

# WHO Guidelines on parenting interventions

## The evidence base for parenting interventions

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# Vital to have rigorous evaluation evidence:

- so we know if our interventions work
  - many examples of well-meaning interventions that do no good, or even do harm
- so we spend our scarce resources wisely, in ways that most benefit children and families
  - we don't get many chances, so need to get it right from the start

# Reviews and reports

**DRAFT- Not for citation or dissemination**

**World Health Organization Guideline on  
Parenting to Prevent Child Maltreatment and  
Promote Positive Development in  
Children aged 0-17 Years**

*This is a draft document - not for citation or dissemination*

**Report of the Systematic Reviews of Evidence**

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15<sup>th</sup> March 2022

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*draft document - not for citation or dissemination*

**WHO Guideline on Parenting programmes to Prevent Child  
Maltreatment and Promote Positive Development in Children  
aged 0-17 Years:**

**Report of the reviews for the WHO-INTEGRATE framework**

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Second Draft, 15<sup>th</sup> March 2022

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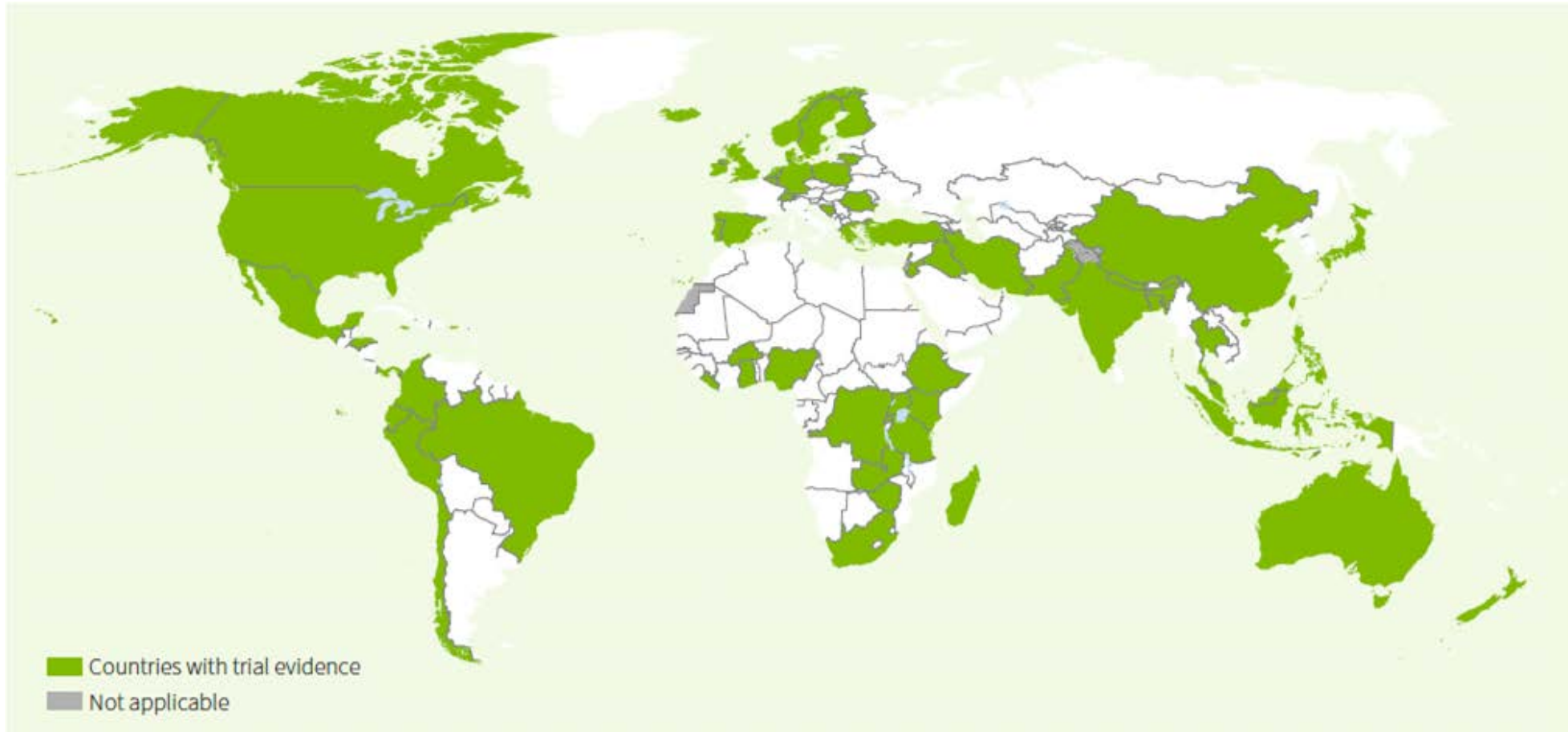
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[Backhaus S, Gardner F, Schafer M, Melendez-Torres GJ, Knerr W, Lachman JM. Parenting interventions to prevent child maltreatment and enhance parent-child relationships with children aged 0-17 years. Report of the systematic reviews of evidence.](#)

