



CEPPs Childhood and Early Parenting Principles

Building healthier, fairer & more peaceful societies

The Mother and Child Manifesto

The CEPPs propose a common policy framework for initiatives involving maternal and child health and early childhood development. They support the implementation of the UN SDGs and aim to ensure a continuum-of-care during the early years so that children in every country are able to realise their full potential over the course of their lives.

The 1001 Critical Days

The Importance of the Conception to Age Two Period



Birth Psychology



isppm



Make Mothers Matter

Introduction

Why Childhood and Early Parenting Principles (CEPPs)?

Public awareness about the importance of investing in maternal and child health and early childhood development (ECD) is steadily growing along with mounting scientific evidence and the implementation of many related large-scale programs. A focus on ECD epitomizes the concept of 'sustainability' in the UN 2030 Agenda. The increasing number of initiatives at international level highlights this issue as key, not only to progress on health and the human rights of women, children and adolescents, but also to achieve the UN 2030 Agenda and its 17 Sustainable Development Goals (SDGs).

These critical early years are the foundations that shape a child's future physical and mental health, with life-long impact not only for themselves, but also for families, communities and societies. However, still far too many children across all nations in the world do not have the start in life they are entitled to, especially when they live in poverty or face other forms of adversity. Evidence is now clear about how much this costs in social, health and economic terms.

Similarly convinced about the importance of acting early to improve the outcomes for mothers and children, the *1001 Critical Days Initiative*, the *Association for Prenatal and Perinatal Psychology and Health* (APPPAH), the *International Society for Pre-and Perinatal Psychology and Medicine* (ISPPM), and *Make Mothers Matter* (MMM) have partnered to propose the Childhood and Early Parenting Principles (CEPPs) as a complement to existing policy frameworks.

- CEPPs extends the critical window to the prenatal period of child development.
- CEPPs puts parents and caregivers at the centre, especially mothers, whose role is pivotal throughout pregnancy, birth and during the first years of life. Beyond nutrition and basic health, it is responsive early parenting and nurturing care that can make the difference and allow a child to develop to their full potential and thrive.
- CEPPs is implementation-oriented and supports partnerships and improved bottom-up & cross-sector collaboration between governments, professionals and civil society organisations involved in health, education and social care.

CEPPs aims to do for mothers and young children what the Women Empowerment Principles (WEPs) of the UN Global Compact are doing for women in the workplace. It is a set of 7 principles that provide a common policy framework for a unified multi-sector and multi-stakeholder engagement with governments at all levels – with the single aim of ensuring that every child grows in a safe and nurturing environment and develops to their full potential.

In turn, CEPPs has the transformative potential to break the persistent inter-generational cycles of poverty and adversity, contribute to scaling up the implementation of the SDGs, and ultimately bring about fairer and more peaceful societies.

With this manifesto, we invite you to discover the CEPPs initiative and read about the rationale behind this proposal. We also invite you to take action by becoming partner or supporter, or by joining a CEPPs network. Your expertise and experience will be welcome.

The Research Base – A Call for Action

A focus on pregnancy and early childhood development is crucial

“The burden and cost of inaction (in the area of maternal physical and mental health during pregnancy, and early childhood care) is high. A staggering 43% of children under five years of age – an estimated 250 million – living in low- and middle-income countries are at risk of suboptimal development due to poverty and stunting. The burden is currently underestimated because risks to health and wellbeing go beyond these two factors.”

Advancing Early Childhood Development: from Science to Scale, The Lancet, October 2016

The case for a focus on Early Childhood Development (ECD) is not new: WHO, UNICEF the World Bank¹ and academics have already been advocating for a focus on this critical period of child development and its potentially high returns on investment. And since work on CEPPs started at the beginning of 2016, the number of calls and communications has multiplied, culminating with the publication in October 2016 of the Lancet Early Childhood Development Series. There is now a powerful and well-established scientific, social and economic case for investing in maternal and child health and early childhood development.

Starting at the beginning - the prenatal period matters too!

“If we’re putting millions of dollars into Head Start which begins at three, four, or five years of age, and haven’t developed the appropriate brain to receive the education, it will be a waste of money. It is important to be sure that the brain has developed well in utero... So when you start the formal education, you have the nerve cells and dendrites that can respond.”

