EARLY CHILDHOOD WORKFORCE INITIATIVE

Supporting the Workforce:
Parenting Programs Adapt to COVID-19

Across the globe, parenting programs play a critical role promoting positive and responsive caregiving, supporting health and nutrition, and enhancing social and child protection.[i] The Coronavirus disease 2019 (COVID-19) pandemic has amplified the stresses and demands on caregivers, in some cases, straining their ability to provide nurturing care and placing the most vulnerable children at further risk.[ii] Considering these challenges and facing restrictions on normal in-person operations, many parenting programs have transitioned to deliver services virtually and adapted to provide enhanced psychosocial support.

This brief, developed by the Early Childhood Workforce Initiative (ECWI), focuses on how parenting programs are reorienting their services in response to COVID-19 and supporting the personnel delivering these critical services (see Box 1). Several short case studies - identified through desk research and program outreach – highlight program responses to the crisis and emerging lessons. The brief concludes with reflections on the challenges and possibilities for program managers and funders to consider.

Parenting programs and the workforce

While parenting programs vary in scope and reach, they rely on the development of a trusted relationship between the family and frontline personnel (e.g. home visitor, coach, group facilitator). Through this relationship, they provide on-going support, promote positive parent-child interactions, mitigate risk factors, and facilitate referrals to other services (e.g. social grants, food assistance, mental health support, violence protection, etc.) that can help the family thrive. They can also be a critical avenue for disseminating health protection information.

COVID-19 has upended families' lives, with school closures, social distancing, and stay-at-home measures limiting their access to support systems and adding to health concerns and economic uncertainties.[iii]

> **Box 1. Actions to support the early childhood workforce**
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> ECWI is committed to ensuring that health, education, social and child protection workers around the world are well-supported to carry out essential duties with children and families now and in the future. Failure to provide necessary support to this workforce not only risks their health, safety, and economic well-being, but threatens gains made in recent years.
>
> 5 recommended actions to support the early childhood workforce:
> 1. Prioritize health, safety, and psychosocial well-being.
> 2. Expand training and guidance.
> 3. Protect jobs and wages.
> 4. Respect and recognize frontline workers.
> 5. Promote equity.
>
> Read ECWI's full COVID-19 Position Statement here. Early Childhood Workforce Initiative (2020).

Despite the clear need for these services, COVID-related restrictions affect not only programs but the personnel delivering these services, who are often balancing work and caregiving responsibilities and experiencing many of the same stresses brought upon by the COVID-19 crisis as the families they support.

Adaptations to service delivery

Fueled by the needs of their beneficiaries, several parenting programs have continued to operate throughout the COVID-19 pandemic, accelerating the use of technology and other innovations in delivering services. Parenting programs are traditionally delivered face-to-face through home visits and group sessions, and while some have explored virtual training and service offerings for some time, the pandemic has forced them to dive in and continuously adapt, accelerating learnings and progress.

Parenting programs have used virtual platforms to continue providing key supports to families. Responding to social distancing measures and lockdowns during the pandemic, many programs quickly pivoted to deliver visits and other supports through video conferencing platforms (e.g. Zoom, WhatsApp video calls, MS Teams) and messaging services (e.g. SMS, WhatsApp, Zalo, WeChat), or by telephone. In some cases, programs have delivered key messages through radio or other media.

At the same time, child care and other providers have adapted their services to support parents and caregivers in response to the pandemic. For example, Mobile Creches in India, which traditionally operates child care centers, has conducted extensive outreach with families, adding content on psychosocial support, health and hygiene, playful learning, and positive discipline to their engagements, and expanded the scope of families served.

Across parenting programs, common approaches in response to COVID-19 include:

▶ Conducting outreach and simple needs assessments to determine the needs and capacities of families, including their access to and comfort with technology
➢ Adapting program content to short video or audio clips, infographics, and text messages
➢ Increasing content on psychosocial support
➢ Conducting virtual visits through video conferencing platforms or phone calls
➢ Creating and delivering play kits with commonly found materials
➢ Continuing to provide home visits for some high-risk populations with personal protective equipment (PPE)
➢ Focusing on continuously adapting and refining their service offerings based on participant feedback

Box. 2 Diagnosing Needs and Adapting Services

Two early childhood programs with parenting components, Research and Training Center for Community Development (RTCCD) in Vietnam and Ana Aqra in Lebanon, first surveyed families to gauge the impact of COVID-19, as well as their internet and device connectivity.