[Gardner F, Shenderovich Y, McCoy A, Schafer M, Martin M, Janowski R et al. Parenting interventions to prevent child maltreatment and enhance parent-child relationships with children aged 0-17 years. Report of the reviews for the WHO-INTEGRATE framework.](#)

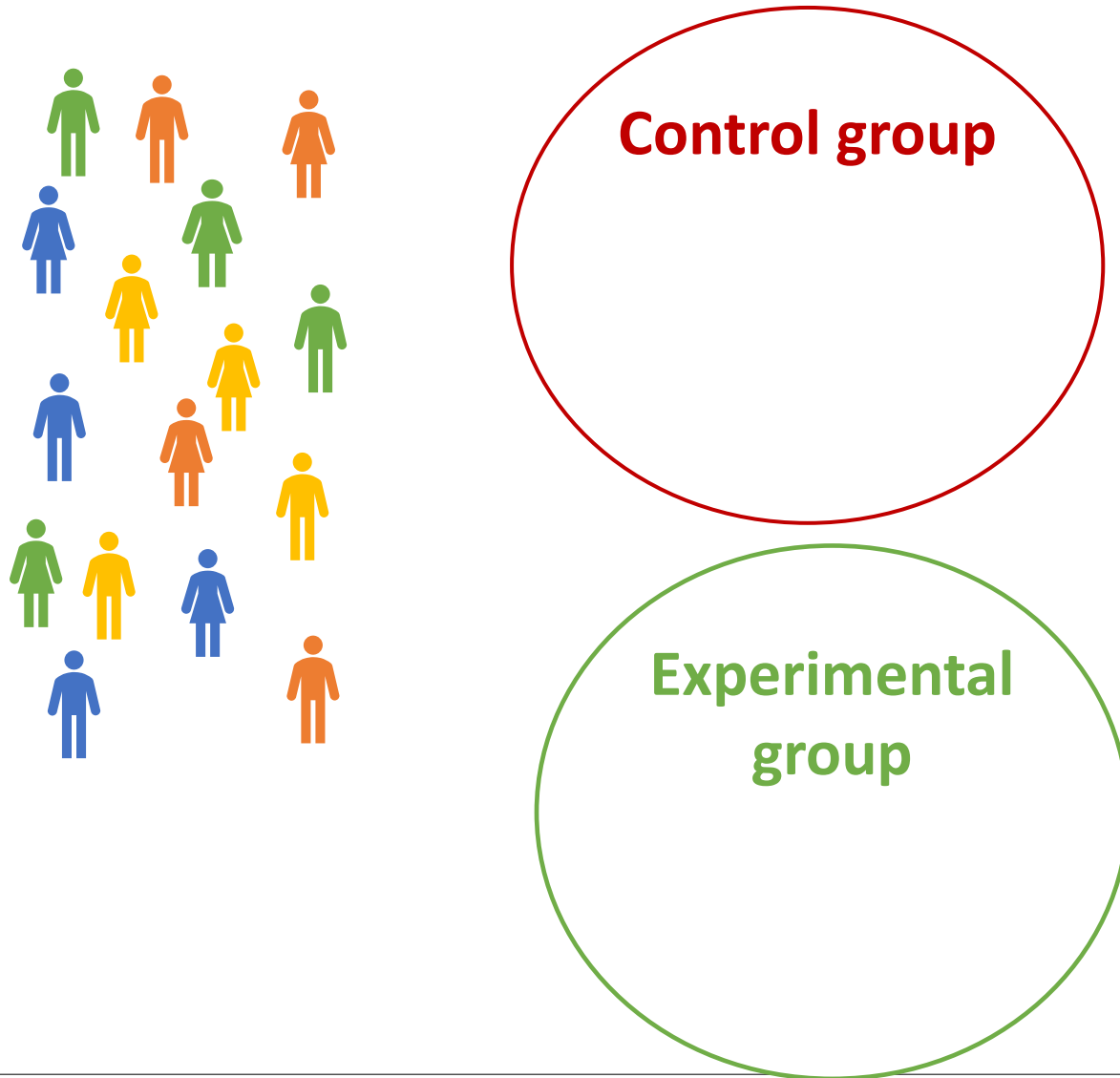
# Overarching evidence summary

- Strong evidence from across the world for all ages
- Parenting interventions reduce negative parenting behaviours, including maltreatment, and improve positive and nurturing parenting behaviours



435 randomized  
controlled trials  
from 65 countries

# Randomized controlled trials (RCTs)



# Systematic reviews



# Systematic reviews that informed recommendations

From the research questions to 5 systematic reviews on the effectiveness of parenting interventions for:

1. Families living in low- and middle-income countries (LMICs)
