

Institution: University of Oxford		
Unit of Assessment: 20 Social Work and Social Policy		
Title of case study: Preventing child abuse globally through research-driven parenting programmes		
Period when the underpinning research was undertaken: 2011 - 2020		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Frances Gardner	Professor of Child and Family Psychology	01/09/2003 - Present
Lucie Cluver	Professor of Child and Family Social Work	01/04/2009 - Present
Jamie Lachman	Research Associate	01/01/2018 - Present
Yulia Shenderovich	Postdoctoral Researcher	08/04/2019 - Present
Period when the claimed impact occurred: 2013 – 30 November 2020		
Is this case study continued from a case study submitted in 2014? N		
1. Summary of the impact (indicative maximum 100 words)		
<p>Since 2011, Professors Gardner, Cluver and Dr. Lachman and their teams within the Department of Social Policy and Intervention (DSPI), at the University of Oxford, have led a multi-stakeholder effort to develop the world's first suite of evidence-based, non-commercialised, open-access parenting programmes: Parenting for Lifelong Health (PLH). Gold standard randomised controlled trials in South Africa, Philippines and Thailand demonstrate programme and cost effectiveness, and to date an estimated 81,000 cases of severe abuse have been averted through this research. The programmes are endorsed by the World Health Organisation (WHO), UNICEF, USAID, CDC and Global Partnership to End Violence Against Children. Over 3,000 local staff have been trained as parenting supporters, with programmes translated into 22 languages. This research, hand-in-hand with the team's evidence synthesis work, has had major impacts on the global policies of both the WHO and UN, and is embedded in national policy and scale-up of parenting programmes in six countries.</p>		
2. Underpinning research (indicative maximum 500 words)		
<p>In 2011, researchers within DSPI, with colleagues at the World Health Organisation (WHO), UNICEF and the South African Government, identified a major unmet need for evidence-based, free of charge parenting programmes to prevent violence against children in low-resource settings. The research team joined forces with the Universities of Cape Town, Bangor and Stellenbosch to develop and rigorously test programmes for young children and adolescents. These programmes are designed to support families living with poverty and stress, which are key risks for violence. The programmes are group-based, manualised and delivered by local community members to support family relationships, provide alternatives to violence and help their plans to protect children inside and outside the home.</p> <p>Concurrent and in tandem with the development of the Parenting for Lifelong Health (PLH) programmes, a team led by Gardner conducted a series of ten published systematic reviews [e.g., R1, R5, R6]. Based on high quality randomised trial evidence, these reviews provide a clear set of messages to policymakers explaining which parenting programmes, and which of their core components, are effective for which kinds of children, families and contexts, and how they can be transported across countries and settings. This paved the way for continued development and testing of PLH, as well as creating an environment conducive to the adoption of evidence-based parenting programmes in new countries. It continues to inform policymaking and scale-up of parenting programmes globally.</p>		

Developing Parenting for Lifelong Health (PLH)– Young Children (for age 2-9s)

(Lachman, Gardner, Cluver with the team's Oxford project manager, Inge Wessels, University of Cape Town's Prof Cathy Ward and Bangor University's Prof Hutchings). With local NGO Clowns Without Borders South Africa and Ikamva Labantu, iterative development and testing was conducted in South Africa 2011-2017. The first edition of a 12-session parenting programme was developed by drawing on effective component elements from systematic reviews, and from qualitative participatory research. It was piloted in a small-scale, mixed-methods, randomised trial with 68 parents and children, which demonstrated programme feasibility as well as improvements in positive parenting. Subsequent programme revision led to a randomised trial with 296 parents and their young children. This gave significant positive results, such as 39% more positive parenting, 28% less abusive parenting, 11% less child behaviour problems and greater use of non-violent discipline strategies one year after the programme [R4].

Developing PLH – Teen (for age 10-19s)

(Cluver, Lachman and Gardner) Co-created with UNICEF, the South African Department of Social Development, an Adolescent Advisory Group, and NGO Clowns Without Borders South Africa, research took place in South Africa between 2013 and 2018. The team's systematic review [R1] identified no evidence-based programmes for families with adolescents in low-resource countries. Consequently a programme was developed using participatory research and expert input as well as components identified in R1 as helpful in high income counties. This was initially tested and adapted through two pre-post studies with 290 rural families. It was then rigorously tested in a cluster randomised trial with 1,140 parents and adolescents in 40 villages and urban settlements. The trial showed significant positive results eight months after: 45% lower physical and emotional abuse, 23% improved parental supervision, 26% less caregiver alcohol use and 76% less adolescent alcohol use, 28% lower parenting stress, 51% lower caregiver depression, 46% less endorsement of corporal punishment, and improved food security and household savings [R2]. Cost-effectiveness was GBP4 saving for each GBP1 invested, calculated on the single outcome of severe abuse cases averted [R3].