Dr. Marian Cleeves Diamond, Ph.D. Professor of Integrative Biology, University of California, Berkeley²

During pregnancy - and until age 3, the brain develops at the astounding rate of 700-1000 new connections per second – i.e. faster than at any other moment later in life. Recent advances in Neurosciences have also confirmed that, more than genetics, the earliest experiences shape a baby’s brain development, and have a lifelong impact on their mental and emotional health, as well as their physical, intellectual and social development – including during pregnancy.

Adversity during a mother’s pregnancy or during the early childhood years (such as violence, abuse, neglect or any form of stress) can produce physiologic disruptions or biological memories that undermine a child’s development and their potential for productive participation in society.

Instead, security and safety, combined with loving, responsive and nurturing caregiving, early stimulation and learning (i.e. “responsive early parenting”) are linked to positive brain development and function throughout the life course.

¹ See UNICEF UNESCO and the World Bank’s dedicated pages:
<http://www.unicef.org/earlychildhood/>
<http://en.unesco.org/themes/early-childhood-care-and-education>
<http://educationwww.worldbank.org/en/topic/earlychildhooddevelopment>

² “Enriching Heredity: How the Environment Impacts Brain Development.” *Touch the Future*, Spring (1997): 7-11.

Supporting and empowering parents: they are the child's first educators and mothers have a primary role.

The UN Every Woman Every Child (EWEC) global movement has highlighted the tremendous returns that its "Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)" could yield by 2030, including: "At least a 10-fold return on investments through better educational attainments, workforce participation and social contributions; At least US\$100 billion in demographic dividends from investments in early childhood and adolescent health and development; A 'grand convergence' in health, giving all women, children and adolescents an equal chance to survive and thrive".³

There is also an economic rationale for providing support and care for mothers during pregnancy and early childhood. Research by the London School of Economics & Centre for Mental Health has established that providing support and care for mothers and babies during pregnancy and early childhood is five times more effective than later interventions designed to deal with individual or social problems in later life.⁴

Taking an inter-generational perspective

*"Investing in quality early childhood development for disadvantaged children from birth through age 5 will help prevent achievement deficits and produce better education, health, social and economic outcomes. Such investments will reduce the need for costly remediation and social spending while increasing the value, productivity and earning potential of individuals."*⁵

The Heckmann Equation (2014), Professor James J. Heckman, University of Chicago, Nobel Laureate

Long-term outcomes go well beyond the health of mother and children today. Investing in maternal health and early childhood development and targeting the most disadvantaged families could have an impact on the future prosperity and stability of a country. It could potentially help break the inter-generational cycle of poverty, foster well-functioning families, and ultimately bring about fairer and more peaceful communities and societies.

³ <https://www.everywomaneverychild.org/global-strategy/>

⁴ Bauer, Annette, Parsonage, Michael, Knapp, Martin, Lemmi, Valentina and Adelaja, Bayo (2014) Costs of perinatal mental health problems. London School of Economics and Political Science, London, UK. Research shows that up to 20% of women develop a mental health problem during pregnancy or within a year of giving birth;; and it has estimated the total health, social and societal costs of perinatal mental health problems at £1.8 billion – more than 2/3 of which relate to the child.

⁵ <http://heckmanequation.org/>

The CEPPs vision

The CEPPs vision is a world in which every child develops to their full potential and no child is left behind; a world where mothers, families and caregivers receive the support and parenting education they need to make this a reality, and are recognized for the central role they play in creating healthier, fairer and more peaceful societies.

The four colours in the CEPPs logo represent the four pillars of CEPPs.

- Understand** and share knowledge worldwide
- Engage** with policy makers at the highest level
- Empower** communities to become a force for change
- Realize** the vision, working bottom-up, city-by-city

Understand – promoting local, national and international collaboration - to collect and increase the knowledge base of scientific evidence and best practice and to share this knowledge freely across the world.

Engage – joining forces with professionals, educational institutions and organisations involved in the field of maternal health and early childhood care, to speak with one voice and be heard by policy makers at the highest level.

Empower – raising community awareness worldwide of the transformative potential of supporting maternal health and early childhood development for societies in the future. Through this awareness, and with a consistent message, empower communities to become a force for action by policy makers.

Realize – the vision for fairer societies, working bottom-up, promoting networks and partnerships between governments, private sector and civil society organisations at city, regional and national levels, to provide capacity for professional education and a continuum-of-care for mothers and infants during the critical period.

Supporting the implementation of existing global initiatives and programmes

CEPPs supports the implementation of the UN EWEC *Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)*. It is fully in line with its vision: "By 2030, a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies."