2. Families globally (focus age group 2-10 years)
3. Families of adolescents living in LMICs
4. Families living in humanitarian settings in LMICs
5. Families with children aged 0-2 years in LMICs



## Outcomes of interest

1. Child maltreatment and subtypes
2. Harsh parenting
3. Negative parenting
4. Positive parenting
5. Parenting stress
6. Parent mental health problems
7. Child emotional and behavioural problems



# Review on parenting interventions in low- and middle-income countries

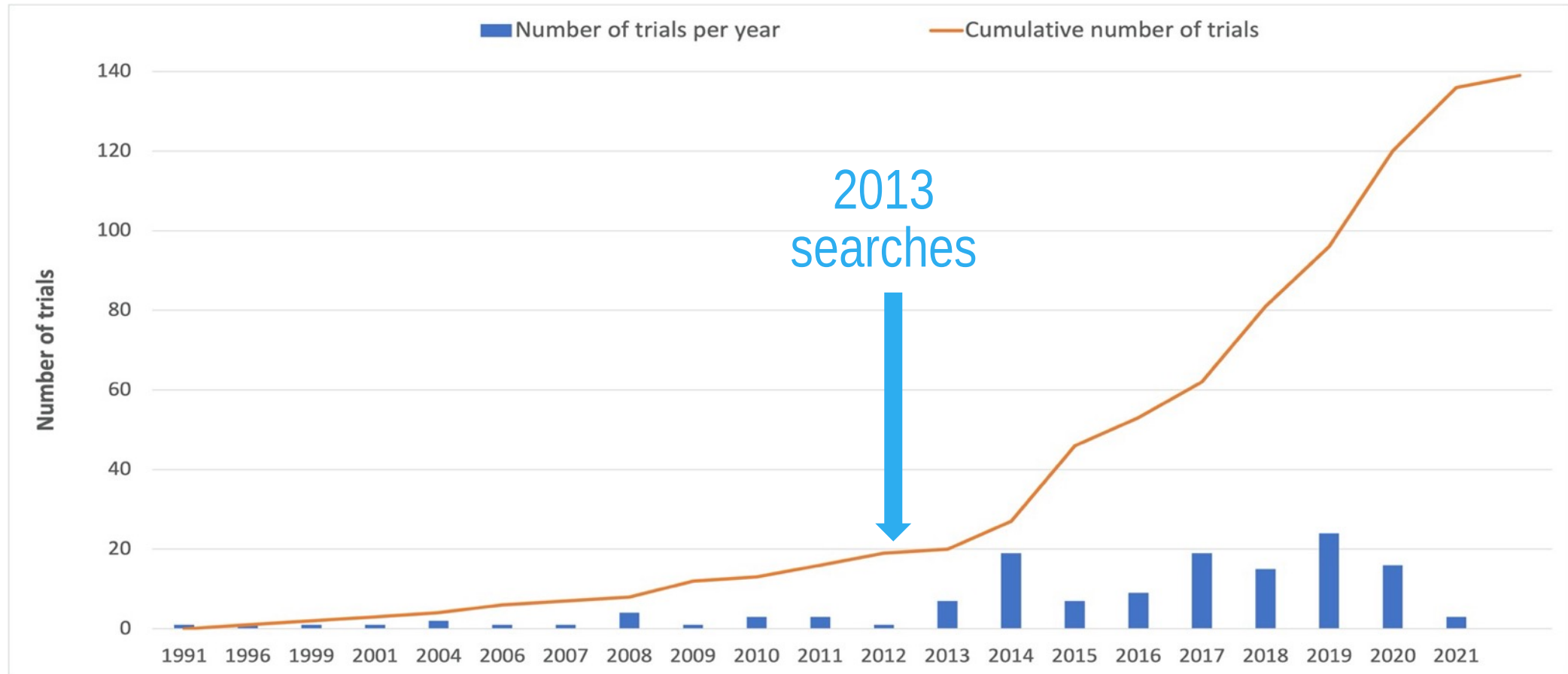
- Criteria for inclusion: Randomized trials testing effects of parenting interventions for parents/ caregivers of children aged 2-17 living in LMICs
- Highly sensitive, exhaustive searches
- 26 databases - 14 non-English-language; grey literature, trial registries
- Searched in English, Spanish, Chinese, Farsi, Thai, Russian
- Pre-registered: Prospero CRD42018088697