RTCCD and Ana Aqra used this information to tailor program content delivered via short videos and text messages and conducted phone calls or delivered physical play kits to families with limited connectivity. To document their approach, Ana Aqra recently published their Distance Learning Framework and Guidelines.

Source: Saving Brains (2020)

The shift to virtual service delivery has presented opportunities and challenges for parenting programs (see Box 2). For instance, providers may focus more on coaching caregivers in video sessions because they cannot work with the child directly. This may foster better attainment of skills but may also require additional training for providers to do effectively.[iv]

"Tele-intervention pushes the provider to increase the amount of explicit caregiver coaching strategies they use and requires the caregiver to engage with the child directly during sessions."
- Poole et. al, 2020

However, equity remains a significant concern, particularly for already vulnerable, hard-to-reach, and marginalized communities. While virtual platforms may allow for increased engagement, access to video-capable devices, data costs, and unstable internet connections pose limitations.

Adaptations to support the workforce

Personnel delivering parenting programs are often coping with similar challenges, including general stress and anxiety, disruptions in caregiving, health implications, and economic hardship stemming from the pandemic. In response, programs have sought to address these needs through a combination of support, training, and recognition activities.

Across parenting programs, common approaches to supporting the workforce in response to COVID-19 include:

- Transitioning to remote services and providing PPE
- Increasing psychosocial support for personnel, including tailoring supervision and enhancing peer-support opportunities
- Increasing training for virtual service delivery
- Encouraging flexibility and managing expectations
- Providing positive messaging and recognition

"There's an interesting parallel in the experience with families – home visitors also need a space to share just like them."
- Katelin Wilton, International Rescue Committee

In accordance with local health restrictions, programs have sought to protect staff by delivering services remotely or providing PPE for in-person services. In Brazil, for example, the government has decreed that PPE should be supplied by the Criança Feliz home visiting program and at no expense to personnel. Other programs have helped gather and distribute PPE to staff and communities.

Programs have increased psychosocial support for frontline personnel by creating or enhancing opportunities for individual and peer support, as well as encouraging use of employee health programs. Individual

support may be provided through additional check-ins with supervisors or in some cases, newly hired staff with clinical and psychosocial support backgrounds or external services linked to employee assistance programs. Some programs have emphasized or provided additional guidance on reflective supervision or otherwise sought to ensure supervisors are aware of and meeting the needs of their staff. Peer support groups on platforms like WhatsApp have also been established to promote staff well-being.

Many programs are also strengthening training on psychosocial support, as well as providing some guidance on conducting virtual engagements. Trainings are being conducted online or through WhatsApp, where providers are often asked to create or review video content. New audio and visual materials can also facilitate content delivery, as well as checklists for providers to assess participating families' needs and technological capacities. More research and training are likely needed, however, on how best to implement these virtual services, including on how to assess risk and support the coaching and modeling often central to parenting programs. This will likely be facilitated by the large repository of videoclips modeling key behaviors that programs have amassed through virtual trainings and services during the pandemic.

On-line resource hubs have also been developed to provide open-source and evidence-based content for all, including tip sheets for providers conducting remote services. COVID-19 Parenting offers news, resources, and tip sheets in multiple languages, while the Rapid Response-Virtual Home Visiting collaborative (RR-VHV) features webinars to support the workforce as they navigate the virtual landscape, and includes topics like virtual reflective supervision and virtual recruitment and onboarding.