Scaling up implementation of the SDGs

CEPPs cuts across many Sustainable Development Goals (SDGs), necessitating a broad, multi-sector approach.

CEPPs primarily supports the realisation of Goals 3, 4 and 5 concerning health, education and gender equality. In the longer term, CEPPs contributes to Goal 1, fighting extreme poverty, as well as Goal 8, 10 and 16 on decent work and economic growth, reducing inequalities and promoting peaceful societies.



15 years is a short period to achieve the scale of transformation called for in the SDGs. In this context, CEPPs could accelerate and scale up the SDGs implementation by providing a common policy framework and through the promotion of partnerships and sharing of best practice of what works, based upon the supporting scientific and economic evidence.

How does CEPPs work?

The Childhood and Early Parenting Principles (CEPPs) initiative proposes a common policy framework for early intervention and a roadmap for policy and practice development that can be adopted and implemented by public, private or non-government organisations with any kind of role in improving prenatal and early childhood experience. It is based on 7 principles, which are modelled after the Women's Empowerment Principles (WEPs) of the UN Global Compact, and are evidence-based and focused on practical action.

The idea of CEPPs originates from the "1001 Critical Days"⁶, a Parliament Cross-party Initiative, which was launched in 2013 in the UK to provide support to parents and young children during those "1001 Critical Days" between pregnancy and age 2. CEPPs builds on this initiative, providing a framework for policy development and implementation globally.

Its main objective is a multi-stakeholder and multi-sector mobilisation and engagement with governments at all levels to improve support for mothers, fathers and other caregivers in their caring and nurturing role during pregnancy and the early years of a child.

The Seven CEP Principles

Local, regional and national governments will be encouraged to use the principles as a common policy framework for action and investment in strong, effective policies and programmes for early parenting and early childhood development.

1. Provide leadership for Early Parenting and Early Childhood Development at local, regional and national government levels.
2. Promote partnerships between government, non-government and civil society organisations.
3. Publish a local, regional or national Childhood and Early Parenting Policy, ensuring universal access to care, and respecting cultural diversity and the voices of women and men.
4. Establish infrastructure and capacity for education and the delivery of care.
5. Promote best practices in education and the delivery of care, for mothers and professionals.
6. Adopt a multi-sector approach ensuring a continuum-of-care in the delivery of physical, emotional and mental health services and early childhood care.
7. Measure and publicly report on targets and achievements in relation to Early Parenting and Early Childhood Development.

⁶ <http://www.1001criticaldays.co.uk/>

What makes CEPPs different?

“Now, with this top-down commitment in place, bottom-up collaboration is required across all sectors to provide high-quality maternal care and early childhood development services. Bridges must be built between health and nutrition, education, and social and child protection.”

Advancing Early Childhood Development: from Science to Scale, The Lancet, October 2016

Starting at the very beginning & putting mothers, as well as fathers and other caregivers at the centre

CEPPs integrates that, in addition to their early years, a baby’s experience of pregnancy and birth can also have lifelong consequences. The CEPPs “critical years” therefore include the prenatal period – often missing from Early Childhood programmes – and the period to age 3.

CEPPs also puts a spotlight on the need to support and empower both parents: they are the child’s first carers and educators. Mothers have a primary and pivotal role during the early child development period; this needs to be better recognized and supported to consolidate the long-term benefits of early intervention services both during pregnancy and early childhood. Evidence-based practices can reduce pre-term births and improve outcomes for mothers, babies and families as a whole. These include actions to improve nutrition and prenatal bonding, promote doula and midwife support, encourage breastfeeding and attachment and provide parenting education. The role of fathers must not be overlooked either: being accessible, present, and available in addition to being supportive and encouraging is also crucial.

Building bridges through multi-stakeholder & multi-sector engagement

CEPPs provides a platform for multi-stakeholder consultation and partnership with government, building bridges between the health, nutrition, education, social and child protection sectors, and fostering collaboration between professionals, academia, civil society and other actors in early childhood development, parenting and education. This will inform national policy, accelerate implementation and ensure the long-term sustainability of policies and programs.

