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

Web Annex. GRADE evidence profiles and evidence to decision tables

World Health Organization

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This publication forms part of the *WHO guideline entitled WHO guidelines on parenting interventions to prevent maltreatment and enhance parent–child relationships with children aged 0–17 years*.

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Contents

Introduction

This web annex forms part of the *WHO guidelines on parenting interventions to prevent maltreatment and enhance parent–child relationships with children aged 0–17 years (1)* (https://apps.who.int/iris/handle/10665/365814). As such, it should only ever be read in conjunction with the main guideline document that sets out in detail how the methodology in the *WHO handbook for guideline development (2)* was applied here, along with the development process and the recommendations themselves.

In this annex the GRADE Evidence Profiles (for Recommendations 1–4) provide assessments of the evidence for the seven outcomes identified as critical, namely:

- Child maltreatment
- Harsh parenting
- Positive parenting
- Parental stress
- Parental mental health problems
- Child externalizing behaviours
- Child internalizing behaviours.

The Evidence to Decision (EtD) tables provide detailed summaries of the evidence derived from the underlying systematic reviews and meta-analyses conducted to assess the efficacy of parenting interventions *(3)*, and the mixed methods reviews used to assess the following seven areas drawn from the WHO-INTEGRATE framework *(4)* for each of the four recommendations:

- Balance of health benefits and harms
- Human rights
- Socio-cultural acceptability
- Health equity, equality, and non-discrimination
- Societal implications
- Financial and economic considerations
- Feasibility and health system considerations.

GRADE Evidence Profiles for Recommendations 1–4

Recommendation 1

Author(s): Backhaus S, Gardner F, Schafer M, Melendez-Torres GJ, Knerr W, Lachman JM.

Question: How effective are parenting interventions for parents and caregivers of children aged 2 to 17 years compared to an inactive or active control group in reducing child maltreatment and improving related parent and child outcomes?

Setting: Low and Middle-Income Countries (LMICs)

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Parenting intervention	Inactive or active control group	Relative (95% CI)	Absolute (95% CI)		
Maltreatment												
20	randomised trials	serious[a]	not serious	not serious	not serious	none	2583	2661	-	SMD 0.39 lower (0.61 lower to 0.17 lower)	⨁⨁⨁◯ Moderate	CRITICAL

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Parenting intervention	Inactive or active control group	Relative (95% CI)	Absolute (95% CI)		
Harsh parenting												
44	randomised trials	very serious[b]	not serious	not serious	not serious	none	4457	4522	-	SMD 0.37 lower (0.54 lower to 0.19 lower)	⨁⨁◯◯ Low	CRITICAL
Positive parenting												
64	randomised trials	very serious[c]	not serious	not serious	not serious	none	5479	5497	-	SMD 0.46 higher (0.29 higher to 0.64 higher)	⨁⨁◯◯ Low	CRITICAL
Parenting stress												
16	randomised trials	serious[d]	not serious	not serious	not serious	none	1616	1591	-	SMD 0.24 lower (0.44 lower to 0.03 lower)	⨁⨁⨁◯ Moderate	CRITICAL
Parent mental health problems												
29	randomised trials	very serious[e]	not serious	not serious	not serious	none	2545	2511	-	SMD 0.57 lower (0.88 lower to 0.27 lower)	⨁⨁◯◯ Low	CRITICAL
Child externalising behaviours												
54	randomised trials	serious[f]	not serious	not serious	not serious	none	4003	3984	-	SMD 0.59 lower (0.8 lower to 0.37 lower)	⨁⨁⨁◯ Moderate	CRITICAL

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Parenting intervention	Inactive or active control group	Relative (95% CI)	Absolute (95% CI)		
Child internalising behaviours												
35	randomised trials	serious[f]	not serious	not serious	not serious	none	2821	2789	-	SMD 0.46 lower (0.65 lower to 0.27 lower)	⨁⨁⨁◯ Moderate	CRITICAL

CI: confidence interval; **SMD:** standardised mean difference

Explanations

a. 50% of studies in the body of evidence at high or moderate risk of bias and most others at unclear risk of bias. Lack of reporting was observed for blinding of assessors, allocation concealment, and addressing incomplete data.

b. Majority of studies in the body of evidence at high risk of bias largely due to lack of addressing incomplete data and blinding of data collectors.

c. Majority of studies in the body of evidence at high risk of bias largely due to lack of addressing incomplete data, blinding of data collectors and selected outcome reporting.

d. Majority of studies in the body of evidence at moderate or high risk of bias largely due to unclear risks of allocation concealment, blinding of assessors, and addressing incomplete data.

e. Majority of studies in the body of evidence at high risk of bias largely due to lack of addressing incomplete data and blinding of assessors.

f. Majority of studies in the body of evidence at high risk of bias largely driven by unclear risks related to randomisation and blinding of assessors.

Recommendation 2

Author(s): Backhaus S, Gardner F, Schafer M, Melendez-Torres GJ, Knerr W, Lachman JM.

Question: How effective are parenting interventions based on social learning theory for parents and caregivers of children aged 2 to 10 years compared to an inactive control condition for reducing child maltreatment and improving related parent and child outcomes?

Setting: Global

Certainty assessment							№ of patients		Effect			
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Parenting intervention	Inactive or active control group	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
Maltreatment and harsh parenting												
49	randomised trials	serious[a]	not serious	not serious	not serious	none	3062	2638	-	SMD 0.34 lower (0.47 lower to 0.22 lower)	⨁⨁⨁◯ Moderate	CRITICAL
Positive parenting												
131	randomised trials	serious[b]	not serious	not serious	not serious	none	6969	5884	-	SMD 0.49 higher (0.38 higher to 0.6 higher)	⨁⨁⨁◯ Moderate	CRITICAL

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Parenting intervention	Inactive or active control group	Relative (95% CI)	Absolute (95% CI)		
Parenting stress												
77	randomised trials	serious[c]	serious[d]	not serious	not serious	none	3850	3173	-	SMD 0.34 lower (0.43 lower to 0.26 lower)	⨁⨁◯◯ Low	CRITICAL
Parent mental health problems												
89	randomised trials	serious[c]	not serious	not serious	not serious	none	5184	4275	-	SMD 0.24 lower (0.3 lower to 0.18 lower)	⨁⨁⨁◯ Moderate	CRITICAL
Child externalising behaviours												
211	randomised trials	serious[c]	not serious	not serious	not serious	none	11694	9928	-	SMD 0.38 lower (0.44 lower to 0.31 lower)	⨁⨁⨁◯ Moderate	CRITICAL
Child internalising behaviours												
72	randomised trials	serious[c]	serious[d]	not serious	not serious	none	3737	3131	-	0.18 lower (0.27 lower to 0.09 lower)	⨁⨁◯◯ Low	CRITICAL

CI: confidence interval; **SMD:** standardised mean difference

Explanations

a. Majority of studies in the body of evidence at a high risk of bias largely due to lack of blinding of data collectors, assessment of incomplete data and concerns related to the randomisation procedure.

b. Majority of studies in the body of evidence at a high risk of bias largely due to unclear risks for key domains including selected outcome reporting and incomplete data assessment.

c. Majority of studies in the body of evidence at a high risk of bias largely due to unclear risks across all domains and lack of blinding of assessors.

d. Concerns with high levels of heterogeneity suggesting possible harmful effects.

Recommendation 3

Author(s): Backhaus S, Gardner F, Schafer M, Melendez-Torres GJ, Knerr W, Lachman JM.

Question: How effective are parenting interventions for parents and caregivers of adolescents aged 10 to 17 years compared to an inactive or active control group for reducing adolescent maltreatment and improving related parent and adolescent outcomes?

Setting: Low and Middle-Income Countries (LMICs)

Certainty assessment							№ of patients		Effect			
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Parenting intervention	Inactive or active control group	Relative (95% CI)	Absolute (95% CI)	Certainty	Importance
Maltreatment												
4	randomised trials	serious[a]	not serious	not serious	serious[b]	publication bias strongly suspected[c]	674	683	-	SMD 0.33 lower (0.66 lower to 0)	⨁◯◯◯ Very low	CRITICAL
Harsh parenting												
7	randomised trials	serious[d]	serious[e]	not serious	serious[b]	none	769	790	-	SMD 0.18 lower (0.72 lower to 0.37 higher)	⨁◯◯◯ Very low	CRITICAL
Positive parenting												
13	randomised trials	very serious[f]	not serious	not serious	not serious	none	2510	2542	-	SMD 0.5 higher (0.1 higher to 0.9 higher)	⨁⨁◯◯ Low	CRITICAL

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Parenting intervention	Inactive or active control group	Relative (95% CI)	Absolute (95% CI)		
Parenting stress												
2	randomised trials	very serious[g]	not serious	not serious	very serious[h]	publication bias strongly suspected[i]	336	345	-	SMD 0.59 lower (5.32 lower to 4.15 higher)	⨁◯◯◯ Very low	CRITICAL
Parent mental health problems												
13	randomised trials	very serious[j]	not serious	not serious	serious[b]	publication bias strongly suspected[i]	366	370	-	SMD 0.51 lower (1.36 lower to 0.34 higher)	⨁◯◯◯ Very low	CRITICAL
Adolescent externalising behaviours												
9	randomised trials	very serious[k]	not serious	not serious	serious[b]	none	960	1008	-	SMD 0.8 lower (1.76 lower to 0.17 higher)	⨁◯◯◯ Very low	CRITICAL
Adolescent internalising behaviours												
5	randomised trials	very serious[k]	serious[e]	not serious	serious[b]	none	530	533	-	SMD 0.25 lower (0.73 lower to 0.23 higher)	⨁◯◯◯ Very low	CRITICAL

CI: confidence interval; **SMD:** standardised mean difference

Explanations

a. Most studies in the body of evidence at high or unclear risk of bias related to lack of blinding of outcome assessors, addressing the incomplete or missing data, as well as concerns with sequence generation and allocation procedures.

b. Wide confidence intervals overlapping the null effect.

c. Some small trials in the body of evidence report no effects in the opposite direction.

d. Majority of studies in the body of evidence at high risk of bias largely due to unclear risks related to addressing incomplete data and selected outcome reporting.

e. Concerns with the high levels of heterogeneity suggesting possible harmful effects.

f. Majority of studies in the body of evidence at high risk of bias largely due to lack of addressing incomplete data, selected outcome reporting and other biases.

g. All studies in the body of evidence at high risk of bias due to lack of addressing incomplete data, blinding of outcome assessors, and selected outcome reporting.

h. Very wide confidence intervals overlapping the null effect, as well as large benefits and harms.

i. No trial in the body of evidence reports effects in the opposite direction.

j. All studies in the body of evidence at high risk of bias due to lack of allocation concealment, blinding of outcome assessors, and selected outcome reporting.

k. All but one study in the body of evidence at high risk of bias due to lack of addressing incomplete data, blinding of outcome assessors, selected outcome reporting, as well as concerns with the randomisation procedure.

