



From evidence to policy: Exploring the WHO Parenting Intervention Guidelines

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WHO Guidelines (2023)

WHO guidelines on parenting
interventions to prevent
maltreatment and enhance
parent-child relationships
with children aged 0–17 years



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Web Annex. GRADE evidence profiles
and evidence to decision tables

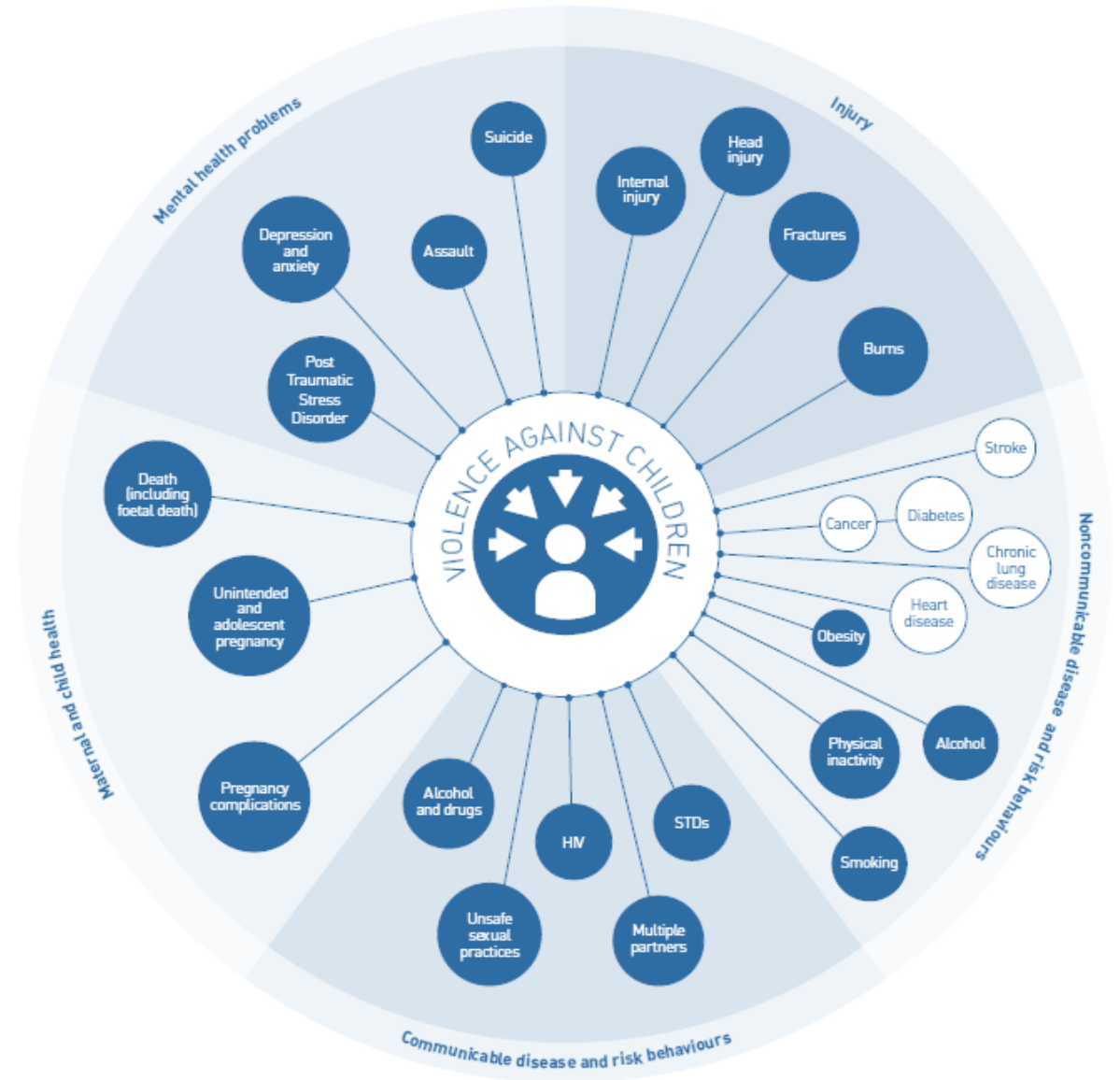


Why parenting?

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

- Poor mental health
- Youth violence & risky behaviours; injury
- Poor child development and health
- Inter-generational transmission of violence & offending, including intimate partner violence

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



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

Parenting interventions seem to be key in improving child and family outcomes;

But can we recommend to practitioners and governments the scale-up of these interventions?

