



Photo: UNICEF/Nemanja Pancic

Scaling up playful parenting in Serbia

EVIDENCE BRIEF

Playful Parenting Implementation Research Study

SERBIA

2022–2024



This evidence brief summarizes the emerging findings from FHI 360's implementation research on the UNICEF Serbia Care for Child Healthy Growth and Development (CCD) program, implemented with LEGO Foundation funding under the Playful Parenting portfolio.

RESEARCH QUESTIONS

- What are the effective pathways to bring play and responsive stimulation parenting programs to **scale and sustainability**?
- How can such programs ensure sustainable **quality and impact** on caregiver and child outcomes?

METHODS

- **Surveys** with service providers & caregivers
- **Observations** of home visits
- **Direct assessments** of child & caregiver outcomes
- **Focus group discussions** with caregivers
- **Interviews** with service providers, program implementers & government

The Program |

The study looked at the expanded, Serbian-created version of the Care for Child Development (CCD) package designed to promote early learning and responsive caregiving through integration into existing services, such as health, nutrition, education, and child protection, implemented by UNICEF/Serbia. The program aims to foster stimulation of young children by guiding their parents and caregivers on how to engage in play and communication activities that promote motor, cognitive-language, and social-emotional skills. Serbia's elaboration of the standard CCD program expands on the topic of responsive parent-child interaction in play and other contexts.



The LEGO Foundation 

Key Findings

1 Exposure to the program is uneven across municipalities

While the UNICEF program promotes intersectoral collaboration and has trained early childhood professionals across multiple sectors, including health, education, and social welfare, the main delivery mode of the program to parents of children under 3 is through home visiting nurses. The national guidelines for visiting nurses endorse 5 visits during the first two weeks of a child's life, two more visits before the first birthday, and one additional visit in the second year of life. While data point out to breastfeeding and bathing being the most frequent topics discussed during early visits, the study revealed that messaging from visiting nurses has now been expanded to include messages about play and communication, particularly for parents receiving visiting nurses trained by UNICEF. The study measured caregivers' exposure to playful parenting messages in three rounds of data collection in 2021, 2022 and 2023. At endline, 53% of the pilot sample and 63% of the scale-up treatment sample had received at least one visit from a patronage nurse. Additionally, not all home visiting nurses were trained by the program (between 35% and 100% across municipalities) due to various reasons, including the voluntary nature of the program and resource constraints in some municipalities. As a result, there are differences across the participating municipalities in the extent to which young parents are exposed to parenting playful messages.

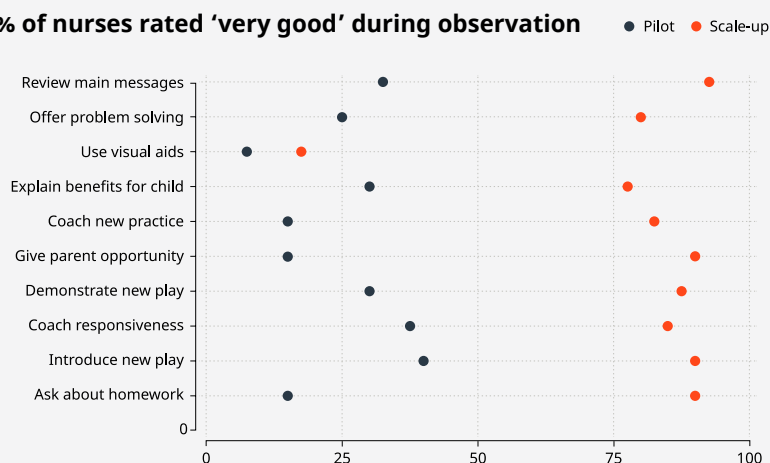
2 Quality of program delivery has increased but is at risk without continued supervision and monitoring

The study conducted observations of home visits to parents of small children in six pilot municipalities in 2022 and in a sample of scale-up municipalities in 2024. Results show significant improvements in the quality of delivery, particularly related to coaching how to play and giving parents an opportunity to practice new play. Some gaps in knowledge remain as interviews with nurses indicate their robust understanding of early childhood development, but partial understanding of responsive stimulation. Additionally, the average score among nurses on a Child Development Knowledge Inventory was 26 out of 40, suggesting room for improvement. This reinforces the need for sustained quality monitoring, especially given that home visiting nurses do not have a scripted manual they are expected to follow, but rather depend on their familiarity with training content and their ability to transfer that knowledge into practical guidance for parents. In 2023, The City Institute for Public Health piloted a supportive supervision model which was appreciated by nurses, but its future is uncertain. In our study, less than a half of nurses (47%) reported receiving supervision on the playful parenting component.