Recommendation 4

Author(s): Backhaus S, Gardner F, Schafer M, Melendez-Torres GJ, Knerr W, Lachman JM.

Question: How effective are parenting interventions (and interventions with a parenting focus) for parents and caregivers of children aged 0 to 17 years compared to an inactive or active control group for reducing child maltreatment and improving related parent and child outcomes?

Setting: Low and Middle-Income Countries (LMICs) humanitarian settings

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Parenting intervention	Inactive or active control group	Relative (95% CI)	Absolute (95% CI)		
Maltreatment												
7	randomised trials	very serious[a]	not serious	serious[b]	serious[c]	publication bias strongly suspected[d]	1389	1392	-	SMD 0.61 lower (1.35 lower to 0.13 higher)	⨁◯◯◯ Very low	CRITICAL
Harsh parenting												
11	randomised trials	serious[e]	not serious	not serious	not serious	publication bias strongly suspected[d]	1594	1577	-	SMD 0.5 lower (0.96 lower to 0.05 lower)	⨁⨁◯◯ Low	CRITICAL
Positive parenting												
12	randomised trials	serious[e]	not serious	not serious	not serious	none	1558	1501	-	SMD 0.42 higher (0.2 higher to 0.64 higher)	⨁⨁⨁◯ Moderate	CRITICAL

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Parenting intervention	Inactive or active control group	Relative (95% CI)	Absolute (95% CI)		
Parenting stress												
3	randomised trials	not serious	not serious	serious[b]	very serious[c,f]	publication bias strongly suspected[d]	121	115	-	SMD 0.66 lower (2.08 lower to 0.77 higher)	⨁◯◯◯ Very low	CRITICAL
Parent mental health problems												
6	randomised trials	serious[g]	not serious	not serious	serious[c]	none	1017	960	-	SMD 0.41 lower (0.96 lower to 0.14 higher)	⨁⨁◯◯ Low	CRITICAL
Adolescent externalising behaviours												
8	randomised trials	serious[h]	serious[i]	not serious	serious[c]	none	631	622	-	SMD 0.14 lower (0.62 lower to 0.35 higher)	⨁◯◯◯ Very low	CRITICAL
Adolescent internalising behaviours												
9	randomised trials	serious[h]	not serious	not serious	serious[c]	none	729	733	-	SMD 0.39 lower (0.83 lower to 0.06 higher)	⨁⨁◯◯ Low	CRITICAL

CI: confidence interval; **SMD:** standardised mean difference

Explanations

a. Majority of studies in the body of evidence at a high risk of bias largely due to lack of addressing incomplete data, blinding assessors and other biases.

b. Large proportion of studies in the body of evidence with <35% parenting focus.

c. Wide confidence intervals overlapping the null effect.

d. Small trials in the body of evidence report no effects in the opposite direction.

e. Some studies in the body of evidence at high risk of bias largely due to lack of blinding of outcome assessors, as well as concerns related to the randomisation procedure.

f. Limited sample size (<400).

g. Majority of studies at a high risk of bias largely due to lack of addressing incomplete data, blinding assessors and other biases (the study with the largest number of participants, however, had low risk of bias – therefore downgrading only once).

h. Some trials in the body of evidence at high risk of bias largely due to lack of addressing incomplete data.

i. Concerns with high levels of heterogeneity suggesting possible harmful effects.

Evidence to Decision Tables for Recommendations 1–4

Recommendation 1

QUESTION **LOW- AND MIDDLE-INCOME COUNTRIES REVIEW**

PICO Question?	
POPULATION:	Parents and caregivers of children aged 2–17 years living in low- and middle-income countries (LMICs) *(3,4)*
INTERVENTION:	Parenting interventions
COMPARISON:	Inactive or active control group
MAIN OUTCOMES:	• Child maltreatment • Harsh and negative parenting • Positive parenting skills and behavior • Child externalizing/behavioral problems • Child internalizing problems (e.g. anxiety, depression) • Parental mental health and stress

QUESTION LOW- AND MIDDLE-INCOME COUNTRIES REVIEW

PICO Question?	
SETTING:	LMICs as classified by the World Bank at the time of the trial; any service setting where parenting interventions are delivered
PERSPECTIVE:	WHO-INTEGRATE framework: population perspective, complexity perspective
BACKGROUND:	Child maltreatment is a global phenomenon, but the burdens of maltreatment are particularly high in LMICs where children are more exposed to risk factors and have particularly limited access to routinely available parenting interventions that can reduce child maltreatment and promote positive development. Parenting interventions are one strategy to prevent harsh and violent parenting practices. Systematic reviews show a substantial evidence base for the effectiveness of these interventions. Yet, most trials have been undertaken in high-income countries (HICs), and previous reviews focusing on LMICs found only a small number of trials. Given the increase in policy interest and activities in LMICs around implementing and testing parenting interventions, updating the evidence base for this guideline is needed.
CONFLICT OF INTERESTS:	FG: co-developer of a WHO/UNICEF non-commercial parenting program, Parenting for Lifelong Health

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
Balance of health benefits and harms Does the balance between desirable and undesirable health effects favor the intervention or the comparison?		
◯ Favors the comparison ◯ Probably favors the comparison ◯ Does not favor either the intervention or the comparison ◯ Probably favors the intervention ⊗ Favors the intervention ◯ Varies ◯ Don't know	**Sources and quality of evidence:** Research evidence regarding the Balance of health benefits and harms criterion was derived from three sources. Research evidence on effectiveness is based on i) a systematic review of 131 randomized trials assessing effectiveness of parenting programs for reducing child maltreatment and harsh parenting in LMICs ("LMIC effectiveness review"). Research evidence on harms and values is based on the systematic review in i), and ii) a global review of 217 qualitative studies (18 from LMICs) as reported for harms and values below ("Qualitative review of perceptions"), and iii) an overview of 100+ systematic reviews of parenting intervention trials, almost exclusively focused on HICs, retrieved during searches for the Evidence Gap Map ("EGM review of effectiveness reviews"). We searched for harm-related terms in the full texts of these reviews. In the LMIC effectiveness review, most included studies had low risk of bias for random sequence generation, selective outcome reporting, and other bias, but largely unclear risk of bias for allocation concealment, blinding of assessors, and incomplete outcome data. Other key sources of bias (high or uncertain risk) related to intervention developer involvement with the trial, allocation concealment and blinding of assessors. Due to the type of intervention, all trials had high risk of bias around blinding of participants. Levels of statistical heterogeneity were generally high, although this is not surprising in view of the high heterogeneity in populations, interventions, and settings.	**Sources of judgement for this criterion:** These judgements were to a large extent informed by research evidence (direct evidence of intervention effectiveness in LMICs and indirect evidence on harms drawn predominantly from HICs) and to a lesser extent informed by broader considerations and discussions during the GDG meeting.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
◯ Favors the comparison ◯ Probably favors the comparison ◯ Does not favor either the intervention or the comparison ◯ Probably favors the intervention ⊗ Favors the intervention ◯ Varies ◯ Don't know	Very few trials included formal adverse event reporting, and only 9 (8%) made any mention of harms or adverse effects. It is unclear if this is due to their not considering harms, or not detecting any. The meta-analytic evidence covered only shorter-term, post-test effects. It was not planned to synthesize evidence on longer-term effects; we note that few studies in LMICs had longer term follow ups, and where they did, the duration was often of the order of 6-12 months, rather than years. The certainty of evidence for each primary outcome was assessed using the GRADE approach. The quality of evidence for harms was not formally assessed. Most studies in the qualitative review of perceptions focused on parents' perceptions of parenting programs, some on perceptions of delivery staff. Eight qualitative syntheses were also retrieved from these searches; all focused on data from HICs. Most systematic reviews in the EGM review of effectiveness reviews also focused on HICs. **Overall descriptive summary:** Studies included in the LMIC effectiveness review took place in 32 different LMICs, in all regions of the world. The largest number of trials were based on selective prevention (60%), targeting parents based on risk for child maltreatment, followed by universal prevention (33%), and few indicated and treatment trials (5%), where families were included based on known levels of maltreatment. Most studies involved group-based parenting interventions (61%), followed by individual-based interventions, delivered in a center or in the home (11%), mixed individual and group (8%), and in-person mixed digital or phone-based interventions (7%). A wide range of interventions were tested largely based around common social learning theory principles. The service system organizing delivery was poorly reported in around half of studies, with the remainder spread between three main delivery systems: health services, schools, or community and other public services. Almost all outcomes were 'patient'-reported (normally by parents; a few by children), mostly assessed at post-test, soon after the end of the intervention. In the few studies that included longer-term data, most showed sustained effects on maltreatment, but others did not. Evidence from the LMIC effectiveness review, and Qualitative review of perceptions was consistently in the direction of beneficial, rather than harmful, effects. Participants reported valuing similar outcomes to those assessed in the trials; no evidence of harmful effects were found in the few studies addressing non-prioritized outcomes, such as intimate partner violence or child development.	**Overall:** Parenting interventions in LMICs, based on low- to moderate-certainty evidence, show beneficial effects on maltreatment, harsh and positive parenting, child emotional and behavioral problems and parent mental health. Given that we found no differences between program types in moderator analyses, it appears that these findings hold across universal, selective, and indicated prevention programs, targeting varying levels of risk for maltreatment or child behavior problems. Programs targeting children with higher levels of behavior problems tended to be more effective for these outcomes, than selective programs. Evidence from the LMIC effectiveness and EGM reviews, and the Qualitative review of perceptions was consistently in the direction of beneficial, not harmful effects. Participants reported valuing similar outcomes to those assessed in trials. **Other points for consideration:** Since this review was completed in 2020, it appears that there are many new trials of digital interventions in LMICs underway.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
◯ Favors the comparison ◯ Probably favors the comparison ◯ Does not favor either the intervention or the comparison ◯ Probably favors the intervention ⊗ Favors the intervention ◯ Varies ◯ Don't know	**Brief statement for selected judgments:** *Efficacy/effectiveness:* Moderate certainty evidence suggests that, across levels of prevention, and in the short term, parenting programs may reduce child maltreatment (20 trials, 5,244 participants, SMD: 0.39 lower, 95% CI 0.61 lower to 0.17 lower), child externalizing outcomes (54 trials, 7,987 participants, SMD: 0.59 lower, 95% CI 0.80 lower to 0.37 lower), child internalizing outcomes (35 trials, 5,610 participants, SMD: 0.46 lower, 95% CI 0.65 lower to 0.27 lower), and parenting stress (16 trials, 3,207 participants, SMD 0.24 lower, 95% CI 0.44 lower to 0.03 lower). Low certainty evidence suggests that parenting programs probably reduce harsh parenting (44 trials, 8,979 participants, SMD: 0.37 lower, 95% CI 0.54 lower to 0.19 lower), parent mental health problems (29 trials, 5,056 participants, SMD: 0.57 lower, 95% CI 0.88 lower to 0.27 lower), as well as probably improve positive parenting (64 trials, 10,976 participants, SMD: 0.46 higher, 95% CI 0.29 higher to 0.64 higher). In moderator analyses within the LMIC effectiveness review, these findings held across universal, selective, and indicated prevention programs, targeting varying levels of risk for maltreatment. We note that very few programs in LMICs were targeted as indicated prevention or 'response' to families identified as perpetrating maltreatment. However, many programs served communities and parents who reported generally high levels of physical abuse of children. Other programs targeted families based on levels of child problem behavior. In moderator analyses, effects on child problem behavior outcomes were greater in indicated prevention trials, where children showed high levels of problem behavior, compared to universal or selective programs. Other moderator evidence is discussed under 'Equity'. There were beneficial effects on the non-prioritized outcome of parent self-efficacy (16 trials, SMD: 0.41 higher, 95% CI 0.01 higher to 0.83 higher). A few trials (N= 5) reported a decrease in attitudes supporting corporal punishment (findings not meta-analyzed). Evidence suggests that parenting interventions did not increase or decrease intimate partner violence, although there was borderline evidence of benefit (8 trials; SMD: 0.24 lower, 95% CI 0.50 lower to 0.02 higher). Few studies assessed outcomes beyond the initial post-test assessments, typically 0-3 months after the end of the intervention. Narrative synthesis of studies in the LMIC effectiveness review (n=9) that assessed longer-term outcomes, ranging from 3-14 months post-intervention, found that most trials showed sustained effects on maltreatment and harsh parenting; others found effects faded out.	