We need to make sure that we 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 we 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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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

This is a draft document and is not for citation or dissemination

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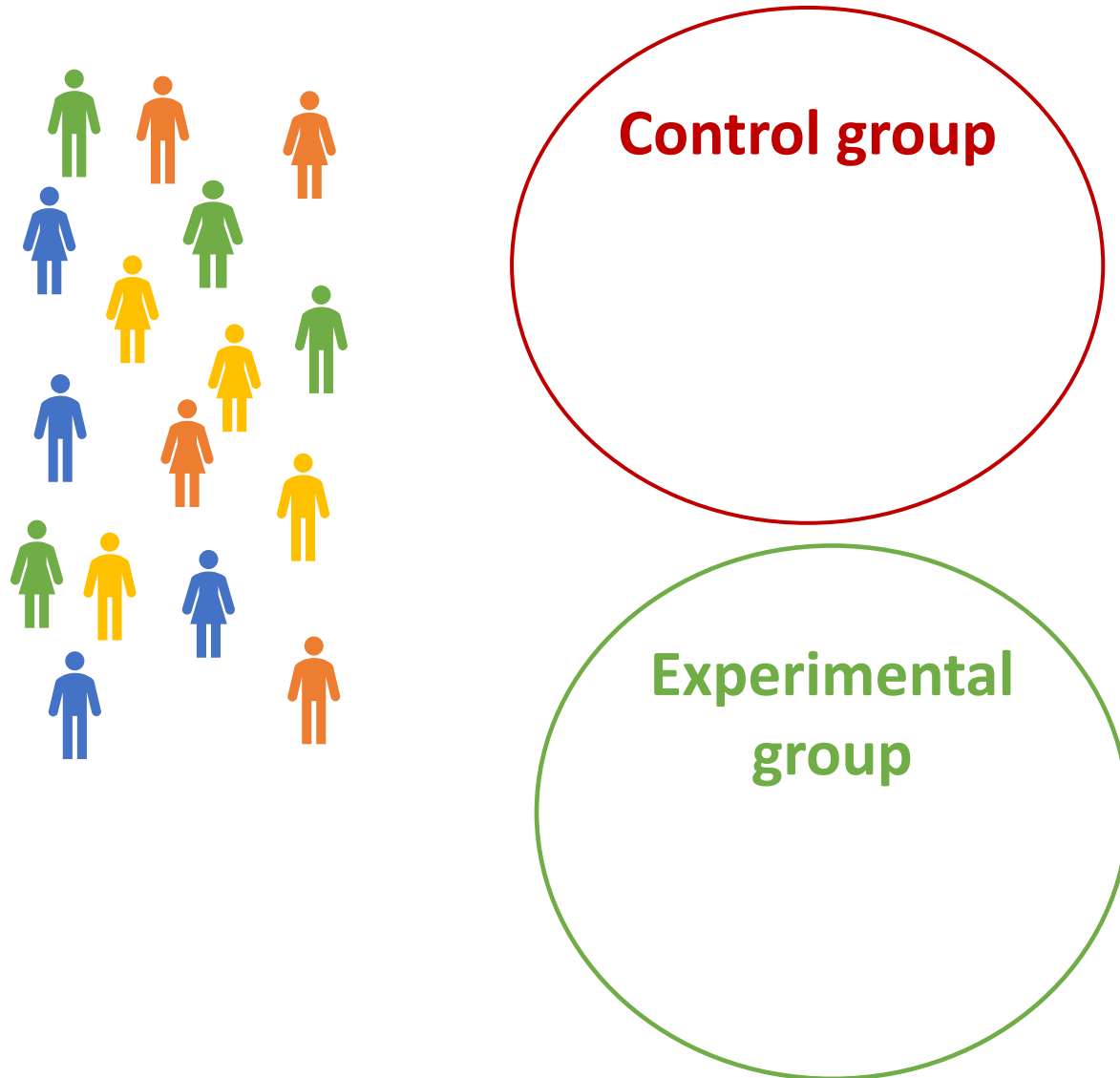
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[Backhaus S, Gardner F, Schafer M, Melendez-Torres GJ, Knerr W, Lachman JM. Parenting interventions to prevent child maltreatment and enhance parent-child relationships with children aged 0-17 years. Report of the systematic reviews of evidence.](#)

[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.](#)

Randomized controlled trials (RCTs)