Case Study 1. BRAC's Pashe Achhi in Bangladesh: Psychosocial Support for Providers

When traditional early educational interventions were shut down in Bangladesh, BRAC developed a telecommunication model called Pashe Achhi ("Beside You" in Bengali) to foster continued engagement between trained early childhood facilitators, known as Play Leaders, and families with young children from birth to age six. Play Leaders continue to work with families in both Rohingya refugee camps and mainstream settings. Guided by a conversation-based script, Play Leaders provide psychosocial support and health, hygiene, and early stimulation messages to mothers/caregivers and engage directly with young children in playful learning activities (e.g., reciting rhymes) during weekly 20-minute phone calls. Not knowing how long the pandemic would last, BRAC created a 9-month curriculum to give staff and participating families some structure. In response to concerns about gender-based violence and abuse in the home, the intervention and curriculum is being adapted to enable male para-counselors to reach fathers and support their emotional well-being and literacy.

Addressing the mental health and emotional well-being of both early childhood workers and families has been a priority during the pandemic. The initial training for staff includes a session focused on their own healing. All Play Leaders, managers and supervisors are trained virtually to provide families with basic psychosocial support. Play Leaders are receiving monthly refresher training along with more intensive training on providing psychosocial support to families. As the program expands to new areas, more para-counselors have been hired and trained, and a recently launched tele-counseling hotline, staffed by trained psychologists, serves staff and the general public. When face-to-face parenting activities resume, BRAC plans to leverage the expertise gained in running this low-cost, high-quality, virtual model to reach vulnerable children and caregivers who lack access to ECD and psychosocial support services.

Sources: Correspondence with BRAC Institute for Educational Development staff; Ahmad, J. et. al (2020).

<u>Case Study 2. 'Baytna' ECD Program in Greece: Increasing Access to Peer and Psychosocial Support</u>

The Refugee Trauma Initiative's Baytna ("our home" in Arabic) is an ECD program that focuses on psychosocial care to strengthen parent-child attachment and mitigate the effects of trauma and toxic stress on refugee families in Greece. RTI also provides training, ongoing supervision, and a financial incentive to implementing partners, Baytna Hubs, that seek to make their ECD programs responsive to the needs of refugee children. **During the COVID-19 pandemic, Baytna facilitators have maintained communication with parents through weekly calls, visits to families that live in camps, and a WhatsApp group.** Baytna and partners have created and distributed multi-lingual written, audio, and visual material, as well as care packages and craft and play resources, to families. To address communication barriers that emerged during the first lockdown, RTI recently hired and trained more community facilitators who speak the language of families served.

Baytna facilitators and partners have experienced lockdowns and concerns about their own health, insecurity, and uncertainty. The spread of COVID-19, including among staff members, has led to repeated quarantines and restricted in-person services. Poor, unreliable internet connection and lack of appropriate equipment to work from home are barriers to providing virtual programming. **To support workers and programming, RTI has increased capacity-building, virtual training, and peer support for the Baytna Hub partners and network of facilitators.** In addition, newly-hired Community Psychosocial facilitators have received training and clinical supervision from a supervisor who has lived experience of being a refugee. RTI also has focused on increasing access to psycho-social services and supervision to address the mental health and well-being of its own staff.

Sources: Correspondence with RTI staff; Refugee Trauma Initiative. (n.d.).

While varied, there are efforts to provide flexibility for frontline workers or otherwise manage their workload. Often, programs are trying to provide more flexibility for personnel, whether in terms of working hours or caseloads. Remote services may enable providers to conduct more visits per day, but this may be offset by fatigue from virtual-only mode and the general stress the workforce may be under. Some programs are providing more explicit guidance about performance targets, suggesting they only meet baseline expectations (see Case Study 4). Personnel may feel the need to go above and beyond to meet families' increased needs and being explicit about program expectations or compliance requirements may help reduce staff stress levels.

Across programs and systems, there have been efforts to recognize and support the workforce. Recently developed resources and guidance have carried positive messaging reminding providers of their value and to care for themselves (see Figure 1), while other programs have developed motivational messages or memes that they regularly send to staff. Larger scale efforts, including the Parenting Prize in Brazil (see Case Study 5) have sought to recognize and elevate this workforce whether in terms of working hours or caseloads.

Figure 1. Banner from a tip sheet developed by COVID-19 Parenting, available at: https://www.covid19parenting.com/assets/resources/caseworkers/caseworkers_English.pdf

COVID-19 PARENTING
Tips for caseworkers

For caseworkers: Thank you for keeping in touch with these families. Remember to look after yourselves too. You are stars.