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
◯ Favors the comparison ◯ Probably favors the comparison ◯ Does not favor either the intervention or the comparison ◯ Probably favors the intervention ⊗ Favors the intervention ◯ Varies ◯ Don't know	Population level outcomes were not assessed; however, it seems unlikely that there would be population level effects, except where trials aim to change the culture of parenting at community level, or reach large proportions of a community. Such effects would be expected to be in the direction of benefit. *Beneficiaries values:* In the studies included in the LMIC effectiveness review, parents report on all outcomes, suggesting their values and opinions feed into trial findings. Moreover, many programs are designed so that from the outset, parents discuss and then set the goals they wish for parenting and child behavior in their family context. In the Qualitative review of perceptions, parents also report valuing the same outcomes as those assessed in the trials. They emphasized the high value they placed on outcomes central to the programs, including improvements in child difficult behaviors and parent-child relationships. Many also valued strengthening of spousal and wider family relations; some immigrant parents reported valuing programs that helped reduce parent-child cultural gaps. Many parents also valued the sense of support they gained from practitioners and other parents. These various outcomes could be viewed as health or non-health outcomes. *Adverse effects:* No clear evidence of harms was found in the Qualitative review of perceptions, based on participant reactions to taking part in parenting programs, mainly from HICs. Extremely small numbers of parents, in a minority of studies, reported harms from engaging in parenting programs. A few practitioners reported difficulties implementing time out, although generally reports by parents or staff of difficulties engaging in programs were very rare, compared to overwhelming reports of benefits from parents and program delivery staff. From the main effects meta-analyses, and from inspecting the forest plots, there is consistent evidence of beneficial effects. *Broader impact:* Most trials in the LMIC effectiveness review assessed a range of outcomes, in addition to primary outcomes of parenting and child behavior. In particular, programs showed beneficial effects on parent and child mental health, and, in a much smaller subset of trials, some trends towards reductions in intimate partner violence. Some reviews identified by the EGM review of effectiveness reviews reported benefits for child language and cognitive development in younger children. Studies from the qualitative review of perceptions mentioned benefits to family harmony and couple relations, and rarely mentioned negative effects on the couple relationship.	

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS

Detailed judgement

Does the short- and longer-term **efficacy** (under controlled, often ideal circumstances) or **effectiveness** (in a real-life setting) of the intervention on the **health of individuals**, including patient-reported outcomes, favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	◯ Probably favors the intervention	⊗ Favors the intervention	◯ Don't know

Does the short- and longer-term **effectiveness** or **impact** of the intervention on the **health of the population**, including on beneficiary-reported outcomes, favor the intervention or the comparison? (This should include considerations regarding whether population-level outcomes represent aggregated individual-level outcomes or emerge through system dynamics.)

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	◯ Favors the intervention	◯ Don't know

Does the extent to which **patients/beneficiaries' value** different health outcomes favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	◯ Probably favors the intervention	⊗ Favors the intervention	◯ Don't know

Does the **probability and severity of adverse effects** associated with the intervention (including the risk of the intervention being misused) favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	◯ Favors the intervention	◯ Don't know

Do the **broader positive or negative health-related impacts** (e.g. reduction of stigma, positive impact on other diseases, spillover effects beyond patients/beneficiaries) associated with the intervention favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	◯ Favors the intervention	◯ Don't know

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
Human rights Is the intervention in accordance with universal human rights standards and principles?		
◯ No ◯ Probably no ◯ Uncertain ⊗ Probably yes ◯ Yes ◯ Varies ◯ Don't know	**Sources and quality of evidence:** Research evidence regarding the human rights criterion was derived from i) studies included in the Qualitative review of perceptions (217 studies), and ii) the human rights review, a mixed-methods review (17 studies), based on a literature search for explicit reference to rights concepts in parenting programs. While a majority of studies did not explicitly provide information on human rights aspects, we report insights from those that did, as well as examining reviews of program components for content and delivery features that are consistent with aspects of a rights-based approach. Thus, these sources focus on direct evidence from HICs and LMICs. The quality of evidence for this criterion was not formally assessed, although we note that most studies focused on the views of parents, rather than children. **Overall descriptive summary:** Some studies on parenting interventions in LMICs and HICs made explicit reference to child or human rights concepts. However, many more explicitly teach strategies that follow some of the principles of child rights. For example, most programs teach alternatives to harsh discipline, and many focus on listening to the child, and following their lead in play. Many take an explicitly respectful and collaborative approach to working with parents, which forms part of their training of delivery staff. **Brief statement for selected judgements:** *Intrusiveness of the intervention and impact on autonomy:* In general, there was very little evidence that parents experienced programs delivered in communities as intrusive or leading to loss of autonomy, based on studies from HICs and LMICs. However, when examining a subset of studies where parents' autonomy was potentially compromised, due to services being offered as part of a cash transfer system, prison sentence, child protection order, or shelter, then some parents – mostly in HIC studies of families in the child protection system – did report experiencing intrusion or loss of privacy. However, a common theme was that parents initially reluctant to participate in a mandated program (or one in other restrictive settings) experienced a change in perceptions over time, with most expressing positive views on program effects and recommending the intervention to others, later on in the program. This was especially the case where staff were perceived as empathic and applying strength-based approaches. A small number of studies in LMICs included parents in cash transfer systems, refugee centers and domestic violence shelters; concerns about program content, delivery or intrusiveness were generally not raised in these studies.	**Sources of judgement for this criterion:** These judgements were to a limited extent informed by research evidence and to a large extent by broader considerations and discussions during the GDG meeting. **Overall:** Parenting interventions in LMICs are likely to be in accordance with universal human rights standards and principles. Indeed, they are likely to advance child rights by promoting parenting styles that enhance the rights of the child to be listened to, the clarity of household rules and expectations, and the use of non-violent discipline. With regards to adults' rights, these programs, when conducted in restrictive settings (e.g. child protective services), may initially be perceived by parents to infringe on their autonomy. **Other points for consideration** Child rights legislation (e.g. UN Convention on the Rights of the Child) has potential to act as a facilitator to governments' willingness to support parenting programs.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
Socio-cultural acceptability Is the intervention acceptable to key stakeholders?		
◯ No ◯ Probably no ◯ Uncertain ◯ Probably yes ⊗ Yes ◯ Varies ◯ Don't know	**Sources and quality of evidence:** Research evidence regarding the socio-cultural acceptability criterion was derived from the qualitative review of perceptions (217 studies). Most studies and insights were from HICs, with many studies involving minority or recent immigrant families in Europe and the United States, and most involving low-income families. Generally, parents' views appeared to be comparable in studies in LMICs and in HICs. A number of studies included service delivery staff, but very few focused on other stakeholders or the general public. Additionally, that the great majority of self-reported trial outcomes describe overwhelmingly positive changes implies that the interventions are perceived by parents as acceptable. The quality of evidence for this criterion was not formally assessed. Although some studies assessed outcomes as reported by young people, very few examined their qualitative perceptions of parenting interventions. **Overall descriptive summary:** Parenting interventions in LMICs appear to be socially acceptable to parents across a range of communities, and appear to be socially acceptable to delivery staff. There are limited data on the views of wider stakeholders and the general public. **Brief statement for selected judgements:** *Socio-cultural acceptability for beneficiaries:* Based on the Qualitative review of perceptions, parents reported predominantly positive views across a wide range of elements of parenting program content and delivery format. In some studies parents commented that they felt the content was in keeping with their cultural values. In the relatively few cases where misgivings were expressed about parenting program content and delivery, these mainly concerned 'time out' procedures, which make up a small proportion of the skills and sessions delivered- and in some programs is omitted. It was rare for parents to mention that they felt the program was poorly culturally matched. Misgivings about the elimination of spanking were only mentioned in studies of parents who had not yet participated in a program. See also section on values under 'harms'.	**Sources of judgement for this criterion:** These judgements were to some extent informed by research evidence (notably for parents and service delivery staff) and to some extent by broader considerations and discussions during the GDG meeting (for a broader range of stakeholders). **Overall:** Parenting interventions in LMICs appear to be socially acceptable to parents across a range of communities, to delivery staff and, probably, to the public at large. **Other points for consideration:** There was limited information about the views of the general public, although many studies focused on the views of the general population of parents.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
◯ No ◯ Probably no ◯ Uncertain ◯ Probably yes ⊗ Yes ◯ Varies ◯ Don't know	Group delivery was commented on positively by most parents, who felt it was beneficial for sharing problems and solutions, and for social support, although a minority found it hard to speak up in a group setting. Parents who experienced individual programs (e.g. home visits) and phone calls appreciated the chance for a closer relationship with, and tailored help from, providers. Views on the length and burden of programs were mixed; many commented on the challenges of competing demands on parents' time, whereas others preferred the program to be longer. There were sparse data about changes over time, other than those resulting from the intervention. A few studies found that parents' mistrust of service providers, and unwillingness to discuss family issues improved as a result of experiencing a parenting program run by providers who were welcoming, and took a respectful and strengths-based approach. There is little evidence on the views of children on the socio-cultural acceptability of parenting interventions. Socio-cultural acceptability for delivery staff: Broadly speaking, based on a smaller number of relevant studies, practitioners delivering parenting programs reported similar views to parents, that is, predominantly positive views across a wide range of elements of program content and delivery format, including cultural acceptability, and the benefits of a group-based-format. Socio-cultural acceptability for other stakeholders and the general public: We found limited data on the views of wider stakeholders or the general public.	

