WHO Guideline on parenting interventions to:

Prevent maltreatment and enhance parent-child relationships with children aged 0-17 years

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Harsh or violent parenting carries adverse effects in many spheres of well-being:

- Injuries, disabilities and death
- Poor mental health
- Poor child development and health
- High-risk behaviours
- Communicable and non-communicable diseases
- Maternal health problems
- Inter-generational transmission of violence & offending, including intimate partner violence

These wide-ranging outcomes of poor parenting are hugely costly to multiple systems

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Web Annex. GRADE evidence profiles and evidence to decision tables

Parenting interventions described

• Aim to improve parent-child interaction and quality of parenting
  • Structured interventions directed at parents/caregivers
  • Focus on developing new skills and behaviours – not didactic instruction
  • Parents learn and practice applying new skills to their own child and family context
  • Often manualized – to ensure consistency and fidelity

• Can be universal, selective or indicated

• Delivery can be to groups or single families

• Delivery channels can be centre-based, home based, online, or a mix

• Delivery staff can be professional or para-professional

• Can be combined with other components (e.g. household income support)
## Essential components of effective parenting interventions

### Non-violent discipline techniques:
- Ignoring negative attention-seeking child behaviours
- Pointing out natural consequences and applying logical consequences
- Using time out

### Proactive parenting techniques
- Setting clear rules
- Monitoring child behaviour
- Giving positive and direct commands to children

### Positive reinforcement:
- Praising and rewarding appropriate child behaviours

### Parental self-management skills
- Emotion regulation
- Problem solving
- Communication and spouse/partner support

### Improving parent-child relationships
- Child-led play
- Empathy building
### Essential components of effective parenting interventions

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Practice! Practice! Practice!
Outcomes

Prioritized outcomes assessed across all reviews

• Child maltreatment
• Harsh and negative parenting
• Positive parenting skills and behaviour
• Child externalizing/behavioural problems
• Child internalizing problems
• Parental mental health
• Parental stress

Non-prioritized outcomes assessed across all reviews

• Intimate partner violence
• Parental self-efficacy
• Positive parenting knowledge, attitudes and beliefs
• Parental attitudes to corporal punishment
Recommendations

1

In LMICs, evidence-based parenting interventions should be made readily accessible to all parents or caregivers of children aged 2-17 years, in group-based or individualized formats, delivered through a variety of stakeholders, including government organizations such as health, education or social services, and non-government organizations.

2

Globally, evidence-based parenting interventions informed by social learning theory should be made readily accessible to all parents or caregivers of children aged 2-10 years, in group-based or individualized formats, delivered through a variety of stakeholders, including government organizations such as health, education or social services, and non-government organizations.
Recommendations

3 In LMICs, evidence-based parenting interventions should be made readily accessible to all parents and caregivers of adolescents aged 10-17 years, in group-based or individualized formats that consider the specific needs of adolescents and parents of adolescents, delivered through a variety of stakeholders, including government organizations such as health, education or social services, and non-government organizations.

4 In humanitarian settings within LMICs, evidence-based parenting interventions or broader evidence-based interventions with a parenting component should be made readily accessible to all parents and caregivers of children aged 0-17 years, in group-based or individualized formats that consider the impact on recipients' mental health.
Recommendations

5 Following the 2020 WHO guideline Improving early childhood development (ECD), to improve ECD:

- All infants and children should receive responsive care during the first 3 years of life; parents and other caregivers should be supported to provide responsive care;
- All infants and children should have early learning activities with their parents and other caregivers during the first 3 years of life; parents and other caregivers should be supported to engage in early learning with their infants and children;
- Support for responsive care and early learning should be included as part of interventions for optimal nutrition of infants and young children, and
- Psychosocial interventions to support maternal mental health should be integrated into early childhood health and development services.
Key content for each recommendation

- Justification
- Meta-analyzed effect sizes on:
  - Increasing positive parenting behaviours
  - Reducing child maltreatment and harsh parenting
  - Reducing child behavioural and mental health problems
  - Reducing parental mental health problems and stress
- Assessment against WHO-INTEGRATE implementation criteria including:
  - Health equity
  - Equality, and non-discrimination
  - Human rights and socio-cultural acceptability
- Implementation considerations
- Research priorities
Guideline adaptation and implementation

1. **Build national commitment**
2. **Assess needs**
3. **Select interventions**
4. **Adapt interventions to the local context**
5. **Prepare national & local government plans for action**
6. **Identify sustainable sources of financial support**
7. **Develop & manage human resources**
8. **Estimate costs**
9. **Implement, monitor & evaluate**
Accessing the guidelines and underlying reviews

• The guidelines: core document and web annex

• The underlying evidence reviews

Thank you, and for more information please visit the guideline web page