CEPPs does not mean to reinvent the wheel and could for example also help disseminate and apply existing training packages for interventions such as the *Care for Child Development*, developed by UNICEF and WHO to “support families to care for their children and help them survive, grow and develop to their full potential”.⁷

In addition to global initiatives, top-down implementation is already under way in a number of countries. Examples include:

- [Chile Crece Contigo](#) (‘Chile Grows with You’), a nation-wide social policy initiative promoting full support for the country’s children, which was launched in 2006 in Chile.
- The [National Centre on Early Prevention](#) (NZFH), which was formed in 2007 in Germany and operates in cities across all 16 States to protect children earlier and better, by coordinating the assistance provided by the health system and the child and youth welfare sector.

All these initiatives and policies could be accelerated through partnerships and improved bottom-up collaboration between professionals and civil society organizations involved in health, education and social care. These disciplines and organisations have traditionally worked independently, often to the detriment of mothers and children.

⁷ Care for Child Development Package (2012), available on www.unicef.org/earlychildhood/index_68195.html

CEPPs supports a more collaborative way of working and a multi-stakeholder / multi-sector approach capable of delivering a continuum-of-care to mother and child throughout pregnancy and the early parenting period.

Working bottom up and across sectors – Establishing CEPPs Networks

The CEPPs network of supporters already includes organisations, which have been involved in the implementation of Early Parenting and Childhood programs at city, regional or national level for many years.

CEPPs will continue to mobilize organisations and individuals with the objective of building multi-sector and multi-stakeholder networks at city, regional or country levels, that will work bottom-up to accelerate and scale up international initiatives and commitments. A toolkit is also being developed that can be used to guide progressive implementation in any country or jurisdiction⁸.

A promising approach is to mobilize at city level, and a “CEPPs-friendly Cities” programme is envisioned to promote the creation of city-level networks of actors in the field of health, education and social services involved in maternal physical and mental health and early childhood development, and to promote the sharing of best policy practices between these networks.

**CEPPs calls for action and further engagements of all stakeholders worldwide and at every level
In order to scale up these international initiatives and commitments.**

Join us!

As a partner to further develop the CEPPs or establish CEPPs Networks

As a supporter to help us spread the word and promote the CEPPs



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www.facebook.com/CEPPPrinciples

[@CEPPPrinciples](https://twitter.com/CEPPPrinciples) [#CEPPs4EarlyParenting](https://twitter.com/CEPPPrinciples)

⁸ The basis of a CEPPs Toolkit has been thought out in order to provide materials to support the ‘Kick Start’ of CEPPs Networks at city or regional level. It contains presentations, research articles, the CEPPs 10 Step Process and the CEPPs Directory of Best Practice. These materials will be enriched and improved as we go. The Toolkit is available on www.ceppprinciples.org

Annexe – The CEPPs in more Detail

A more comprehensive insight of CEPPs operational mode is presented in this annexe. The aim is to develop a strategy of action and suggest a process broken down into concrete and operational steps and objectives. These principles and guidelines are voluntarily presented in general terms allowing for all useful adaptations related to specific contexts and backgrounds.

The CEPPs Stakeholders and Actors

Three main groups are referred to in the CEPPs under these headings:

The Recipients but also key actors – Mother, father, child, families, caregivers

The Policy Makers – Government, non-government and civil society stakeholders in CEPPs including; professional associations, child and women’s rights advocates, research organisations, universities and educational institutions.

The Providers:

- CEP health care: including health visitors, maternity services and adult mental health services.
- CEP social services: including social care, early childhood care and development and Family or Children’s Centres.
- CEP professionals: midwives, nurses, doulas, GPs, OB-GYNs, paediatricians, mental health professionals, health policy specialists, pre-natal and early childhood educators, community services and social workers.

The 7 CEPPs in Action

Local, regional and national governments will be encouraged to use the seven principles as a common policy framework for action and investment in strong, effective policies and programmes for early parenting and early childhood development.

1. Provide leadership for Early Parenting and Early Childhood Development at local, regional and national government levels.

Provide leadership at all levels and in all sectors of government involved in supporting early parenting education and care (pre- and post-natal), and early childhood development.

Mobilising policy makers and civil society

- 1.1 Raise awareness in all relevant sectors and levels of government on the long-term impact of interventions during early childhood and the early parenting period.
- 1.2 Establish a multi-sector, multi-stakeholder platform for consultation and involvement of all key stakeholders.
- 1.3 Define a Childhood and Early Parenting (CEP) Policy, with implementation and operational parameters, in consultation with mothers and all key stakeholders in CEP, affirmed by all levels and sectors of government.