Detailed judgement

How substantial is the intrusiveness of the intervention in terms of infringing on individual liberties (including privacy and dignity)? (Intrusiveness ranges from trivial – for example through enabling choice (e.g. building cycle paths) to high – for example by restricting or eliminating choice (e.g. banning cigarettes)).

◯ Large	◯ Moderate	◯ Small	◯ Trivial	⊗ Varies	◯ Don't know

How substantial is the impact of the intervention on the autonomy of individuals, population groups, and/or organizations (with regards to their ability to make a competent, informed, and voluntary decision)?

◯ Large	◯ Moderate	◯ Small	◯ Trivial	⊗ Varies	◯ Don't know

Does the socio-cultural acceptability of the intervention among intended beneficiaries favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	◯ Probably favors the intervention	⊗ Favors the intervention	◯ Don't know

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS

Does the socio-cultural acceptability of the intervention among those intended to implement the intervention favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	◯ Probably favors the intervention	⊗ Favors the intervention	◯ Don't know

Does the socio-cultural acceptability of the intervention among other relevant stakeholder groups favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	◯ Favors the intervention	◯ Don't know

Does the socio-cultural acceptability of the intervention among the general public favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	◯ Favors the intervention	◯ Don't know

Health equity, equality, and non-discrimination

What would be the impact of the intervention on health equity, equality, and non-discrimination?

◯ Nevative
◯ Probably negative
◯ Neither negative nor positive
⊗ Probably positive
◯ Positive
◯ Varies
◯ Don't know

Sources and quality of evidence:

Research evidence regarding the criterion Health equity, equality and non-discrimination was derived from several sources. Direct evidence from LMICs was based on: i) the LMIC effectiveness review with between-trial moderator analyses for a range of outcomes and based on meta-analysis of trials across many countries (N of trials range from 19-70), ii) a review of within-trial moderator studies (n=8) based on searching for studies associated with the 131 trials in LMICs ("LMIC review of intervention moderators"), and iii) searches for literature on participant engagement and multiple related terms ("Implementation review"). Additional, indirect evidence from HICs also included i) individual participant (IPD) meta-analysis, but for child behavior outcomes and Western Europe only, ii) evidence derived from the EGM review of effectiveness reviews , and iii) between-trial moderator analyses from the Global effectiveness review. The quality of evidence for this criterion was not formally assessed.

Sources of judgement for this criterion:

These judgements were to a large extent informed by research evidence, much of it direct from LMICs, and further informed by broader considerations and discussions during the GDG meeting.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
◯ Negative ◯ Probably negative ◯ Neither negative nor positive ⊗ Probably positive ◯ Positive ◯ Varies ◯ Don't know	**Overall descriptive summary:** Overall, there is little or no evidence that factors such as poverty, low educational level and child gender are linked to poorer intervention outcomes. Thus, it is unlikely that parenting programs would contribute to widening existing inequities. By targeting and supporting engagement of families and communities most in need, parenting programs have good potential for narrowing disparities between groups, in maltreatment and related outcomes. **Brief statement for selected judgements:** *Distribution of benefits and harms by equity factors:* The LMIC effectiveness review shows that very poor and vulnerable families in LMICs can be reached by parenting programs, and obtain good outcomes in terms of changes in harsh parenting and child behavior problems. Moderator analyses in the LMIC effectiveness review found very few differential effects of parenting programs; there was no evidence that families disadvantaged by poverty or low education are less likely to benefit from parenting interventions – for outcomes of harsh parenting, and child emotional and behavioral problems. We also found no evidence of moderation by child age or gender, or parent age. These findings are supported by the larger volume of studies in HICs (EGM review of effectiveness reviews), which additionally did not identify any evidence that families troubled by maltreatment, or marked child behavior problems were any less likely to benefit; rather, families experiencing problem behavior were more likely to benefit. Similarly, evidence from HICs does not suggest any differential effects for children growing up with family illness or disability or parental mental health. On the other hand, findings on differential effects for ethnic minorities, again from HICs only, were mixed, with the Global effectiveness review finding diminished effects on child behavior problems among ethnic minorities but a more powerful study of 1500 families, utilizing gold-standard individual-level data (IPD) meta-analysis, showing no diminished effects. This study, the only IPD meta-analysis on parenting interventions, also found no evidence of harms in any subgroups (Gardner et al., 2019). *Accessibility:* Evidence on accessibility and availability of interventions is mixed. Many parenting programs explicitly target low-income or marginalized families or communities, and are successful at engaging a proportion of these families – as well as achieving intended outcomes. On the other hand, the Implementation review found that, in any given population group, engagement and attendance are lower in families who are more disadvantaged by poverty, or minority status, or other vulnerabilities.	**Overall:** No evidence was found to suggest that parenting interventions are likely to widen existing inequalities in maltreatment and related outcomes. By targeting families in need, they are likely to reduce health inequities. **Other points for consideration:** The criteria 'Do parenting interventions represent the only available option' and 'Does the intervention address a particularly severe condition' were not prioritized by the GDG as these sub-criteria were considered largely not applicable. Regarding affordability for beneficiaries, in most countries, parents do not pay for parenting interventions. Thus, the financial impact on families is likely to be related to lost time or earnings. Many providers aim to offer programs outside of working hours, where this is feasible. Provider costs are covered in the economic section.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS

Detailed judgement

Is the intervention likely to increase existing inequalities and/or inequities in the health condition or its determinants? (This should include considerations of likely changes in inequalities over time, e.g. whether initial increases are likely to balance out over time, as the intervention is scaled up?)

⊗ No	○ Probably no	○ Probably yes	○ Yes	○ Varies	○ Don't know

Are the intervention's benefits and harms likely to be distributed in an equitable manner? (This should include a special focus on implications for vulnerable, marginalized or otherwise socially disadvantaged population groups.)

○ No	○ Probably no	⊗ Probably yes	○ Yes	○ Varies	○ Don't know

Is the intervention affordable among affected population groups, and therefore financially accessible? (This should include the impact on household health expenditures, including the risk of catastrophic health expenditures and health-related financial risks.)

○ No	○ Probably no	⊗ Probably yes	○ Yes	○ Varies	○ Don't know

Is the intervention accessible among affected population groups? (This should include considerations regarding physical as well as informational access.)

○ No	○ Probably no	○ Probably yes	○ Yes	⊗ Varies	○ Don't know

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
Societal implications Does the balance between desirable and undesirable societal implications favor the intervention or the comparison?		
◯ Favors the comparison ◯ Probably favors the comparison ◯ Does not favor either the intervention or the comparison ⊗ Probably favors the intervention ◯ Favors the intervention ◯ Varies ◯ Don't know	**Sources and quality of evidence:** Research evidence for the criterion Societal implications was derived from i) the Qualitative review of perceptions, and ii) additional searches in Google scholar, searching for specific terms including stigma, norms and social cohesion. Within the EGM review of effectiveness reviews, we searched for reviews of parenting programs that focus on changing social norms as processes or outcomes. Given that most trials operate at family rather than community level, there was very limited evidence available about wider societal effects. The quality of evidence for this criterion was not formally assessed. **Overall descriptive summary:** We found very limited direct evidence on wider societal effects, such as social cohesion, stigma and norm change at community level. However, at family level, there was no clear indication that parents who experienced parenting programs viewed them as potentially stigmatizing. Instead parents commented on how they valued practitioners who were non-judgmental, and empathic. Some studies showed evidence that attending a parenting program could change parents' norms about physical punishment, and increase social cohesion for parents meeting in a group format. **Brief statement for selected judgements:** *Societal impact and social consequences of the intervention:* In the Qualitative review of perceptions, a few studies found that some parents feared that taking part in a parenting program would be *stigmatizing*. However, in many cases this anticipated impact was not borne out when parents experienced the program. The predominant reports were of parents finding programs to be socially supportive and beneficial to family life. Studies repeatedly highlighted that parents valued practitioner styles which they experienced as non-judgmental, empathic, flexible, and positive – characteristics likely to reduce fears about stigmatization. From our additional searches, we found limited evidence on effects on *social cohesion*, apart from parents commenting positively on the improved social networks and support they experienced due to attending a group-based program. We found one study using social network analysis across a village in South Africa (Kleyn et al, 2021) that bore this out: social networks appeared to be strengthened by attending a community-based parenting program and in turn, positive parenting strategies appeared to spread partly through these networks. Parenting programs, especially in the early years, can also have positive effects on education-related outcomes, such as children's language, literacy and cognitive skills, as summarized in the WHO Guideline on Nurturing Care.	**Sources of judgement for this criterion:** These judgements were to some extent informed by research evidence, and further informed by broader considerations and discussions during the GDG meeting. **Overall:** We found very limited direct evidence on wider societal effects, such as social cohesion. Parents did not appear to experience programs as stigmatizing. There was some evidence that attendance could change parents' social norms. **Other points for consideration:** Environmental impacts were not prioritized by the GDG as this sub-criterion was considered largely not applicable.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
◯ Favors the comparison ◯ Probably favors the comparison ◯ Does not favor either the intervention or the comparison ⊗ Probably favors the intervention ◯ Favors the intervention ◯ Varies ◯ Don't know	We found evidence that parenting programs in LMICs change *social norms* about violence against children at individual level (LMIC effectiveness review); however, no studies were able to examine effects on wider community values. From our EGM review of effectiveness reviews, we identified one review (Poole et al., 2014) that examined interventions that aim to change social norms about child maltreatment through universal media campaigns. It found no studies in LMICs, and found evidence on effectiveness in HICs to be inconclusive.	

Detailed judgement

Do the social impact and social consequences of the intervention (such as increase or reduction of stigma, educational outcomes, social cohesion, or the attainment of various human rights beyond health) favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	◯ Favors the intervention	◯ Don't know

Financial and economic considerations

Do financial and economic considerations favor the intervention or the comparison?