PICO Question: In families of children aged 2-17 years in LMICs, how effective are parenting interventions compared to an inactive control condition?



# Huge increase in impact evaluations in LMICs...

Finding 131 randomised trials of parenting programs aged 2-17 in LMICs -  
= extraordinary increase since our 2013 review, with 12 trials





# How were the interventions implemented?

- Most families were poor, often living in contexts of adversity
- Most parenting interventions delivered in group format (61%), some part or fully digital (9%), mainly to mothers, some fathers, grandparents, other caregivers.
- Most focused on preventing harsh parenting or reducing child behavior problems (selective or indicated prevention)
- Delivery setting: healthcare (16%), community (15%), school (14%), poorly reported (37%),
- Mostly delivered by professional staff (53%), only 6% included lay workers; others semi-professional or not stated



# Parenting interventions in LMICs are effective for reducing all key outcomes:

| Outcome<br>(all highly significant $p < 0.001$ ) | LMICs 2-17 review, 131 RCTs<br>Effect size, d | GRADE certainty of<br>evidence |
|--------------------------------------------------|-----------------------------------------------|--------------------------------|
|                                                  |                                               |                                |

When compared to the global evidence largely from high-income countries, effects in LMICs are at least as high and sometimes even higher!  
For example for parent depressive and anxious symptoms.

|                                     |       |           |
|-------------------------------------|-------|-----------|
| Child behavioral problems           | -0.62 | moderate  |
| Parent depressive/ anxiety symptoms | -0.57 | low       |
| Parenting stress                    | -0.24 | moderate  |
| Negative parenting                  | -0.47 | not rated |

# For whom do they work best?

## Moderators of intervention effects in LMICs

Are there differential effects by family, child, contextual characteristics?

- Found very few differential effects -- Parenting interventions equally likely to be effective across different levels of family poverty, education, age, country income level.
- More effective for families with concern re child behavior.





# Program & delivery features in LMICs- do they make a difference?

- Longer programs not better - trends to shorter being more effective
- Group-based and single-family programs equally effective (cost?)
- Delivery by professional rather than lay-workers: few trials
- Imported programs equally effective as 'homegrown' ones





# WHO-INTEGRATE Evidence-to-Decision framework

So - we have 100s of rigorous impact evaluations showing parenting interventions are effective for reducing maltreatment and improving positive parenting, parent mental health, child emotional & behavioral problems

Effects appear to generalise across a wide range of settings, cultures, ages and families

But - to make complex, evidence-informed decisions, what else do policymakers & programmers need to know?