Case Study 3. Sugira Muryango: Enhancing Supervision through Community Mapping in Rwanda

Sugira Muryango, a targeted home visiting program promoting responsive parenting, was working with the Rwandan government to extend the program through Inshuti z'Umuryango (IZU), an existing community level volunteer child protection workforce, when COVID-19 hit in March 2020. **In-person training for the district and sector level personnel had already commenced, requiring program creators to quickly shift complete training virtually, as well as adapt their plans for the other administrative levels and frontline workforce of the IZU program.** The transition to online training was facilitated by the purchase of data plans and external battery packs prior to the pandemic. Recruitment for cell supervisors (the next administrative level) was put on hold until there was more clarity about the impact of the pandemic. By September 2020, recruitment and in-person training could resume, albeit with several accommodations, including reducing group sizes and ensuring training venues had outdoor spaces and appropriate handwashing facilities. Frontline IZUs are due to start training in January 2021.

Program leaders used COVID-19 related delays to conduct community mapping and qualitative assessments to strengthen implementation and enhance supervision practices for frontline IZUs. Mapping helped to identify the current landscape, resources, and challenges within each community, and served to deepen referral pathways and connections with Community Health Workers (CHWs). Qualitative work has focused on understanding how the workforce has been impacted by COVID-19. In most cases, both IZUs and CHWs continued to conduct home visits throughout the pandemic, as well as balance other jobs (many also work as teachers, farmers, etc.) and caregiving responsibilities. Insights from these efforts will aid supervisors to understand the level of burden facing IZUs and engage in supportive supervision and collaboratively problem-solve issues that arise. Sugira Muryango and its partners have also been delivering PPE to its personnel and distributing portable water dispensers to beneficiaries so that handwashing becomes part of the routine during in-person visits.

Sources: Correspondence with Sugira Muryango staff; Johnson, T., et. al (2020)

Case Study 4. Parents as Teachers: Managing Service Expectations while Maintaining Model Fidelity

Parents as Teachers (PAT) is an affiliate-based home visiting model used by over 4,500 certified parent educators and reaching nearly 200,000 families worldwide. **As concerns about COVID-19 intensified, the U.S.-based Parents as Teachers National Center responded by moving all training online and accelerating their use of virtual services.** A set of Essential Requirements, including requirements for education and training, child/family screening and referral, and caseload limitations for frontline visitors and supervisors, helps to maintain model fidelity across affiliates.

Since 2015, PAT had been piloting telehealth services with an academic partner and was able to draw on this experience to facilitate the transition and provide guidance and resources to its affiliates. PAT is also a leading partner in the Rapid Response Virtual Home Visiting Collaborative (RR-VHV) and has participated in advocacy efforts to help address equity issues and bridge the digital divide.

In response to COVID-19, PAT released a Technical Assistance Brief on Model Fidelity in September 2020 which highlighted the toll chronic stress can take on the workforce and encouraged affiliates to focus their efforts on meeting only the minimums within the Essential Requirements. PAT emphasized the challenges parent educators face balancing service delivery and family responsibilities and encouraged supervisors to provide flexible work schedules, opportunities for individual and group support, and to revisit leave policies, including the new "public health emergency leave" qualification under the U.S. Federal Medical Leave Act (FMLA). PAT suggested that affiliates prioritize the well-being of their staff and highlighted that "doing so can not only help parent educators remain emotionally available to the families they work with but can also help retain staff during this difficult time."

Sources: Parents as Teachers National Center, Inc.(n.d.); Parents as Teachers National Center, Inc. (2020, September)

Case Study 5. Criança Feliz in Brazil: In-service Training for Re-deployed Staff

In Brazil, the government-supported home visiting program, Criança Feliz, has leveraged virtual platforms to continue to operate through COVID-19. A Federal Decree in April 2020 affirmed the centrality of the program to Brazil's social assistance policies and provided guidance on the continuation of remote services. Audiovisual materials, including infographics, video clips, and messages that could be delivered through WhatsApp, SMS, or other virtual platforms, were released in July 2020. Home visitors have also delivered activity packs with games and materials monthly to families in certain rural areas. The Decree also reiterates that PPE should be provided at government expense.