From Africa to global testing

Following the success of the programmes in South Africa, plans for global scale-up were implemented. Robust randomised trials and pre-post tests were completed in Africa, Asia and Eastern Europe, with positive results (Oxford PIs Lachman, Gardner). All studies were conducted in partnership with government or NGOs, to embed programmes into scalable service settings from the outset. Randomised trials in the Philippines, Thailand and South Sudan demonstrated significant reductions in physical and emotional abuse, as well as neglect and maltreatment.

PLH research has raised some GBP6,000,000 in external funding, produced 33 scientific articles and received the European Union Horizon 2020 Impact Award, 2019.

3. References to the research (indicative maximum of six references)

- R1.** Knerr, W., Gardner, F., & Cluver, L. (2013). Improving positive parenting skills and reducing harsh and abusive parenting in low- and middle-income countries: A systematic review. *Prevention Science*, 14, 352-363. <http://doi.org/10.1007/s11121-012-0314-1>
- R2.** Cluver, L., Meinck, F., Steinert, J., Shenderovich, Y., Doubt, J., Romero, R., Gardner, F. (2018) Parenting for Lifelong Health: A pragmatic cluster randomised controlled trial of a non-commercialised parenting programme for adolescents and their families in South Africa. *BMJ Global Health*, 3:e000539 PMID:29564157. <http://doi.org/10.1136/bmjgh-2017-000539>
- R3.** Redfern, A., Steinert, J., & Cluver, L. (2019). Cost and cost-effectiveness of a parenting programme to prevent violence against adolescents in South Africa. *BMJ Global Health*, 4(3), e001147. <http://doi.org/10.1136/bmjgh-2018-001147>
- R4.** Ward, C. L., Wessels, I. M., Lachman, J. M., Hutchings, J., Cluver, L. D., Kassarjee, R. & Gardner, F. (2019). Parenting for Lifelong Health for young children: a randomized controlled trial of a parenting program in South Africa to prevent harsh parenting and child conduct

problems. *Journal of Child Psychology and Psychiatry*, 61(4), 503-512.

<http://doi.org/10.1111/jcpp.13129>

R5. Gardner, F., Knerr, W., & Montgomery, P. (2016). Transporting evidence-based parenting programs for child problem behaviour (age 3-10) between countries: Systematic review and meta-analysis. *Journal of Clinical Child and Adolescent Psychology*, 45, 749-762. <http://doi.org/10.1080/15374416.2015.1015134>

R6. Gardner, F., Leijten, P., Harris, V., Scott, S., Landau, S. (2019). Equity effects of parenting interventions for child conduct problems: Pan-European individual participant data meta-analysis. *Lancet Psychiatry*, 6, 518-527. [http://doi.org/10.1016/S2215-0366\(19\)30162-2](http://doi.org/10.1016/S2215-0366(19)30162-2)

All research items listed are journal articles (output type D).

4. Details of the impact (indicative maximum 750 words)

The outstanding success and scale of Parenting for Lifelong Health (PLH) is an example of academic research sidestepping commercialisation, and proprietary ownership, in order to create an evidence-based, free of charge, global good.

Impact of systematic reviews on parenting policy

Gardner et al.'s series of reviews **[R1, 5-6]** have been presented to policymakers, and used to embed parenting programmes, including PLH, in national government programmes in Estonia, Montenegro and Slovenia. The systematic review work continues in tandem with PLH programme development, informing adaptations to new contexts, and contributing to policy globally (e.g. WHO INSPIRE guidance **[E1a&b]**; UNICEF Middle East regional parenting policy), and WHO Baltic Region policy meetings 2017 and 2019 **[E1c]**. The WHO Head of Violence Prevention writes that '*Gardner and colleagues' reviews have been highly influential in helping to forge parenting policy globally, especially their systematic reviews showing that parenting interventions can be effective in low- and- middle income countries [R1]. Their novel systematic reviews on transportability of parenting programmes have helped persuade policy makers (WHO included) of something that many find counter-intuitive - namely that it is possible for these programmes to be effective even when they are transferred to countries with very different cultures of parenting [R5] [E1d].*