Evidence-to-Decision (EtD) frameworks ensure all other important factors are considered in a systematic & transparent way- we used WHO-INTEGRATE criteria to inform recommendations



WHO-INTEGRATE  
Rehfuess et al, 2019

# Uses of the WHO-INTEGRATE framework- quick quiz

You want to implement a parenting program in communities in Northern Nigeria to address problems families have with caring for teenagers in an active conflict zone

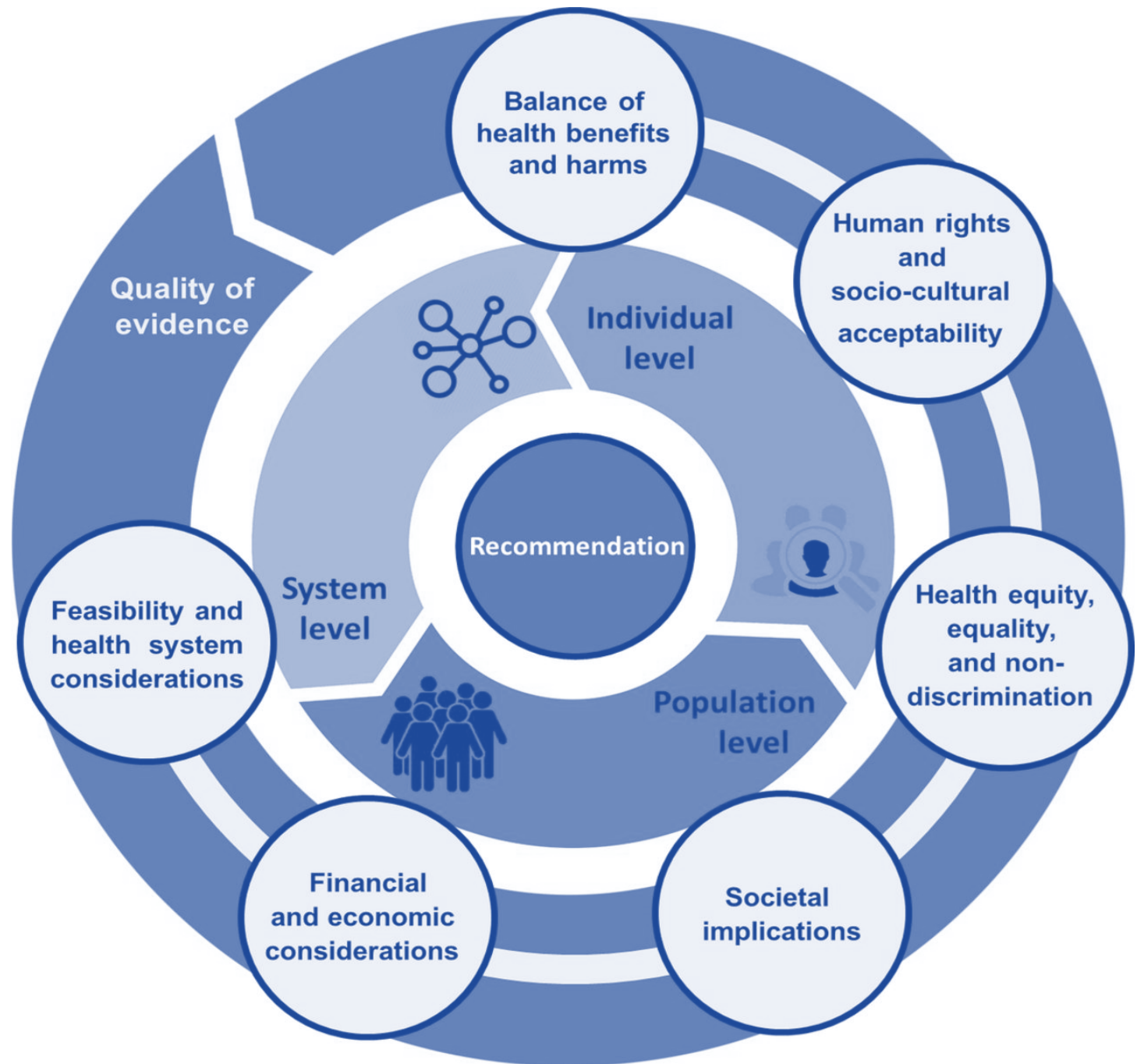
You've learned about a program that's been tested in similar settings in the region