◯ Favors the comparison ◯ Probably favors the comparison ◯ Does not favor either the intervention or the comparison ⊗ Probably favors the intervention ◯ Favors the intervention ◯ Varies ◯ Don't know	Sources and quality of evidence: Research evidence for the criterion Financial and economic considerations was derived from the "Review of economic studies" examining costs, cost-effectiveness or cost-benefit studies of parenting interventions, searches retrieving i) Eight reviews of economic studies, all with HIC focus. ii) Seven economic analyses associated with the 131 trials in LMICs in our Guideline systematic review; most reported program costs, with three including cost effectiveness analysis. There were very few economic studies of parenting programs in LMICs. Some key studies in HICs focused on child behavior outcomes, rather than maltreatment. Most studies assessed service costs, but few addressed family costs. Cost data should be interpreted with great caution, as costing models are often unclear or not reported, and where reported, are inconsistent across contexts. The quality of evidence for this criterion was not formally assessed.	**Sources of judgement for this criterion:** These judgements were to a limited extent informed by research evidence, much of it indirect from HICs, and to a larger extent informed by broader considerations and discussions during the GDG meeting. **Overall:** Indirect evidence from HICs and very few studies from LMICs suggest that parenting programs for reducing maltreatment and child behavior problems can be cost-effective.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
◯ Favors the comparison ◯ Probably favors the comparison ◯ Does not favor either the intervention or the comparison ⊗ Probably favors the intervention ◯ Favors the intervention ◯ Varies ◯ Don't know	**Overall descriptive summary:** Indirect evidence from HICs and very few studies from LMICs suggest that parenting programs can be cost-effective for reducing child maltreatment and behavior problems. Program costs may vary between US$5-500 per family. Cost-effectiveness ratio of parenting programs in LMICs may be similar or lower to those in HICs. No evidence was found on the impact of parenting interventions on the economy at large. **Brief statement for selected judgments:** *Cost and budget impacts.* The costs of violence against children are clearly high, from global evidence, including data from LMICs. Parenting interventions reduce violence, at least in the short term, in LMICs. Studies reporting plausible program costs (n=7) in LMICs found per family delivery costs ranging from $30 for a 2-session program in the Islamic Republic of Iran, to $500 for a 14-session program in South Africa (median $55, at approx. 2015 prices), albeit estimates were based on a wide range of costing models, contexts and program types. Generally, these are lower than program cost calculated in HICs. Studies focused on provider costs, rather than family costs, which include real costs (e.g. for transportation), as well as opportunity costs (e.g. due to lost earnings or time losses). *Impact of the intervention on the economy.* No direct evidence was found on impact on the economy of different sectors, or on the economy as a whole. *Ratio of costs and benefits (cost-effectiveness, cost-benefit).* Cost effectiveness studies favor the intervention, but these have mainly been carried out in HICs. Evidence from a very small number of LMIC studies (n=3) suggests they may be cost-effective in the short term, for reducing violence against children (Redfern et al, 2019, PLH Teens in South Africa), for improving parenting practices (Cardenas, 2017 Mexico) and child literacy (Banerji, 2013, CHAMP literacy, India).	

Detailed judgement

How high are the **cost and budget impacts** of implementing and maintaining the intervention? (This should include considerations on how cost and budget impacts vary in the short- versus longer-term. It should also include considerations of who bears the costs – e.g. public sector vs. private vs. third-sector funding, health sector vs social sector vs energy sector funding.)

◯ Very large cost and budget impacts	◯ Large cost and budget impacts	⊗ Moderate cost and budget impacts	◯ Negligible cost and budget implications	◯ Varies	◯ Don't know

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS

Does the **overall impact of the intervention on the economy** favor the intervention or the comparison? (This should include considerations of how the different types of economic impact are distributed across different sectors or organizational levels, whether the intervention contributes to or limits the achievement of broader development and poverty reduction goals, and how it impacts the available workforce.)

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	◯ Probably favors the intervention	◯ Favors the intervention	⊗ Don't know

Does the ratio of costs and benefits (e.g. based on estimates of cost-effectiveness, cost-benefit or cost-utility) favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	◯ Favors the intervention	◯ Don't know

Feasibility and health system considerations

Is the intervention feasible to implement?

◯ No
◯ Probably no
◯ Uncertain
◯ Probably yes
◯ Yes
⊗ Varies
◯ Don't know

Sources and quality of evidence:

Research evidence for the criterion Feasibility and health system considerations was derived from: i) the Qualitative review of perceptions, screening the 217 studies for material relevant to implementation; and ii) the Implementation review, which involved additional searches for articles related to participant engagement and to system-level issues Some of the evidence came from commentaries and other published expert reflections, and case studies examining scale-up and sustainment.

Much of the evidence about feasibility and implementation comes from programs that have not been scaled, or rarely scaled; in some case they have been scaled in HICs, but not necessarily sustained over time.

The quality of evidence for this criterion was not formally assessed.

Overall descriptive summary:

Parenting interventions have been shown to be feasible to implement in numerous countries, and shown to be effective in numerous randomized trials in real-world service settings. There are some examples of interventions going to scale in HICs, and a smaller number of examples in LMICs. As with other interventions, the literature retrieved documented many challenges in going to scale in several domains, including political will; funding; selection, training, supervision, support and retention of workforce; workforce capacity; maintaining fidelity over time, and selecting and enabling appropriate systems for governance and sustainment of programs. These challenges vary hugely by country and setting. Opinions expressed in the literature consistently point to the importance of planning for scale from the outset ("beginning with the end in mind").

Sources of judgement for this criterion:

These judgements were to a limited extent informed by research evidence, much of it from HICs, and to a greater extent by broader considerations and discussions during the GDG meeting.

Overall:

Parenting interventions are feasible to implement in numerous real-world service settings, in many countries, including some examples of interventions going to scale in LMICs. However, many challenges in going to scale are documented, especially issues of workforce training, supervision and capacity. Implementation research stresses the importance of system fit, and planning for scale from the outset.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
◯ No ◯ Probably no ◯ Uncertain ◯ Probably yes ◯ Yes ⊗ Varies ◯ Don't know	**Brief statement for selected judgments:** *Legal barriers & governance.* Numerous implementation studies were consistent in the barriers and facilitators to implementation that they identified, but none reported or reflected on legal barriers to implementation. Few studies were found of governance issues – see section on system fit. *Implications of the intervention interaction and fit with the existing health system.* Studies of implementation have taken place in multiple different systems (e.g. health, social care, education), including in dedicated NGO and public systems, as well as part of busy services attempting to meet multiple needs. Thus, system interaction and fit are very variable. Systems need to be accessible and acceptable to parents, as well as having the workforce and organizational capacity. Studies point to the need for careful assessment of organizational readiness, prior to beginning implementation, and for advocates, or program 'champions', at one or more levels in the system (e.g. at policy maker/ funder level, and at delivery level), to help ensure successful implementation and sustainment. *Implications of the intervention for the health workforce and broader human resources.* Evidence from qualitative studies with staff and managers suggests potential for considerable burden for delivery staff, especially if they are not given adequate time to prepare and run parenting programs as part of their other duties, and adequate support to maintain fidelity. These studies suggest that strong systems of leadership and support are needed to overcome these challenges. Costs may be reduced if lay health or community workers are employed. However, little is known about effectiveness of parenting programs delivered by lay workers, as few of the 131 trials in the LMIC effectiveness review used non-professional staff. A few studies in LMICs (e.g., one in Kenya) have solicited the views of lay health workers about their motivation, satisfaction and retention in parenting program delivery roles.	**Other points for consideration:** Governance, system, and workforce issues are very variable across contexts. Child rights legislation (e.g. UN Convention on the Rights of the Child) has potential to act as a facilitator to governments' willingness to support parenting programs Over time, and after testing in RCTs, digital and hybrid interventions designed for LMICs may help to enhance feasibility at scale. Regarding the implication for the system infrastructure, workforce issues and costs are considerable (as above) if programs are taken to scale in the health system, or other systems, e.g. social welfare or education system.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS

Detailed judgement

Are there **legal barriers** which may limit the feasibility of implementing the intervention?

○ No	⊗ Probably no	○ Probably yes	○ Yes	○ Varies	○ Don't know

Are there **governance aspects** (e.g. strategic considerations, past decisions) which may limit the feasibility of implementing the intervention? (This should include considerations regarding the presence or absence of formal or information institutions which can provide effective leadership, oversight, and accountability in implementing the intervention influence feasibility of implementation)

○ No	○ Probably no	○ Probably yes	○ Yes	⊗ Varies	○ Don't know

What are the **implications** of the **intervention interaction and fit with the existing health system**? (This includes considerations regarding the intervention's interaction with or impact on the existing health system and its components?)

○ Large beneficial implications	○ Moderate beneficial implications	○ Negligible beneficial and adverse implications	○ Moderate adverse implications	○ Large adverse implications	⊗ Varies	○ Don't know

What are the **implications** of the intervention **for the health workforce and broader human resources** (in the health sector or other sectors? (This should include considerations regarding the need for, usage of, and impact on health workforce and other human resources as well as their distribution.)

○ Large beneficial implications	○ Moderate beneficial implications	○ Negligible beneficial and adverse implications	○ Moderate adverse implications	○ Large adverse implications	⊗ Varies	○ Don't know

What are the **implications** of the intervention **for health system infrastructure and broader infrastructure**? (This should include considerations regarding the need for, usage of, and impact on non-human resources and infrastructure as well as their distribution)

○ Large beneficial implications	○ Moderate beneficial implications	○ Negligible beneficial and adverse implications	○ Moderate adverse implications	○ Large adverse implications	⊗ Varies	○ Don't know

SUMMARY OF JUDGEMENTS

	JUDGEMENT						
BALANCE OF HEALTH BENEFITS AND HARMS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
HUMAN RIGHTS	No	Probably no	Uncertain	Probably yes	Yes	Varies	Don't know
SOCIO-CULTURAL ACCEPTABILITY	No	Probably no	Uncertain	Probably yes	Yes	Varies	Don't know
HEALTH EQUITY, EQUALITY, AND NON-DISCRIMINATION	Negative	Probably negative	Neither negative nor positive	Probably positive	Positive	Varies	Don't know
SOCIETAL IMPLICATIONS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
FINANCIAL AND ECONOMIC CONSIDERATIONS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
FEASIBILITY AND HEALTH SYSTEM CONSIDERATIONS	No	Probably not	Uncertain	Probably yes	Yes	Varies	Don't know

ASSESSMENT

◯ Strong recommendation against the intervention	◯ Conditional recommendation against the intervention	◯ Conditional recommendation for either the intervention or the comparison	◯ Conditional recommendation for the intervention	⊗ Strong recommendation for the intervention

Recommendation 2

QUESTION GLOBAL REVIEW

PICO Question?	
POPULATION:	Parents and caregivers of children aged 2–17 years living in low- and middle-income countries (LMICs) *(3,4)*
INTERVENTION:	Parenting interventions based on social learning theory
COMPARISON:	Inactive or active control group
MAIN OUTCOMES:	• Child maltreatment • Harsh and negative parenting • Positive parenting skills and behavior • Child externalizing/behavioral problems • Child internalizing problems (e.g. anxiety, depression, PTSD, others) • Parental mental health and stress
SETTING:	Global; any service setting where parenting interventions are delivered
PERSPECTIVE:	WHO-INTEGRATE framework: population perspective, complexity perspective
BACKGROUND:	Maltreatment is a global phenomenon affecting children across countries, contexts, and cultures. Parenting interventions are one strategy to prevent violent parenting practices. For this global guideline on parenting and maltreatment, it is important to consider the immense body of evidence on the effectiveness of parenting interventions to reduce maltreatment coming from high-income countries (HICs), as well as evidence from low- and middle-income countries (LMICs). The increased heterogeneity in contexts and settings was balanced by stricter inclusion criteria regarding the theoretical foundation and targeted age group.
CONFLICT OF INTERESTS:	FG: co-developer of a WHO/ UNICEF non-commercial parenting programme, Parenting for Lifelong Health