Preparing the Business Case

- 1.4 Complete a Gap Analysis relative to the CEP-related UN Sustainable Development Goals and the UN Convention on Rights of the Child, to identify local and country-specific issues to be addressed in the CEP Policy.
- 1.5 Complete an evidence-based assessment, calculating the cost to society of problems originating during the CEP period, relative to the cost of intervention.
- 1.6 Develop and publish the business case (and return on investment), for CEP with input from all key stakeholders, considering the health, social, and economic aspects. It should explain and justify the Initiative and its funding.

Implementation

- 1.7 Establish structures at all levels of government, with plans for implementation, co-ordination, service delivery measures and monitoring, including partnerships and engagement with key stakeholders in CEP.

2. Promote partnerships between government, non-government and civil society organisations

Promote partnerships between government, professionals (in health, social and educational sectors), non-government and civil society organisations and engage with policy makers as called for in SDG17:

- 2.1 Providing a multi-stakeholder platform for consultation and a voice for engagement with policy makers at all levels.
- 2.2 Ensuring a collaborative approach in research, knowledge, best practices and delivery of CEP services.
- 2.3 Promoting international cooperation and establish partnerships or programmes to encourage sharing of knowledge and best practices in CEP.
- 2.4 Engaging communities and ethnic groups in supporting CEP initiatives.
- 2.5 If applicable, encouraging collaboration between developed and developing countries to promote the progressive implementation of CEP principles.
- 2.6 If applicable, developing funding programmes and international support, to help developing countries with this same aim.
- 2.7 Establishing a funding programme to encourage foundations and philanthropic organisations to support the CEP initiative.

3. Publish a local, regional or national Childhood and Early Parenting Policy, ensuring universal access to care, and respecting cultural diversity and the voices of women and men

Affirm and publish a policy, advocating a multi-sector approach to the provision of parenting support services and early childhood care for all mothers, fathers and their families – recognising local and country-specific issues in relation to UN SDG targets and the UN Convention on the Rights of the Child. The policy should respect cultural traditions and provide universal access to all population groups, without discrimination, and focusing on the disadvantaged and the vulnerable.

The CEP Policy should be reflected in policies at all levels and sectors of government, should be developed with input from mothers, women and all key CEP stakeholders, and should explicitly be linked to the relevant SDGs to which CEPPs are a contributor. It should cover the following aspects:

Awareness, education and commitment

- 3.1 Awareness raising for the general public, in particular teenagers, in the media and in school curricula, and through childbirth and parenting programmes for parents-to-be.
- 3.2 A commitment to take action against all forms of discrimination, including reproductive rights, violence and sexual exploitation of women and girls, violence against women, harmful traditional practices like FGM, MGM, child early and forced marriage as defined in SDG5, and lack of birth registration as called for in SDG16.

A definition of the coverage including

- 3.3 Availability and accessibility of CEP services and education to all population groups and including mother, father, child, family, caregivers and parents-to-be. Particular focus should be on the disadvantaged and vulnerable, and those with disabilities or mental health conditions.
- 3.4 The CEP period, typically including preconception, prenatal, peri-natal, postnatal and early childhood (typically the period prior to pre-primary education, or 3-4 years, depending on the country).
- 3.5 The CEP services, typically including healthcare, (reproductive, physical, emotional and mental health), perinatal support, e.g. midwives, birth and post-partum doulas, social services, and early childhood care and education.

Implementation

- 3.6 Adoption of a multi-sector approach, with clear accountability for service delivery, and with implementation priorities, areas of intervention and funding based on an objective assessment of needs defined in the business case.
- 3.7 Promoting the role of fathers throughout pregnancy and early parenthood, addressing the issue of time off or flexible working conditions for parents, and provision of support (material and financial) for caregivers.

4. Establish infrastructure and capacity for education and the delivery of care

Establish the infrastructure and an integrated network of service providers to provide a continuum-of-care, with the capacity to meet CEP needs. Put in place measures and reporting processes to monitor implementation progress.

- 4.1 Assess the capacity required to implement the CEP Policy, in relation to infrastructure, capacity of service delivery organisations and availability of trained professionals.
- 4.2 Identify Capacity Gaps and develop plans to address them, with associated funding needs.
- 4.3 Define the Operating Model and guidelines governing the delivery of healthcare (for mother and child), social services, and early childhood care, through a network of service providers and partnerships between government, non-government and civil society stakeholders in CEP.
- 4.4 Develop the infrastructure e.g. care centres and transport, to enable access by all population groups to CEP care and services as called out in SDG9.
- 4.5 If applicable, address the issue of adequate and equitable access to water, sanitation and hygiene, paying special attention to the needs of women and girls as defined in SDG6.
- 4.6 Assess the needs for qualified health care, social services, childcare and education professionals, and develop plans to address the gaps identified.
- 4.7 Where applicable, address the need for qualified educators through international cooperation for educator training and creation of scholarships for education of professionals in disadvantaged communities and countries as defined in SDG4.