In Slovenia, Gardner presented her research at a meeting of policy makers in 2013, and a Ministerial meeting in 2016 **[R1, R5 & R6]**. '*The evidence Prof Gardner provided to government*', explained the Head of the Child Psychiatry Unit at the Centre for Evidence Based Early Interventions service in Slovenia, '*has been instrumental in bringing about national implementation at scale of [parenting] programmes, now delivered to 1144 parents across eight regions of Slovenia. Importantly her research helped shift policy in Slovenia on support for families, for example, contributing to the National Mental Health Plan 2018-2028 (that supports the nation-wide implementation of parenting programmes to support children and families)*' **[E2]**.

From Africa to Global Testing: Reducing child abuse in 24 countries

The PLH programme was created as a direct response to policy need for non-commercialised, evidence-based programmes. These group-based programmes use social learning theory evidence, and support families to problem-solve and build skills such as non-violent parenting, praise, stress reduction and family budgeting. Research in ten countries **[R2 & R4]** has led to substantial scale-up with an estimated 300,000 families receiving PLH programmes by the end of 2019 in places such as Cote d'Ivoire, Democratic Republic of Congo, Haiti, Kenya, Lesotho, Malawi, Malaysia, Montenegro, North Macedonia, Philippines, South Africa, South Sudan, Tanzania, Thailand, Uganda, and Zimbabwe **[E1e, E3, p.27]**. Based on estimates from randomised trial data **[R3]**, an estimated 81,000 cases of severe child abuse have been averted since 2018 by the PLH programmes.

All PLH manuals, training, monitoring and evaluation guidance, supervision and cultural adaptation guidelines are open access on the WHO and UNICEF websites **[E1e]** and '*represent an extremely valuable public good for organizations and governments looking to support families*' according to the Chief of Child Protection, UNICEF **[E4]**. They have been endorsed by

USAID for use with orphans and vulnerable children programmes across Africa. PLH is also included in the Global Partnership to End Violence and WHO INSPIRE package and guidance [E1]. *'INSPIRE is having extraordinary success at government-level engagement with the prevention of violence against children, and the impacts of Parenting for Lifelong Health on programming have been far-reaching'* Head of Violence Prevention, WHO [E1d].

Parenting for Lifelong Health has been adapted to reach highly vulnerable groups of children in national contexts, for example versions have been used with children working in Tanzanian mines [E7], young homeless mothers in Kenya, and for reintegration of children from orphanages into family care in Uganda and Kenya [E6a&b]. Programmes have local names in each country – from Sinovuyo Caring Families in South Africa to Masayang Pamilya (MaPa) in the Philippines – and manuals have been translated into 22 languages. They are delivered by a wide range of international and local NGOs and government services, including Save the Children; Catholic Relief Services [E5], Pact [E7]; USAID World Education and 4Children (DRC, Malawi, South Sudan) [E6]; FHI360, Youth-Friendly Health Services (Moldova), Alternativa (North Macedonia), Mothers2Mothers (South Africa), Stepping Stones International (Botswana), AMPATH (Kenya), the Philippine Child Protection Network (Philippines), and Emmanuel Association (India).

'Before Parenting for Lifelong Health there was no affordable way for us to improve parenting amongst vulnerable households. Now we can have a life-changing impact on thousands of adolescents and caregivers', Deputy Director-General, South African National Department of Social Development [E8].

Embedding parenting support in national programmes

The team have been working closely with UNICEF and the WHO to support the embedding of PLH within national government services. This includes the South African Department of Social Development, Malaysian National Population and Family Development Board, Thailand Ministry of Public Health, the Philippine Child Protection Network, the Philippine Department of Social Welfare and Development, and ten ministries in Montenegro [E3, E9]. In South Africa, 210 social care workers in eight of the nine provinces have been trained by the government and funded by UNICEF, and PLH is accredited by the South African Council for Social Service Professions for continuing professional development [E8].