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
Balance of health benefits and harms Does the balance between desirable and undesirable health effects favor the intervention or the comparison?		
◯ Favors the comparison ◯ Probably favors the comparison ◯ Does not favor either the intervention or the comparison ◯ Probably favors the intervention ⊗ Favors the intervention ◯ Varies ◯ Don't know	**Sources and quality of evidence:** Research evidence regarding the Balance of Health Benefits and Harms criterion was derived from: i) a global systematic review of 278 randomized trials assessing the effectiveness of parenting programs that are largely based on social learning theory and for the age group 2-10 years on reducing child maltreatment and harsh parenting ("Global effectiveness review"), ii) global review of 217 qualitative studies ("Qualitative perceptions review "), and iii) an overview of 100+ systematic reviews of parenting intervention trials retrieved during searches for the Evidence Gap Map ("EGM review of effectiveness reviews"). We searched for harm-related terms in the full texts of these reviews. In this Global effectiveness review, most studies were from HICs and most had low risk of bias for random sequence generation, selective outcome reporting, and other bias, but largely unclear risk of bias for allocation concealment, blinding of assessors, and incomplete outcome data. Other key sources of bias (high or uncertain risk) related to intervention developer involvement with the trial, allocation concealment and blinding of assessors. Due to the type of intervention, all trials had high risk of bias around blinding of participants. Very few trials included formal adverse event reporting, and only 8 (3%), made any mention of harms or adverse effects. It is unclear if this is due to their not considering harms, or not detecting any. Follow-up data was divided into short-term (1-6 months after participation in the intervention) and longer-term effects (beyond 6 months). The certainty of evidence for each primary outcome was assessed using the GRADE approach. The quality of evidence for harms was not formally assessed. Most studies in the Qualitative perceptions review focused on HICs and 18 were from LMICs. Eight qualitative syntheses were retrieved in this review; all focused on evidence from HICs. Most systematic reviews in the EGM review of effectiveness reviews also focused on HICs.	**Sources of judgement for this criterion:** These judgements were to a large extent informed by research evidence (direct evidence of intervention effectiveness and direct qualitative evidence based on evidence predominantly from HICs) and to a lesser extent informed by broader considerations and discussions during the GDG meeting. **Overall**: Globally, parenting interventions for children aged 2-10 years following social learning theorical principles, based on low- to moderate-certainty evidence, show beneficial effects immediately after the intervention on maltreatment (including harsh parenting), positive parenting, child emotional and behavioral problems, parenting stress and parent mental health. These findings held across universal, selective and indicated prevention programs, targeting varying levels of risk for maltreatment or child behavior problems. Programs targeting children with higher levels of behavior problems tended to be more effective for some outcomes, than selective programs.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
◯ Favors the comparison ◯ Probably favors the comparison ◯ Does not favor either the intervention or the comparison ◯ Probably favors the intervention ⊗ Favors the intervention ◯ Varies ◯ Don't know	**Overall descriptive summary:** Studies took place in 33 countries, in all regions of the world. The largest number of studies included parents based on their risk for child maltreatment (selective prevention, 68%), followed by universal prevention (24%), and only 8% included families based on known levels of maltreatment (indicated and treatment). Most interventions were delivered in group format (50%), followed by individual sessions (25%), a combination of formats (15%), and self-directed interventions (10%). All interventions were based on principles of social learning theory. Almost all outcomes were 'patient'-reported (normally by parents; some by children), mostly assessed at post-test, soon after the end of the intervention. Fifty-four studies reported long-term outcomes, with only a few assessing outcomes beyond 6 months (max. up to 2 years). Short- and long-term beneficial effects were detected for negative parenting, positive parenting, and parental mental health. Evidence from the Global effectiveness review, and Qualitative perceptions review was consistently in the direction of beneficial, rather than harmful, effects. Participants reported valuing similar outcomes to those assessed in the trials; no evidence of harmful effects were found in the few studies addressing broader outcomes, such as intimate partner violence or child development. **Brief statement for selected judgments:** *Efficacy/effectiveness:* Moderate certainty evidence suggests that parenting interventions probably reduce child maltreatment, including harsh parenting (49 trials, 5,700 participants, SMD: 0.34 lower, 95% CI 0.47 lower to 0.22 lower), parent mental health problems (89 trials, 9,459 participants, SMD: 0.24 lower, 95% CI 0.30 lower to 0.18 lower), child externalizing behavior problems (211 trials, 21,622 participants, SMD: 0.38 lower, 95% CI 0.44 lower to 0.31 lower), and probably improve positive parenting (131 trials, 12,853 participants, SMD: 0.49 upper, 95% CI 0.38 upper to 0.60 upper). Low certainty evidence suggests that parenting interventions may reduce internalizing behavior problems (72 trials, 6,868 participants, SMD: 0.18 lower, 95% CI 0.27 lower to 0.09 lower) and parenting stress (77 trials, 7,023 participants, SMD: 0.34 lower, 95% CI 0.43 lower to 0.26 lower). In moderator analyses within the Global effectiveness review, these findings held across universal, selective, and indicated prevention programs, targeting varying level of risk for maltreatment. We note that very few programs were implemented as indicated prevention or 'response' to families identified as perpetrating maltreatment. However, many programs served communities and parents who reported generally high levels of physical abuse of children. Other programs targeted families based on levels of child problem behavior. In moderator analyses, effects on positive parenting and child behavior outcomes were greater in treatment trials, where children showed high levels of problem behavior, compared to selective programs. Other moderator evidence is discussed under 'Equity'.	Clear benefits in the longer-term were observed for positive parenting and parental mental health. Evidence from the Global effectiveness review, and Qualitative perceptions was consistently in the direction of beneficial, not harmful effects. Participants reported valuing similar outcomes to those assessed in trials. **Other points for consideration:** Since this review was completed in 2020, it appears that there many new trials of digital interventions underway in HICs and LMICs.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
◯ Favors the comparison ◯ Probably favors the comparison ◯ Does not favor either the intervention or the comparison ◯ Probably favors the intervention ⊗ Favors the intervention ◯ Varies ◯ Don't know	*Short-term effectiveness:* Evidence from a subset of trials with a further 1-6 month follow-up period, suggested limited beneficial effects on maltreatment, including harsh parenting (17 trials, SMD: 0.14 lower, 95% CI 0.32 lower to 0.03 upper) and internalizing behavior problems (29 trials, SMD: 0.05 lower, 95% CI 0.13 lower to 0.03 upper). Clear beneficial effects were found at 1-6 months for positive parenting (41 trials, SMD: 0.27 upper, 95% CI 0.16 upper to 0.37 upper), parenting stress (17 trials, SMD: 0.20 lower, 95% CI 0.36 lower to 0.04 lower), parent mental health (37 trials, SMD 0.16 lower, 95% CI 0.24 lower to 0.09 lower), and externalizing behavior problems (67 trials, SMD 0.28 lower, 95% CI 0.38 lower to 0.19 lower). *Longer-term effectiveness* Evidence from the subset of trials with a further 6-24 month follow-up period, suggested limited beneficial effects on maltreatment and harsh parenting (8 trials, SMD: 0.22 lower, 95% CI 0.47 lower to 0.04 upper), child externalizing and internalizing behavior problems (33 trials, SMD: 0.06 lower, 95% CI 0.20 lower to 0.08 upper; 10 trials, SMD: 0.04, 95% CI 0.19 lower to 0.10 upper) and parenting stress (10 trials, SMD: 0.08 lower, 95% CI 0.29 lower to 0.14 upper). Clear beneficial effects were found at 6-24 months for positive parenting (27 trials, SMD: 0.26, 95% CI 0.10 upper to 0.42 upper) and parent mental health (12 trials, SMD: 0.11 lower, 95% CI 0.19 lower to 0.02 lower). There were beneficial effects on the non-prioritized outcome of parent self-efficacy (81 trials, SMD: 0.40 upper, 95% CI: 0.26 upper to 0.53 upper). Two trials reported a decrease in attitudes supporting corporal punishment (findings not meta-analyzed), and one trial found decreased violent problem-solving between intimate partners. Population level outcomes were not assessed; however, one trial aimed to prevent child maltreatment on population-level. However, it seems likely that there would be population level effects where trials aim to change the culture of parenting at community level or reach large proportions of a community. Such effects would be expected to be in the direction of benefit. *Beneficiaries values:* In the studies included in the Global effectiveness review, parents report on all outcomes, suggesting their values and opinions feed into trial findings. Moreover, many programs are designed so that from the outset, parents discuss and then set the goals they wish for parenting and child behavior in their family context. In the Qualitative perceptions review, parents also report valuing the same outcomes as those assessed in the trials. They emphasized the high value they placed on outcomes central to the programs, including improvements in child difficult behaviors and parent-child relationships. Many also valued strengthening of spousal and wider family relations; some immigrant parents reported valuing programs that helped reduce parent-child cultural gaps. Many parents also valued the sense of support they gained from practitioners and other parents. These various outcomes could be viewed as health or non-health outcomes.	

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
◯ Favors the comparison ◯ Probably favors the comparison ◯ Does not favor either the intervention or the comparison ◯ Probably favors the intervention ⊗ Favors the intervention ◯ Varies ◯ Don't know	*Adverse effects:* No clear or consistent evidence of harms was found in the Qualitative perceptions review on participant reactions to taking part in parenting programs. Very small numbers of parents, in a minority of studies reported harms or difficulties engaging in parenting programs, compared to overwhelming reports of benefits from parents and programme delivery staff. From the main effect meta-analyses of the Global effectiveness review and from inspecting the resulting forest plots, there is consistent evidence of beneficial effects. Eight individual trials included in the Global effectiveness review reported potential harms as a result of participating in a parenting intervention, most of which related to less positive and more disruptive child behaviors. *Broader impacts:* Most trials in the Global effectiveness review assessed a range of outcomes, in addition to primary outcomes of parenting and child behavior. In particular, programs showed beneficial effects on child mental health, and trends towards improving prosocial child behaviors. Some reviews identified by the EGM review of effectiveness reviews reported benefits for child language and cognitive development in younger children. Studies from the Qualitative perceptions review mentioned benefits to family harmony and couple relations, and rarely mentioned negative effects on the couple relationship.	