Apart from evidence that it works for protecting teenagers ...**what else might you want to know before deciding if to use or fund this program?**

- Will parents and community & religious leaders like it?
- Are there any adverse effects?
- How feasible is it here? Who will do it, in what system?
- Is it ethical/ in keeping with human rights principles?
- How much will it cost? Is it cost effective?
- Will there be wider benefits (or burdens) for families, for society?
- Will it have equal effects on different groups in the population?

# Criteria that inform recommendations: WHO-INTEGRATE

Rehfuess et al, 2019



# Evidence sources for the INTEGRATE questions

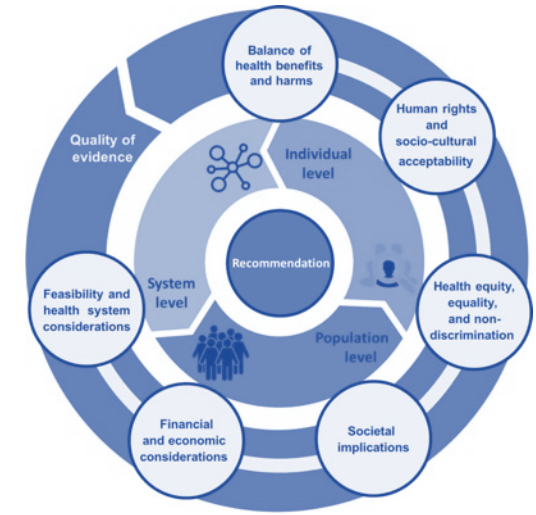
Conducted a series of mixed methods systematic reviews:

Drew on qualitative data –

- Perceptions of parents, children, communities, delivery staff, about social acceptability, harms, feasibility (217 studies; 18 in LMICs)
- Child rights-based analysis of programs

Drew on quantitative data -

- From the guideline systematic reviews to address questions about harms, equity.
- Synthesized studies on cost effectiveness; implementation.



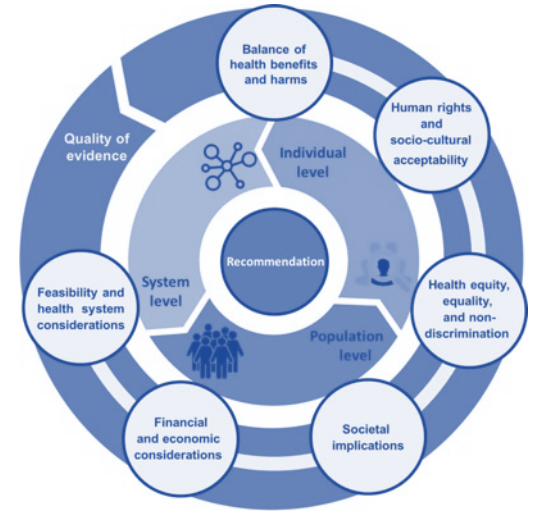
# Detail of evidence sources for INTEGRATE and EtD

|                             |                                                                        | Applicability to LMICs?  |
|-----------------------------|------------------------------------------------------------------------|--------------------------|
| For all topics              | Qualitative review of perceptions of programs-by staff, parents, youth | 217 studies, 18 in LMICs |
| HARM / BENEFIT              | Guideline reviews; qualitative review of perceptions                   | yes                      |
| HUMAN RIGHTS                | Analysis of human rights aspects, qualitative review of perceptions    | 17 studies, many LMICs   |
| SOCIAL ACCEPTABILITY        | Qualitative review of perceptions                                      | 18 in LMICs              |
| EQUITY                      | Guideline reviews; review of moderator studies                         | yes                      |
| WIDER SOCIETAL IMPLICATIONS | Qualitative review                                                     | Limited studies globally |
| ECONOMIC                    | Review of studies of cost & cost effectiveness.                        | 7 studies in LMICs       |
| FEASIBILITY/ IMPLEMENTATION | Review of implementation data; qualitative review                      | Most studies in HICs     |