In Thailand, the Ministry of Public Health is scaling the programme to seven provinces and 15,000+ families by 2022 [E10]. The programme is embedded within the public health system, with health staff working from local community health promotion centres. In South Sudan, PLH is included in the national work plan, and in the Philippines it has been embedded in the country's cash transfer system for poverty alleviation, by the national Department for Social Welfare and Development. In Montenegro, Prof Gardner's research presentation [R1, R5, R6], in 2016, to a UNICEF and ten-Ministry meeting on ending violence against children, led directly to implementation of PLH in three municipalities, followed by incorporation in government policy and ongoing scale up to all 24 Montenegrin municipalities [E9]. A mother in Montenegro who attended the programme extolled its benefits, saying *'I am now familiar with various techniques I was not aware of before, which help me to redirect or change some of the undesired behaviour in my children. There is a much better atmosphere in the house, which prompted my husband to go through the programme himself'* [E9].

Adaptation of parenting programmes for the COVID-19 emergency

The COVID-19 pandemic has put families globally under extreme stress, through lockdowns, school closures and poverty. Rates of child abuse have risen sharply. In response, a rapid coalition was formed between the team and WHO, UNICEF, the Global Partnership to End Violence, USAID, UNODC and the US Centers for Disease Control and Prevention. Through this collaboration the PLH programme elements were converted into accessible tip sheets, radio scripts and social media formats, which were translated by volunteers into 114 languages [E11]. These were launched by a commentary in the *Lancet* (Cluver et al. 2020) and a later commentary in *Nature Human Behavior* (Perks and Cluver, 2020). Between March and

December 2020 these were scaled up to 136,000,000 people in 204 countries (based on data provided by UN social media teams, and other organisations), and delivered on national television (Pakistan, Kyrgyzstan), radio (Malawi, Zambia, South Africa), as part of food aid (Montenegro, South Africa, Philippines), and on community loudspeakers (Lao, Cameroon). They have been used by 29 national governments across six continents in their COVID response (data gathered in accordance with guidelines outlined in **E11d**).

5. Sources to corroborate the impact (indicative maximum of 10 references)

E1. World Health Organisation:

- a) WHO INSPIRE Technical package of seven key strategies to end violence against children - <http://www.end-violence.org/inspire>
- b) INSPIRE practice handbook - <https://www.end-violence.org/sites/default/files/paragraphs/download/9789241514095-eng.pdf>
- c) WHO Nordic Baltic policymaker meetings:
http://www.euro.who.int/_data/assets/pdf_file/0014/401054/Baltic-workshop_Vilnius-Jan-2019-report-FINAL.pdf?ua=1
http://www.euro.who.int/_data/assets/pdf_file/0004/349150/Nordic-Baltic-workshop-on-the-prevention-of-child-maltreatment-report-FINAL.pdf?ua=1
- d) Letter from the Head of Violence Prevention, WHO, Geneva.
- e) Parenting for Lifelong Health on the WHO website:
https://www.who.int/violence_injury_prevention/violence/child/plh/en/ and
https://www.who.int/violence_injury_prevention/violence/child/plh_approach/en/

E2. Letter testimony from the Head of Child Psychiatry Unit at the Centre for Evidence Based Early Interventions service in Slovenia.

E3. UNICEF, 'Accelerating action to end violence against children in East Asia and the Pacific – Compendium of case studies' (2019).

E4. Letter from the Senior Adviser, Child Protection, UNICEF. Can be contacted to corroborate the effect of the research on UNICEF's work [Corroborator 1].

E5. Catholic Relief Services Practitioner Brief (Oct 2019), Uganda <https://www.crs.org/our-work-overseas/research-publications/strengthening-caregiver-parenting-skills-family> and testimonials from beneficiaries - <http://cwbsa.org/4children-success-stories/>

E6. USAID World Education - Sinovuyo programme in Uganda:

- a) Practitioner Brief
- b) Miriam's story

E7. Pact - A father and son story - <https://www.pactworld.org/features/father-and-son-tanzania-new-view-parenting-brings-family-happiness>

E8. Letter from Department of Social Development, South African Government

E9. Unicef Montenegro - <https://www.unicef.org/montenegro/en/stories/parenting-schools-be-rolled-out-all-municipalities-montenegro>

E10. MORU website - Parenting for Lifelong Health implementation in Thailand (14 Oct 2020)

E11. COVID-19 related resources:

- a) PLH site - www.covid19parenting.com
- b) WHO - <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/healthy-parenting>
- c) UNICEF - <https://www.unicef.org/coronavirus/covid-19-parenting-tips>
- d) UNICEF - Guidance for Country Offices on Risk Communication and Community Engagement Indicators for COVID-19 Global Response: Technical Guidance for Supporting Digital Platforms and Traditional Media (15 May 2020)