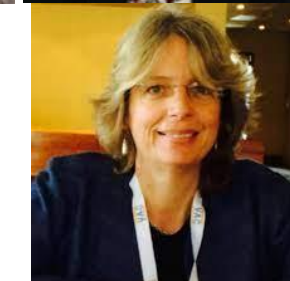
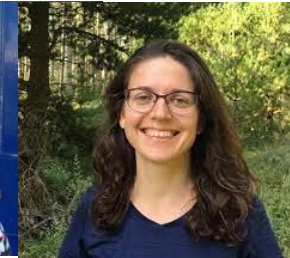
Systematic reviews



Systematic reviews of effectiveness



WHO-INTEGRATE reviews



Other CEBI students & staff to thank: Zuyi Fang, Yuwei Wang , Janina Jochim, Tamar Bortsvadze, Sarah Melville, Vira Ameli, Aipara Berekeyeva, Lucie Cluver

Systematic reviews that informed recommendations

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

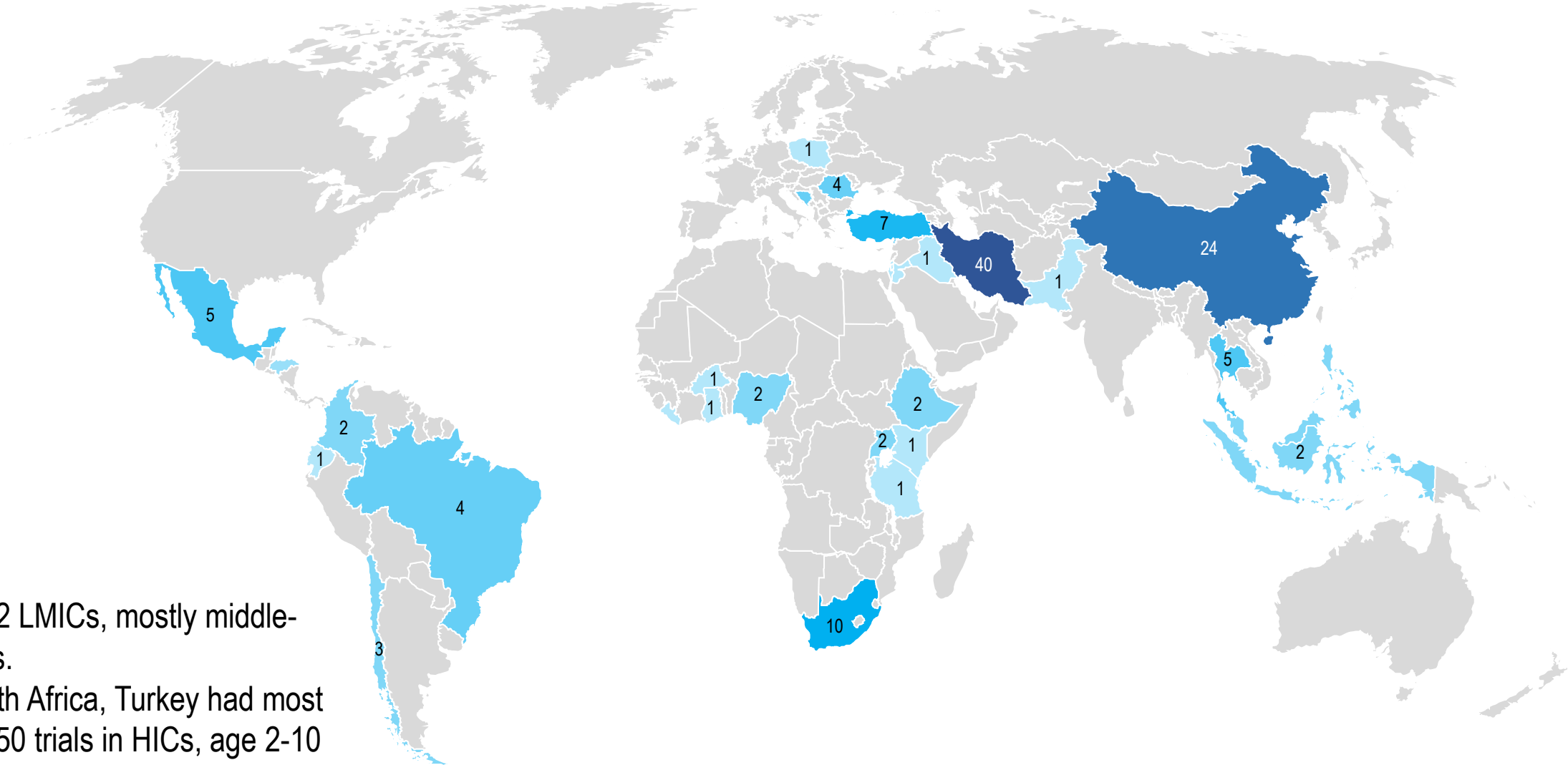
1. Families living in low- and middle-income countries (LMICs)
2. Families globally (focus age group 2-10 years)
3. Families of adolescents living in LMICs
4. Families living in humanitarian settings in LMICs
5. Families with children aged 0-2 years in LMICs

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?

