

Can parenting programs scale?

Parenting programs can be intensive. They usually entail having someone visit homes and engage parents to provide in-home stimulation to infants and toddlers with the hope of improving young children's cognitive and motor development, social emotional skills, and overall wellness as they grow. Door-to-door visits can be time- and resource-intensive, so researchers funded by SIEF have been testing approaches to scale these programs by attaching them to other initiatives, implementing them to groups of parents, or making them virtual. Here are some recent publications.



Bangladesh

One challenge with integrating a parenting program into existing services without a concomitant increase in staffing is the potential risk that the new activities related to counselling parents on early stimulation may crowd out other existing responsibilities. In a SIEF-funded experiment [in Bangladesh](#), researchers tested the impact of adding counselling to a national nutrition program operating through community clinics. Findings of the 15-month program have been [recently](#).

[published in the Journal of Public Economics](#). Though the parenting add-on was supposed to involve distribution of materials to parents of children ages 3-18 months (for example, age-appropriate books for children and an information booklet for parents) and monthly home visits, staff of the national nutrition did not increase their number of home visits and only half of targeted households received even three-quarters of program materials. Staff of the program, however, did change the composition of their counselling sessions with parents in clinics, reallocating time that would have otherwise been spent on health and nutrition counselling to counselling on early stimulation activities. Despite this reallocation, children's nutrition improved; immediately after the program they were less likely to be wasted (having low weight for height) and underweight. They also had higher cognitive (0.17 standard deviations), language (0.23 SD), and social-emotional (0.12 SD) skills. Their older siblings were also more likely to be enrolled in preprimary education. Because the cost per child of the clinic-based program was so low, researchers have estimated a rate of return of 18.9 percent.

Chile

In an experiment from SIEF's predecessor (the Spanish Impact Evaluation Fund), researchers tested the impacts of delivering parenting sessions to groups of 8-12 parents through the public primary health care system and have [published findings](#) in the Journal of Political Economy. Called "Nadie es Perfecto (Nobody is Perfect)", the program consisted of 10 weekly two-hour sessions offered through local health centers to parents of children ages 0-5 years during regular check-ups, immunization visits, or home visits. During these sessions, health center staff would discuss topics chosen by parents, brainstorm about barriers to implementing new parenting practices, encourage learning from peers, and distribute materials that listed strategies that could be implemented in the home. During two sessions, parents interacted with their children and received feedback on their parenting practices. Program staff were professionals (nurses, educators, psychologists, and social workers) who knew the target population very well. Three years after the program, children's language (0.1 SD) and social-emotional skills (0.09 SD) improved, as did parenting practices.

Serbia

Another way to scale parenting programs is to move them online. A SIEF-funded [experiment in Serbia](#) tested the impact of 8 weekly virtual group sessions delivered to groups of 6-8 parents by trained local preschool teachers. These sessions were supplemented by weekly text and audio messages suggesting activities for parents and summarizing discussions, materials for children (e.g. books, drawing supplies, and a family card game), and guides for parents. There were two variants of the program designed for children ages 2-6 years. In one, the main caregiver of the child (usually the mother) was invited to participate. In the other, both the mother and father of the child were invited to participate. [The findings](#) suggest improvements in child development (0.28 SD) for children in the sessions that targeted the main caregiver but no impacts on child development when both caregivers were invited.

For more evidence on parenting programs from the SIEF portfolio, please see our [evidence file](#).