Detailed judgement

Does the short- and longer-term **efficacy** (under controlled, often ideal circumstances) or **effectiveness** (in a real-life setting) of the intervention on the **health of individuals**, including patient-reported outcomes, favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	◯ Probably favors the intervention	⊗ Favors the intervention	◯ Don't know

Does the short- and longer-term **effectiveness** or **impact** of the intervention on the **health of the population**, including on beneficiary-reported outcomes, favor the intervention or the comparison? (This should include considerations regarding whether population-level outcomes represent aggregated individual-level outcomes or emerge through system dynamics.)

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	◯ Favors the intervention	◯ Don't know

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS

Does the extent to which **patients/beneficiaries' value** different health outcomes favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	◯ Probably favors the intervention	⊗ Favors the intervention	◯ Don't know

Does the **probability and severity of adverse effects** associated with the intervention (including the risk of the intervention being misused) favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	◯ Favors the intervention	◯ Don't know

Do the **broader positive or negative health-related impacts** (e.g. reduction of stigma, positive impact on other diseases, spillover effects beyond patients/beneficiaries) associated with the intervention favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	◯ Probably favors the intervention	⊗ Favors the intervention	◯ Don't know

Human rights

Is the intervention in accordance with universal human rights standards and principles?

◯ No
◯ Probably no
◯ Uncertain
⊗ Probably yes
◯ Yes
◯ Varies
◯ Don't know

Source and quality of evidence:

Research evidence regarding the human rights criterion was derived from i) screening studies included in the Qualitative perceptions review (217 studies), and ii) the human rights review, a mixed methods review (17 studies) based on a literature search for explicit reference to rights concepts in parenting programs.

While a majority of studies did not explicitly provide information on human rights aspects, we report selected insights from those that did, as well as examining reviews of program components for content and delivery features that are consistent with aspects of a right-based approach. Thus, these sources focus on direct evidence from HICs and LMICs. The quality of evidence for this criterion was not formally assessed.

Sources of judgement for this criterion:

These judgements were to a limited extent informed by direct research evidence and to a larger extent by broader considerations and discussions during the GDG meeting.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
◯ No ◯ Probably no ◯ Uncertain ⊗ Probably yes ◯ Yes ◯ Varies ◯ Don't know	**Overall descriptive summary:** Some studies on parenting interventions in LMICs and HICs made explicit reference to child or human rights concepts. However, many more programs explicitly teach strategies that follow some of the principles of child rights. For example, most teach alternatives to harsh discipline, and many focus on listening to the child, and following their lead in play. Many take an explicitly respectful and collaborative approach to working with parents, which forms part of their training of delivery staff. **Brief statement for selected judgements:** *Intrusiveness of the intervention and impact on autonomy:* In general, there was very little evidence that parents experienced programs delivered in communities as intrusive or leading to loss of autonomy, based on studies from HICs and LMICs. However, when examining a subset of studies where parents' autonomy was potentially compromised, due to services being offered as part of a cash transfer system, prison sentence, child protection order, or shelter, then some parents, – mostly in HICs of families in the child protection system – did report experiencing intrusion or loss of privacy. However, a common theme was that parents initially reluctant to participate in a mandated program (or one in other restrictive setting) experienced a change in perceptions over time, with most expressing positive views on program effects and recommending the interventions to others, later on in the program. This was especially the case where staff were perceived as empathic and applying strength-based approaches. A small number of studies in LMICs included parents in cash transfer systems, refugee centers and domestic violence shelters; concerns about program content, delivery or intrusiveness were generally not raised in the studies.	**Overall:** Parenting interventions globally are likely to be in accordance with universal human rights standards and principles and, indeed, are likely to advance these by promoting parenting styles that enhance the rights of the child to be listened to, the clarity of household rules and expectations; they are also likely to strengthen child's rights by promoting the use of non-violent discipline. With regards to the adults' rights, these programs, when conducted in restrictive settings (e.g. child protection services), may sometimes be perceived to infringe on parents' autonomy. **Other points for consideration:** Child rights legislation (e.g. UN Convention on the Rights of the Child) has potential to act as a facilitator to governments' willingness to support parenting programs.
Socio-cultural acceptability Is the intervention acceptable to key stakeholders?		
◯ No ◯ Probably no ◯ Uncertain ◯ Probably yes ⊗ Yes ◯ Varies ◯ Don't know	**Sources and quality of evidence:** Research evidence regarding the Socio-cultural Acceptability criterion was derived from the Qualitative perception review including 217 qualitative studies of parenting programs. Most of these were from HICs, with 18 conducted in LMICs. Generally, parents' views appeared to be comparable in studies in LMICs and HICs. Most involved low-income families. A number of studies included service delivery staff, but very few focused on other stakeholders or the general public. The quality of evidence for this criterion was not formally assessed.	**Sources of judgement for this criterion:** These judgements were to a large extent informed by research evidence (notably for parents and service delivery staff) and to some extent informed by broader considerations and discussion during the GDG meeting (for a broader range of stakeholders).

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
○ No ○ Probably no ○ Uncertain ○ Probably yes ⊗ Yes ○ Varies ○ Don't know	**Overall descriptive summary:** Parenting interventions appear to be socially acceptable to parents across a range of communities across the globe. This is consistent with the finding that the great majority of self-reported trial outcomes describe overwhelmingly positive changes, implying that the interventions are perceived by parents as acceptable. Parenting interventions also appear to be socially acceptable to delivery staff. Sparse data is available on views of wider stakeholders and the general public. **Brief statement for selected judgements:** *Socio-cultural acceptability for beneficiaries:* Based on the Qualitative perceptions review, parents reported predominantly positive views across a wide range of elements of parenting program content and delivery format, as well as cultural appropriateness. In the relatively few cases where misgivings were expressed about parenting program content and delivery, these mainly concerned 'time out' procedures, which make up a small proportion of the skills and sessions delivered and in some programs is omitted. It was rare for parents to mention that they felt the program was poorly culturally matched. Misgivings about elimination of spanking was only mentioned in studies of parents who had not yet participated in a program. See also section on values under 'harms'. Group delivery was commented on positively by most parents, who felt it was beneficial for sharing problems and solutions, and for social support, although a minority found it hard to speak up in a group setting. Parents who experienced individual programs (e.g. home visits) and phone calls appreciated the chance for a closer relationship with, and tailored help from, providers. Views on the length and burden of programs were mixed; many commented on the challenges of competing demands on parents' time, whereas others preferred the program to be longer. There were sparse data about changes over time, other than those resulting from the intervention. A few studies found that parents' mistrust of service providers, and unwillingness to discuss family issues, was reduced by their experiencing a parenting program run by providers who were welcoming and took a respectful and strengths-based approach. These is little evidence on the views of children on the socio-cultural acceptability of parenting interventions. *Socio-cultural acceptability for delivery staff:* Broadly speaking, based on a smaller number of relevant studies, practitioners delivering parenting programs reported similar views to parents, that is, predominantly positive views across a wide range of elements of program content and delivery format, including cultural acceptability, and the benefits of a group-based-format. *Socio-cultural acceptability for other stakeholders and the general public:* We found limited data on the views of wider stakeholders or the general public.	**Overall:** Parenting interventions globally appear to be socially acceptable to parents across a range of communities, to delivery staff and, probably, to the public at large. **Other points for consideration:** Given that many programs target whole communities, or universal samples, recipients could be seen in many cases as reasonably representative of the general public.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS

Detailed judgement

How substantial is the intrusiveness of the intervention in terms of infringing on individual liberties (including privacy and dignity)? (Intrusiveness ranges from trivial – for example through enabling choice (e.g. building cycle paths) to high – for example by restricting or eliminating choice (e.g. banning cigarettes)).

◯ Large	◯ Moderate	◯ Small	◯ Trivial	⊗ Varies	◯ Don't know

How substantial is the impact of the intervention on the autonomy of individuals, population groups, and/or organizations (with regards to their ability to make a competent, informed, and voluntary decision)?

◯ Large	◯ Moderate	◯ Small	◯ Trivial	⊗ Varies	◯ Don't know

Does the socio-cultural acceptability of the intervention among intended beneficiaries favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	◯ Probably favors the intervention	⊗ Favors the intervention	◯ Don't know

Does the socio-cultural acceptability of the intervention among those intended to implement the intervention favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	◯ Probably favors the intervention	⊗ Favors the intervention	◯ Don't know

Does the socio-cultural acceptability of the intervention among other relevant stakeholder groups favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	◯ Favors the intervention	◯ Don't know

Does the socio-cultural acceptability of the intervention among the general public favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	◯ Favors the intervention	◯ Don't know

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
Health equity, equality, and non-discrimination What would be the impact of the intervention on health equity, equality, and non-discrimination?		
◯ Negative ◯ Probably negative ◯ Neither negative nor positive ⊗ Probably positive ◯ Positive ◯ Varies ◯ Don't know	**Sources and quality of evidence:** Research evidence regarding the criterion Health Equity, Equality and Non-discrimination was derived from multiple sources. Direct global evidence was based on i) the Global effectiveness review with between-trial moderator analyses for a range of outcomes and based on 278 studies across many countries, ii) the LMIC effectiveness review with more between-trial moderator analyses, iii) a review of within-trial moderator studies (n=8) based on searching for studies associated with the 131 trials in LMICs ("LMIC review of intervention moderators", and iv) searches for literature on participant engagement and multiple related terms ("Implementation review"). Additional evidence from HICs only also included i) individual participant data (IPD) meta-analysis including individual data from 1,500 families, but for child behavior outcomes and from Western Europe only, and ii) evidence derived from the Evidence Gap Map (EGM) review of effectiveness reviews. The quality of evidence from this criterion was not formally assessed. **Overall descriptive summary:** There is little or no evidence that factors such as poverty, low educational level and child age are linked to poorer intervention outcomes. Thus, it is unlikely that parenting programs would contribute to widening existing inequities. By targeting families, communities and countries most in need, parenting programs have good potential for narrowing disparities between groups, in maltreatment and related risks. **Brief statement for selected judgements:** *Distributions of benefits and harms:* The Global effectiveness review shows that parenting interventions are effective for families across needs, contexts, and living conditions. Evidence suggests that families that are in higher need, benefit even more from parenting interventions. Harms are not detected for any subgroup. There was no evidence that poverty hinders intervention effectiveness as reflected in no differential effects between the socio-economic status of the families and the income status of a country (Global effectiveness review). In addition, we also found no evidence that families troubled by maltreatment or marked child behavior problems were any less likely to benefit; rather, families experiencing problem behavior were more likely to benefit. The LMIC effectiveness review supports these findings and found no disadvantage for families with low education, child age or gender, and parent age.	**Sources of judgement for this criterion:** These judgements were to a large extent informed by a direct research evidence and to a smaller extent by broader considerations and discussions during the GDG meeting. **Overall:** There is little or no evidence for differential effects. Consequently, families will likely have equal benefits, and parenting interventions are unlikely to increase health or other disparities. By targeting families in need, they are likely to reduce health inequalities. **Other points for consideration:** The criteria 'Do parenting interventions represent the only available option' and 'Does the intervention address a particularly severe condition' were not prioritized by the GDG as these sub-criteria were considered largely not applicable. Regarding affordability for beneficiaries, in most countries, parents do not pay for parenting interventions. Thus, the financial impact on families is likely to be related to lost time or earnings. Many providers aim to offer programs outside of working hours, where this is feasible. Provider costs are covered in the economic section.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
◯ Negative ◯ Probably negative ◯ Neither negative nor positive ⊗ Probably positive ◯ Positive ◯ Varies ◯ Don't know	Findings on differential effects for ethnic minorities were mixed. The Global effectiveness review found evidence of diminished effects on child behavior problems and negative parenting for trials that included mainly families from ethnic minorities. On the other hand, indirect evidence from a more powerful study of 1500 families in Europe using IPD meta-analysis found no differential effects on behavior problems for children from ethnic minorities. This study, the only IPD meta-analysis on parenting interventions, also found no evidence of harms in any subgroups (Gardner et al., 2019). *Accessibility:* Evidence on accessibility and availability of interventions is mixed. Many parenting programs explicitly target low-income or marginalized families or communities, and are successful at engaging these families, as well as achieving intended outcomes. On the other hand, the Implementation review found that, in a given population group, engagement and attendance are often somewhat lower in families who are more disadvantaged by poverty, or minority status, or other vulnerabilities.	Regarding accessibility, the digitalization of parenting interventions may ease accessibility for families across settings provided devices and sufficient data are available.