Where were the trials?



- 131 trials from 32 LMICs, mostly middle-income countries.
- Iran, China, South Africa, Turkey had most
- Global review: 250 trials in HICs, age 2-10

Parenting interventions improved all outcomes

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



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



For whom do they work best?

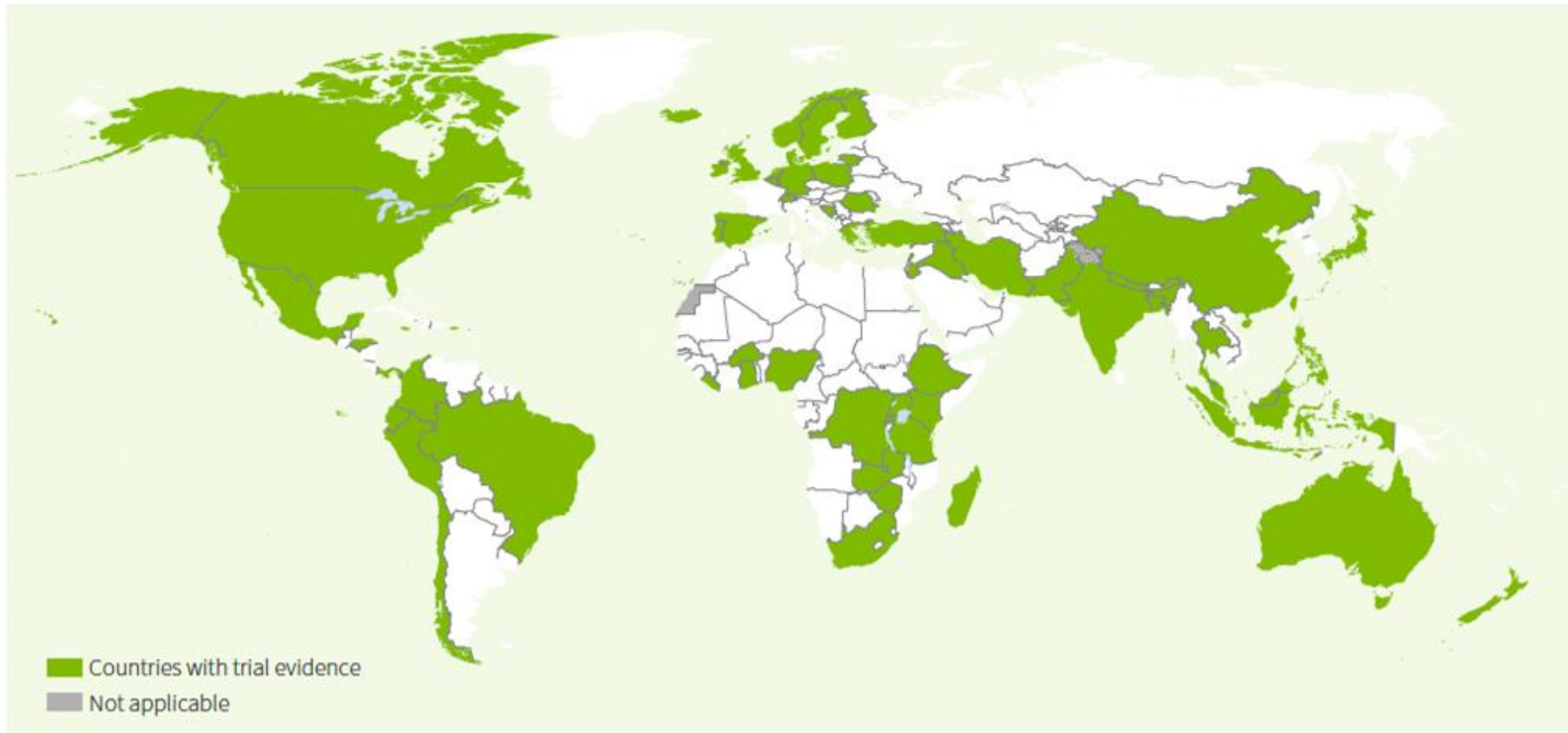
Moderators of intervention effects in LMICs

- Parenting interventions equally likely to be effective across different levels of family poverty, education, age, country income level.
- More effective for families with concern about child behavior.
- Longer programs not better
- Group-based and single-family programs equally effective
- Imported programs equally effective as 'homegrown' ones



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**

Parenting interventions seem to be key in improving child and family outcomes;

But can we recommend to practitioner and governments to scale-up these interventions?