Recognizing that some home visitors may be part of high-risk groups or otherwise affected by COVID-19, the government decree provided guidance on in-service training for re-staffed personnel from other social service programs. For re-assigned staff, they recommend that the "new worker spend an initial period supported by a worker already experienced in the activity, in order to enable in-service training." The Ministry of Citizenship also released a set of online training courses, available to home visitors and the public (however, this does not replace the 80-hour in-person training requirement).

Criança Feliz personnel and other home visitors have also received recognition from prominent foundations. The Maria Cecilia Souto Vidigal Foundation and the Bernard van Leer Foundation established The Parenting Prize (O Prêmio Parentalidade) in Brazil, a national competition to recognize home visitors who have continued to support families throughout the pandemic. In addition to recognition through a media campaign, up to 100 professionals will also receive monetary support for their work.

Sources: Ministry of Citizenship (2020); Primeira Infância Melhor (2020); UNICEF Brazil (2020); Jadon et. al. (2020), O Prêmio Parentalidade website

Takeaways

The COVID-19 crisis has demonstrated the importance of the early childhood workforce to child and family well-being. Given the stressors parents and children are currently facing, it is even more important that parenting programs continue to operate, and that the needs of the workforce delivering these services are addressed.

While continued advocacy for parenting programs and the workforce is essential, the case studies demonstrate nimble and creative responses to the crisis. It is encouraging that programs are using virtual platforms to maintain engagement with families and responding to their needs by providing more psychosocial support. Likewise, there are promising efforts to address the workforce's psychosocial needs, to enhance training and guidance for virtual services, and to recognize their continued commitment to families. However, while the pandemic shined a light on the needs of the workforce and accelerated implementation of these actions, this is challenging work, and these supports should remain in place once the crisis has passed. Sustained efforts to retain, retrain, and appropriately compensate staff are key to ensuring the well-being of personnel and families.

There is an opportunity to continue to strengthen services - for families and the workforce delivering them - given the assets created during the pandemic. Through virtual services, programs may be able to scale more rapidly and increase the scope of families they serve. Quality could improve through improved and more accessible training opportunities for all members of the workforce. However, it is important to monitor and evaluate how these adaptations affect program intensity and impact. Attention will need to be paid to ensuring that those already marginalized are not further sidelined, which may include providing video-capable devices and data plans or working with telecommunications companies to upgrade internet and cellular service.

Governments and donors are critically important to ensure that these programs have the financial and logistical flexibility to continue operations in uncertain times, even if service modalities change. They also play a key role in maintaining the health and safety of this workforce, from supplying training and safety equipment to influencing vaccine distribution, as well as in providing or advocating for employment and benefit protections. Continued support from these partners will be critical to capitalize on the lessons learned throughout the pandemic and meet personnel and families' evolving needs in the years to follow.

References

[i] Britto et. al (2015); Morrison et. al (2014)
[ii] Shumba et. al (2020); Yoshikawa et. al (2020)
[iii] ibid.
[iv] Poole et. al (2020); Self-Brown et. al. (2020)

Ahmad, J., Erum, M., Zaman, S., Siddique, S., Sarwar, S., & Sadaf, B. (2020). Mental health and learning: BRAC's response in Bangladesh during Covid-19. Early Childhood Matters.

Britto et. al, P. R., Ponguta, L. A., Reyes, C., & Karnati, R. (2015). A systematic review of parenting programs for young children. New York: UNICEF.

Cook, L. L., & Zschomler, D. (2020). Virtual Home Visits during the COVID-19 Pandemic: Social Workers' Perspectives. Practice, 32(5), 401-408.

Institute for the Advancement of Family Support Professionals (2020). Rapid Response-Virtual Home Visiting; https://rrvhv.earlyimpactva.org/

Jardon, C. (Ed.). (2020, December 12). Visitadoras Do Criança Feliz São Premiadas (Brazil, Agência Brasília). Retrieved from https://www.agenciabrasilia.df.gov.br/2020/12/12/visitadoras-do-crianca-feliz-sao-premiadas/

Johnson, T., Bentancourt, T., Habyarimana, E., Asiimwe, A., & Murray, S. (2020). Sugira Muryango: scaling home visits in Rwanda through implementation science. Early Childhood Matters.

