Rwanda demonstrated that parental confidence and self-efficacy could be enhanced by showing parents a 'performance accomplishment' video which evidenced that their additional interactions with their children were having a positive effect on their development. The study showed that parents' self-efficacy was positively correlated with the time they spent with their children, with enhanced positive effects on their children's development outcomes. These effects were larger for the poorer households.

Implementation at scale

One of the most efficient, cost-effective and scalable ways to facilitate change in parenting practices in low- and middle-resource settings is to integrate child stimulation packages into existing comprehensive childcare programmes. A research project in Kenya tested the feasibility of incorporating parental messaging on ECD into existing parental nutrition awareness programmes. A research project in Bangladesh aimed to develop and evaluate technical guides for the training of government supervisors for effective integration of stimulation messaging into existing health services. These studies enhance understanding of the best ways to ensure successful integration of the various components of the interventions.

The research project in rural Kenya aimed to integrate UNICEF's 'Care for Child Development' package with Kenya's existing 'Baby Friendly Community Initiative' (BFCI), which has been advising expectant and new mothers on early nutrition practices since its launch in 2014. The Care for Child Development intervention was implemented alongside the BFCI to provide information and recommendations to parents for improving responsive caregiving. The research indicated that the community health volunteers delivering the health- and nutrition-focused BFCI messages could also effectively deliver early childhood care information to parents. As a result of the combined activities, volunteers were able to build rapport with caregivers, were positively recognised in the community, gained confidence in their professional role, and improved in their ability to support caregivers. One concern had been whether the community health volunteers would have the capacity to deliver both sets of messages. The study found that this was not a significant issue, but that the intervention could be more effective through regular supervision of the volunteers to hone their communication and counselling skills. It was also found that the use of image-based counselling messages was more effective than text-heavy messages. Caregivers (mothers, fathers and grandmothers) also benefited from these activities: they reported a greater understanding of the importance of playing with their infants and improving their social skills. Mothers learnt to utilise play materials and made time to play with their children while both mothers and fathers learnt that talking to their children enhanced infants' language development.

In another example, a previous study in Bangladesh integrated a package of parental training on age-specific child stimulation into a community health programme. Mothers were provided with new books and toys to take home at every session, and were asked to respond to their child's interests, providing praise and positive feedback. The intervention led to significant improvements in the cognitive, language and motor development of stunted children who were at a high risk of under-development. The ECD Programme supported scaling up this successfully integrated package that was found to improve cognitive, language and motor development of under-nourished children. This project demonstrated that it is

possible to scale-up parenting programmes by integrating them into government health services without increasing the workload of the health providers, and keeping the costs of integrated service delivery low by reducing the reliance on external trainers.

Recommendations

- Enhancing parenting skills to improve ECD requires understanding parents' values, beliefs and existing practices which can be strengthened through community-based interventions that focus on beliefs, knowledge, and self-efficacy.
- A cost-effective and efficient approach to improve ECD outcomes is to integrate responsive care interventions into ongoing larger health, nutrition and childcare programmes.
- Effectively integrating responsive caregiving into comprehensive child nutrition and healthcare programmes requires coordinated efforts to ensure coherence amongst the different components of the combined packages.
- Advocacy messages to parents should be simplified, with text-heavy material converted into visual cues to make the information accessible for all parents and caregivers. Integrated programmes also require improving the counselling skills of the delivery staff through appropriate ongoing training and monitoring.
- The feasibility, sustainability and cost-effectiveness of large-scale integrated programmes is context driven. It is contingent on the capacity of the existing infrastructure to meet the needs of all components of the programme including staff training, monitoring and evaluation.

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i This note was written by Dr Arif Naveed, University of Bath. The British Academy is very grateful for his work. This note is based on British Academy-funded projects 'Scaling up an early childhood development intervention by integrating into health services in Bangladesh'(Professor Professor Helen Baker-Henningham), 'Testing the feasibility of incorporating support for early childhood development into the Baby Friendly Community Initiative in Kenya' (Professor Paula Griffiths), 'Scaling-up early child development interventions in Rwanda' (Professor Patricia Justino) and 'Developing a scalable programme to promote early childhood nutrition and development in rural Uganda: a feasibility study' (Dr Jolene Skordis-Worrall).

'Examining the contexts, practices and costs of early childhood care and education in India: responsive models for child development' (Dr Jyotsna Jha, Dr Arathi Sriprakash) and 'Assessing sustained impacts of the Quality Preschool for Ghana teacher training intervention on children's early primary grade outcomes' (Dr Sharon Wolf). The projects are part of the British Academy-led DFID/GCRF programme on Early Childhood Development, which investigated the dynamics of early childhood development in low- and middle-income countries.