YES!

Recommendations

1

In LMICs, evidence-based parenting interventions should be made readily accessible to all parents or caregivers of children aged 2-17 years.

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.



Recommendations

3

In LMICs, evidence-based parenting interventions should be made readily accessible to all parents and caregivers of adolescents aged 10-17 years.

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.



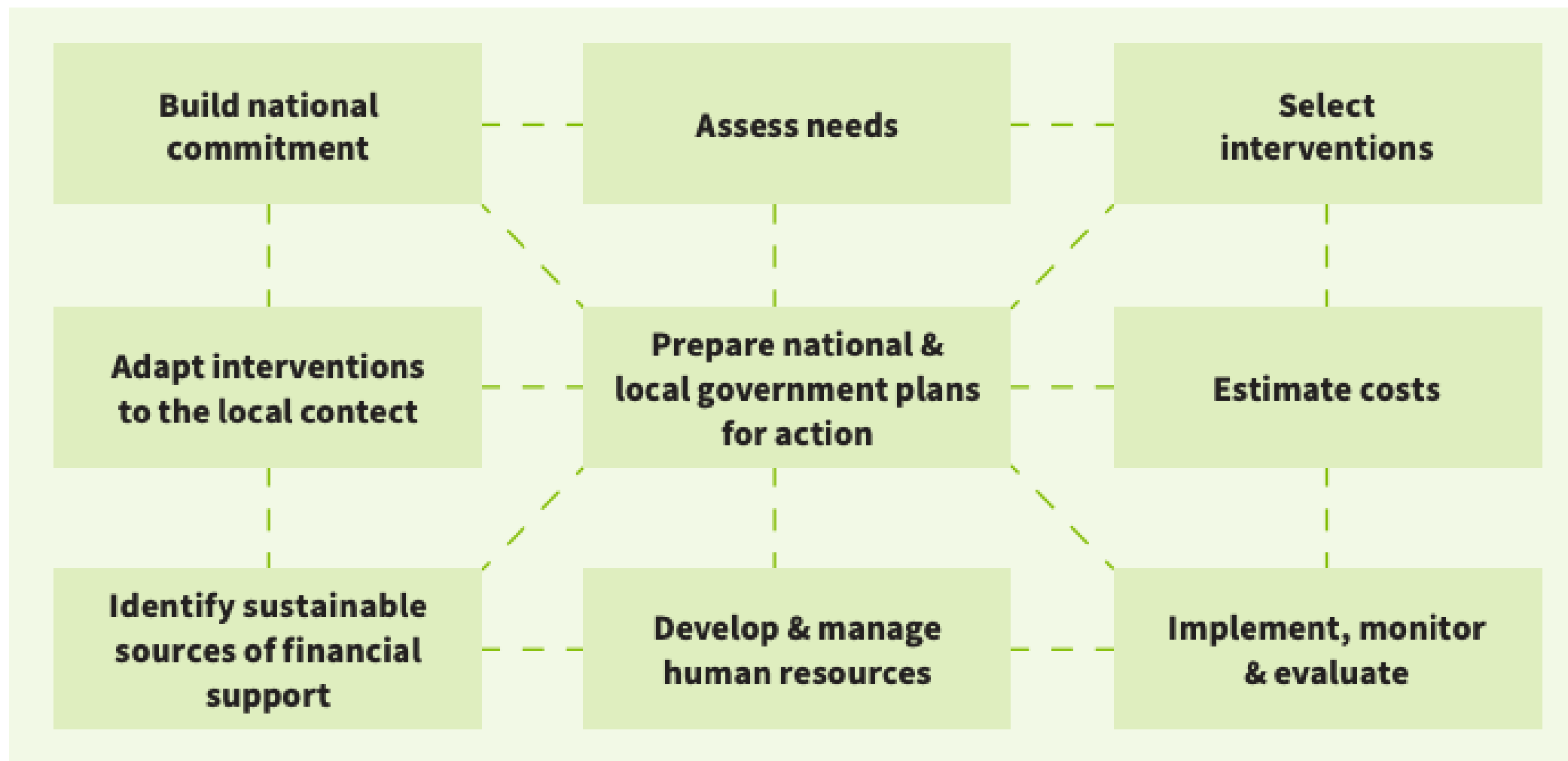
Recommendations

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

- ECD interventions focusing on parenting should be made available



Adaptation & Implementation of the Guidelines



Thank you!



Thank you!

Questions?