5. Promote best practices in education and the delivery of care, for mothers and professionals

Promote exchanges between CEP stakeholders (universities, research organisations, professional organisations, and CEP service providers) to create a validated set of best practices, and deliver CEP education and care based on these practices as defined in SDG4.

- 5.1 Establish partnerships with stakeholder organisations and CEP service providers (health, social, education and care professionals), to maintain a validated knowledge base, forums and channels for dissemination of knowledge and best practices in relation to CEP.
- 5.2 Assess the CEP education needs for CEP professionals, mothers and caregivers in the areas of prenatal, childbirth, early childhood care, attachment, play and stimulation. Include specialist training to identify child mental health issues and 'at-risk' or vulnerable parents and families
- 5.3 Develop an education curriculum for CEP professionals based on the CEP knowledge base (college and university level) to meet the needs for qualified educators.
- 5.4 Enhance the enabling technology, in particular information and telecommunications, aiming to provide universal and affordable access to the Internet and platforms or applications for information and education on CEP, including mobile apps, e-learning portals and webinars as defined in SDG9.
- 5.5 Implement an awareness and education programme in CEP for teenagers, parents-to-be, mothers, families, and caregivers. In relation to teenagers, draw on experience in other countries and the use

of multiple channels (school programmes, brochures, social media publicity, videos, applications on mobile devices etc.).

- 5.6 Provide pre-natal awareness and childbirth education for mothers which emphasises both the physical and emotional aspects of parenting for the child's well-being and healthy social and emotional development. Include an evidence-based explanation of the benefits and harms of common birth practices, with mother-friendly support that is shown to improve outcomes for mother and child, e.g. continuous companionship, skin-to-skin contact and breastfeeding.
- 5.7 Provide early childhood care and development by caregivers with an understanding of the importance of attachment during early childhood, so children are ready for pre-primary school.

6. Adopt a multi-sector approach, ensuring a continuum-of-care in the delivery of physical, emotional and mental health services and early childhood care

Deliver a full spectrum of CEP physical, emotional and mental health support and social services, and early childhood care, including services for special needs, throughout the CEP period.

- 6.1 Take steps to address local and country-specific issues and to reduce preventable maternal mortality and morbidity and preventable deaths of newborns and children under 5 years of age, in line with targets set out in SDG3.
- 6.2 Provide universal access to the agreed CEP health and social services, ensuring that these are accessible to all, without discrimination, including to populations in remote areas.
- 6.3 Include delivery of sexual and reproductive healthcare services, including family planning, information and education.
- 6.4 Encourage a culture of collaborative working and information sharing between all sectors and levels of government and organisations delivering CEP services, with shared funding where appropriate, to provide a continuum-of-care for mothers and children.
- 6.5 Develop information systems to support information sharing between agencies and tracking of 'at-risk' families and those with special needs (e.g. teenage mothers).
- 6.6 Provide specialist services and support for vulnerable or disadvantaged families, or those experiencing difficulties, to provide guidance and support and promote parent-child interaction, including parent-child counselling if needed.
- 6.7 Raise awareness and provide support for women, suffering from pre- and post-natal depression, or who are victims of intimate violence which often starts when they become pregnant.

7. Measure and publicly report on targets and achievements in relation to early parenting and early childhood development

Closely monitor and evaluate service quality and effectiveness in order to maintain an economic and social evidence base, which will enable the prioritisation of initiatives and the allocation of funding.

- 7.1 Establish targets and parameters for measuring achievement of targets across all areas of the CEP initiative as called for in SDG17.
- 7.2 Publish and communicate the CEP Initiative and Policies, including plans for achieving SDG targets related to CEP.
- 7.3 Measure and report on progress relating to targets, internally to governments and service delivery organisations and externally to the wider public, including NGOs and organisations representing women and mothers.
- 7.4 Evaluate the service outcomes to create an evidence-based assessment of their effectiveness and cost-benefit. Use the results to inform decisions on priorities and allocation of funding.