# INTEGRATE findings

- Balance of benefits & harms: favours the intervention
- Socio-cultural acceptability: favours the intervention
- Human rights: probably favours the intervention
- Health equity, equality, non-discrimination: probably favours the intervention
- Financial & economic considerations: probably favours the intervention
- Feasibility & health system considerations: judgement varies



# Balance of health benefits and harms

Judgement: Favors the intervention

Sources of evidence: Global & LMICs effectiveness reviews, qualitative review

- Effectiveness: In LMICs, ages 2-17, evidence is consistently in the direction of beneficial effects, for all outcomes
- Harmful effects: No clear or consistent harms detected - in quantitative or qualitative studies. Parents very rarely reported harms across 217 studies globally.
- A few studies show sustained effects in the longer-term in LMICs and globally - over 1-2 years.



# Human rights

Judgement: Probably favors the intervention

Sources of evidence: Qualitative perceptions review, human rights analysis found:

- Very little evidence parents experience programs as intrusive or causing loss of autonomy
- Nevertheless, potential for compromise when offered as part of cash transfer system, prison sentence, child protection order, refugee service.
- Some parents in HICs resented participation in mandated programs, but often views changed over time (empathic staff & strength-based approaches helped)
- Parenting interventions promote parenting styles that enhance child rights- (eg to be listened to, not to suffer violence)





# Socio-cultural acceptability

Judgement: Favors the intervention

Sources of evidence:

Global qualitative perceptions review (200+ studies)

Socio-cultural acceptability for beneficiaries:

- In LMICs, parenting interventions appear socially acceptable to parents & delivery staff (18 studies). Parents perceived very positively the content, delivery format, social support, cultural appropriateness; eg they valued improved relationships with child; reduced conflict.
- HICs, parents' perceptions similar, mainly low income families (200 studies)
- Quantitative (RCT) data based largely on parents' perceptions
- Misgivings- relatively rare
- Mistrust of services can be mitigated by welcoming, respectful, strengths-based approach
- Little evidence on views of children; other caregivers, stakeholders, general public



# Financial and economic considerations



Judgement: Probably favors the intervention

- Globally, parenting programs are likely reduce financial burden of maltreatment and are probably cost-effective.
- Most cost-effectiveness data come from HICs, but given costs are lower, burden is higher, and parenting intervention effects similar in LMICs, then evidence may be applicable to LMICs





# Conclusions 1

Parenting programs in all stages of childhood work well for a range of outcomes, globally & in LMICs:

- reduce harsh, maltreating parenting;
- improve positive parenting;
- reduce child behavioral & emotional problems

AND

- for a costly, high prevalence outcome- parent mental health problems -  
-- found strong effects in LMICs, despite parenting programs not addressing this directly
- similar programs in 0-3's enhance cognitive & language development

Parenting programs thus address multiple, complementary needs of vulnerable children & families

# Conclusions 2

- Parenting programs transport well across countries and cultures - flexible and feasible to adapt to new settings
- Beneficial for a range of families & contexts, including humanitarian settings
- Short, active learning, group-based programs (eg 8-10 sessions) work as well as longer ones
- Appear to be socially acceptable, in line with rights principles, cost effective
- Limitations in the data: Low-moderate certainty of evidence, fewer long-term studies

Research priorities, e.g.

- digital & hybrid programs in LMICs;
- how to embed programs in systems to promote scalability;
- longer-term effects;
- fathers, grandparents as caregivers;
- disability inclusion



# Thank you - Questions please!

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Please contact us if you have further questions or would like more information about  
our research, or about Parenting for Lifelong Health

<https://www.who.int/teams/social-determinants-of-health/parenting-for-lifelong-health>



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# Methods

## PRISMA flow chart

- 75,000 records screened
- 131 RCTs included