“ So, I'm the one who shows them that: when we want to read with the baby, I bring a book suitable for their age, those soft ones and so on. Then I demonstrate how we'll capture the baby's attention, and then mom observes how to hold the baby while reading... We don't read to the baby, but with the baby (...)

—Home Visiting Nurse, Novi Sad

% of nurses rated 'very good' during observation



“ Our perspective is completely different now because, at the local level, all these systems can sit down and discuss what each of these systems can invest in this area. We can see what we might be duplicating and perhaps redirect that money to another service. So today, we can ... plan much better and easier, and planning is the key to success. So this intersectoral cooperation has enabled us to have an easier approach and respond to all parental demands in one place.

–Local PP Coordinator

3 Program is highly customized to local needs

Across municipalities, the program was praised for spearheading efforts towards successful intersectoral collaboration at the local level, which was perceived as instrumental to ensuring sustainability of playful parenting programming. Additionally, playful parenting was integrated into strategic ECD documents as means to ensure that activities are budgeted for in the future. The study found that this highly customized approached increased buy-in at the local level, however, it also carries risk that the concepts key to quality playful parenting programming might be underemphasized. In some visited municipalities, professionals across all sectors emphasized how their practices changed as a result of the program, showcasing support for parents in becoming more responsive to what the child is communicating. In others, the emphasis was more on caring for the caregivers, or integration of play but without focusing on responding to children's signals.

4 There is a shift in beliefs, but not yet in parental practices at scale

Parenting outcomes were measured in pilot municipalities in 2021, in scale up and control municipalities in 2022, and in pilot, scale up and control municipalities in 2023. In 2021, no direct observations of parental practices were conducted due to the Covid-19 pandemic. Between 2022 and 2023 datasets, when the full version of the HOME Inventory was used, limited comparisons with baseline data are possible due to high refusal rates among caregivers in Serbia. At endline, relatively high HOME scores are observed across all groups; slightly higher HOME scores are observed in pilot and treatment municipalities as compared to control, but only the difference between pilot and control municipalities is statistically significant.

Focus group discussions revealed that caregivers consistently identify play, communication, and love as critical components for fostering healthy mental development. Additionally, the role of extended family in child-rearing, especially the involvement of fathers in play and outdoor activities, was emphasized as an integral part of the caregiving process. In the final round of FGDs, more participants were accepting and appreciative of fathers' engagement with their child as compared to previous rounds.

Caregivers consistently identify



play



Communication



love

as critical components for fostering healthy mental development.

Implications & Ways Forward

1

Update Professional Methodological Guidance for nurses

Revisions should include more specific examples of how cognitive, language, motor, social, and emotional development of children can be stimulated through play and communication, especially during interactions with infants when it can be most neglected. Additionally, include guidance specific to families that might need enhanced support, such as Roma communities, families living in rural areas, or from very low socio-economic backgrounds.

2

Develop and pilot a data system for monitoring of frequency and quality of visits

At the time of this publication, work was underway with a proposal to amend the Rulebook on healthcare quality indicators, including adding procedures for an assessment of home environment. This approach should be carefully piloted to ensure balance between the need for monitoring and the central role of the nurse in providing a service to families. The new system should help provide easily accessible key information on how many families are reached with quality services, including data on reach of most vulnerable populations.

3

Strengthen supervision and mentoring mechanisms on the playful parenting component

Include opportunities for supervisors to observe nurses directly using a simple instrument measuring the extent to which nurses emphasize play sufficiently, coach new play, and provide parents with opportunities to practice new play during sessions. This is important particularly in the context of many programmatic decisions being driven locally, to ensure that play and communication with young children continues to be prioritized and elevated.

4

Advocate for reforms to the Home Visiting Nurses Services model to maximize the impact of nurturing care and playful parenting messages delivered by nurses

This includes revisions to the schedule and frequency of visits, such as shifting some of the visits from the first two weeks of a child's life towards later in toddlerhood and increasing the number of visits to vulnerable families.