Morrison, J., Pikhart, H., Ruiz, M., & Goldblatt, P. (2014). Systematic review of parenting interventions in European countries aiming to reduce social inequalities in children's health and development. BMC Public Health, 14(1), 1040.

Ministry of Citizenship (2020, April). PORTARIA CONJUNTA N° 1, DE 27 DE ABRIL DE 2020 DOU - Imprensa Nacional. Retrieved from https://www.in.gov.br/web/dou/-/portaria-conjunta-n-1-de-27-de-abril-de-2020-254212946?_ga=2.63448687.1946243894.1605821152-319849145.1602542231

Parents as Teachers National Center, Inc. (n.d.). Virtual Service Delivery. Parents as Teachers. Retrieved from https://parentsasteachers.org/virtual-service-delivery

Parents as Teachers National Center, Inc. (2020, September). Technical Assistance Brief: Model Fidelity and COVID-19 [Brief].

Poole, M. E., Fettig, A., McKee, R. A., & Gauvreau, A. N. (2020). Inside the Virtual Visit: Using Tele-Intervention to Support Families in Early Intervention. Young Exceptional Children, 1096250620948061.

Primeira Infância Melhor. (2020). Criança Feliz em Ação traz materiais para visitadores e famílias - PIM - Primeira Infância Melhor. Retrieved from http://www.pim.saude.rs.gov.br/site/crianca-feliz-em-acao-traz-materiais-para-visitadores-e-familias/

Refugee Trauma Initiative. (n.d.). Retrieved November, 2020, from https://www.refugeetrauma.org/Self-Brown, S., Reuben, K., Perry, E. W., Bullinger, L. R., Osborne, M. C., Bielecki, J., & Whitaker, D. (2020). The impact of CoViD-19 on the delivery of an evidence-based child maltreatment prevention program: understanding the perspectives of SafeCare® providers. Journal of family violence, 1-11.

Self-Brown, S., Reuben, K., Perry, E. W., Bullinger, L. R., Osborne, M. C., Bielecki, J., & Whitaker, D. (2020). The impact of CoViD-19 on the delivery of an evidence-based child maltreatment prevention program: understanding the perspectives of SafeCare® providers. Journal of family violence, 1-11.

Shidhaye, R., Madhivanan, P., Shidhaye, P., & Krupp, K. (2020). An Integrated Approach to Improve Maternal Mental Health and Well-Being During the COVID-19 Crisis. Frontiers in Psychiatry, 11.

Shumba, C., Maina, R., Mbuthia, G., Kimani, R., Mbugua, S., Shah, S., ... & Ndirangu, E. (2020). Reorienting Nurturing Care for Early Childhood Development during the COVID-19 Pandemic in Kenya: A Review. International Journal of Environmental Research and Public Health, 17(19), 7028.

UNICEF Brasil. (2020). Uma nova forma de fortalecer o desenvolvimento infantil durante a pandemia. Retrieved from https://www.unicef.org/brazil/historias/uma-nova-forma-de-fortalecer-o-desenvolvimento-infantil-durante-pandemia

Walsh, H., Lam, J., Radner, J., & Saving Brains Learning Platform Team. (2020, September). Innovators' Response to COVID-19: Lessons from four Early Childhood Development Programs (Rep.). Retrieved from http://www.grandchallenges.ca/wp-content/uploads/2020/10/SavingBrains_CaseBrief_COVID19.pdf

Williams, K., Ruiz, F., Hernandez, F., & Hancock, M. (2020). Home visiting: A lifeline for families during the COVID-19 pandemic. Archives of Psychiatric Nursing.

Yoshikawa, H., Wuermli, A. J., Britto, P. R., Dreyer, B., Leckman, J. F., Lye, S. J., ... & Stein, A. (2020). Effects of the Global COVID-19 Pandemic on Early Childhood Development: Short-and Long-Term Risks and Mitigating Program and Policy Actions. The Journal of Pediatrics.

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