Detailed judgement

Is the intervention likely to increase existing inequalities and/or inequities in the health condition or its determinants? (This should include considerations of likely changes in inequalities over time, e.g. whether initial increases are likely to balance out over time, as the intervention is scaled up?)

⊗ No	◯ Probably no	◯ Probably yes	◯ Yes	◯ Varies	◯ Don't know

Are the intervention's benefits and harms likely to be distributed in an equitable manner? (This should include a special focus on implications for vulnerable, marginalized or otherwise socially disadvantaged population groups.)

◯ No	◯ Probably no	⊗ Probably yes	◯ Yes	◯ Varies	◯ Don't know

Is the intervention affordable among affected population groups, and therefore financially accessible? (This should include the impact on household health expenditures, including the risk of catastrophic health expenditures and health-related financial risks.)

◯ No	◯ Probably no	⊗ Probably yes	◯ Yes	◯ Varies	◯ Don't know

Is the intervention accessible among affected population groups? (This should include considerations regarding physical as well as informational access.)

◯ No	◯ Probably no	◯ Probably yes	◯ Yes	⊗ Varies	◯ Don't know

Does the intervention address a particularly severe (e.g. life-threatening, end-of-life, affecting individuals with a low pre-existing health status) or rare condition?

⊗ No	◯ Probably no	◯ Probably yes	◯ Yes	◯ Varies	◯ Don't know

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS

Does the intervention represent the only available option? (This should include considerations of whether the intervention is proportionate to the need, and whether it will be subject to periodic review.)

◯ No	◯ Probably no	◯ Probably yes	◯ Yes	⊗ Varies	◯ Don't know

Societal implications

Does the balance between desirable and undesirable societal implications favor the intervention or the comparison?

- ◯ Favors the comparison
- ◯ Probably favors the comparison
- ◯ Does not favor either the intervention or the comparison
- ⊗ Probably favors the intervention
- ◯ Favors the intervention
- ◯ Varies
- ◯ Don't know

Sources and quality of evidence:

Research evidence for the criterion Societal Implications was derived from i) the Qualitative review of perceptions, and ii) additional searches in Google scholar, searching for specific terms including stigma, norms and social cohesion. Within the EGM review of effectiveness reviews, we searched for reviews of parenting programs that focus on changing social norms as processes or outcomes. Given that most trials operate at family rather than community level, there was very limited evidence available about wider societal effects. The quality of evidence for this criterion was not formally assessed.

Overall descriptive summary:

We found very limited direct evidence on wider societal effects, such as social cohesion, stigma and norm change at community level. However, at family level, there was no clear indication that parents who experienced parenting programs viewed them as potentially stigmatizing. Instead, parents commented on how they valued practitioners who were non-judgmental, and empathic. Some studies showed evidence that attending a parenting program could change parents' norms about physical punishment and increase social cohesion for parents meeting in a group format.

Brief statement for selected judgements:

Societal impact and social consequences of the intervention: In the Qualitative perceptions review, some studies found that some parents feared that taking part in a parenting program would be *stigmatizing*. However, in many cases this anticipated impact was not borne out when parents experienced the program. The predominant reports were of parents finding programs to be socially supportive and beneficial to family life. Studies repeatedly highlighted that parents valued practitioner styles which they experienced as non-judgmental, empathetic, flexible, and positive – characteristics likely to reduce fears abut stigmatization.

Sources of judgement for this criterion:

These judgements were to some extent informed by research evidence, and further informed by broader considerations and discussions during the GDG meeting.

Overall:

We found very limited direct evidence on wider societal effects, such as social cohesion. Parents did not appear to experience programs as stigmatizing. There was some evidence that attendance could change parents' social norms.

Other points for consideration:

Environmental impacts were not prioritized by the GDG as this sub-criterion was considered largely not applicable.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
◯ Favors the comparison ◯ Probably favors the comparison ◯ Does not favor either the intervention or the comparison ⊗ Probably favors the intervention ◯ Favors the intervention ◯ Varies ◯ Don't know	From our additional searches, we found limited evidence on effects on *social cohesion*, apart from parents commenting positively on the improved social networks and support they experienced due to attending a group-based program. We found one study using social network analysis across a village in South Africa (Kleyn et al, 2021) that bore this out: social networks appeared to be strengthened by attending a community-based parenting program- and in turn, positive parenting strategies appeared to spread partly through these networks. Parenting programs, especially in the early years, also have positive effects on education-related outcomes, such as children's language, literacy and cognitive skills, as summarized in the WHO Guideline on Nurturing Care. We found evidence that parenting programs change *social norms* about violence against children at individual level (Global effectiveness review); however, no studies were able to examine effects on wider community values. From our EGM review of effectiveness reviews, we identified one review (Poole et al., 2014) that examined interventions that aim to change social norms about child maltreatment through universal media campaigns. It found no studies in LMICs, and found evidence on effectiveness in HICs to be inconclusive.	

Detailed judgement

Do the social impact and social consequences of the intervention (such as increase or reduction of stigma, educational outcomes, social cohesion, or the attainment of various human rights beyond health) favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	◯ Favors the intervention	◯ Don't know

Financial and economic considerations

Do financial and economic considerations favor the intervention or the comparison?

◯ Favors the comparison ◯ Probably favors the comparison ◯ Does not favor either the intervention or the comparison ⊗ Probably favors the intervention ◯ Favors the intervention ◯ Varies ◯ Don't know	**Sources and quality of evidence:** Research evidence for the criterion Financial and economic considerations was derived from the "Review of economic studies" examining costs, cost-effectiveness or cost-benefit studies of parenting interventions, searches retrieving i) Eight reviews of economic studies, all with HIC focus. ii) Seven economic analyses associated with the 131 trials in LMICs in our Guideline systematic review; most reported program costs, with three including cost effectiveness analysis.	**Sources of judgement for this criterion:** These judgements were to a limited extent informed by research evidence, much of it indirect from HICs, and to a larger extent informed by broader considerations and discussions during the GDG meeting.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
◯ Favors the comparison ◯ Probably favors the comparison ◯ Does not favor either the intervention or the comparison ⊗ Probably favors the intervention ◯ Favors the intervention ◯ Varies ◯ Don't know	There were very few economic studies of parenting programs in LMICs. Some key studies in HICs focused on child behavior outcomes, rather than maltreatment. Most studies assessed service costs, but few addressed family costs. Cost data should be interpreted with great caution, as costing models are often unclear or not reported, and where reported, are inconsistent across contexts. The quality of evidence for this criterion was not formally assessed. **Overall descriptive summary:** Indirect evidence from HICs and very few studies from LMICs suggest that parenting programs can be cost-effective for reducing child maltreatment and behavior problems. Program costs may vary between US$5-500 per family. Cost-effectiveness ratio of parenting programs in LMICs may be similar or lower to those in HICs. No evidence was found on the impact of parenting interventions on the economy at large. **Brief statement for selected judgments:** *Cost and budget impacts.* The costs of violence against children are clearly high, from global evidence, including data from HICs and LMICs. Parenting interventions reduce violence, at least in the short term. Studies reporting program costs in LMICs found delivery costs ranging from $5-500 per family (median $40, at approx. 2015 prices), albeit estimates were based on a wide range of costing models, contexts and program types. Generally, these are lower than program cost calculated in HICs. Studies focused on provider costs, rather than family costs, which include real costs (e.g. for transportation), as well as opportunity costs (e.g. due to lost earnings or time losses). *Ratio of costs and benefits (cost-effectiveness, cost-benefit).* In HICs, the cost-effectiveness studies favored the intervention. Most focused on the 2-9 age group. Evidence from a very small number of LMIC studies (n=3) in teen and early childhood age groups, suggests that parenting interventions may be cost-effective in the short term, for parenting and child outcomes.	**Overall:** Indirect evidence from HICs and very few studies from LMICs suggest that parenting programs for reducing maltreatment and child behavior problems can be cost-effective. **Other points for consideration:** Although no direct evidence was found for impacts on the economy, economic modelling studies suggest that interventions that reduce the burden of violence would be likely to reduce societal costs, including public expenditure in multiple sectors. Given the high burden of violence in LMICs, and that intervention effects (albeit mainly in the short term) are similar to those in HICs while program costs are lower, we might expect cost-effectiveness ratios to be similar, or more favorable, in LMICs.

Detailed judgement

How high are the **cost and budget impacts** of implementing and maintaining the intervention? (This should include considerations on how cost and budget impacts vary in the short- versus longer-term. It should also include considerations of who bears the costs – e.g. public sector vs. private vs. third-sector funding, health sector vs social sector vs energy sector funding.)

◯ Very large cost and budget impacts	◯ Large cost and budget impacts	⊗ Moderate cost and budget impacts	◯ Negligible cost and budget implications	◯ Varies	◯ Don't know

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS

Does the **overall impact of the intervention on the economy** favor the intervention or the comparison? (This should include considerations of how the different types of economic impact are distributed across different sectors or organizational levels, whether the intervention contributes to or limits the achievement of broader development and poverty reduction goals, and how it impacts the available workforce.)

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	◯ Probably favors the intervention	◯ Favors the intervention	⊗ Don't know

Does the **ratio of costs and benefits** (e.g. based on estimates of cost-effectiveness, cost-benefit or cost-utility) favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	◯ Favors the intervention	◯ Don't know

Feasibility and health system considerations

Is the intervention feasible to implement?

◯ No
◯ Probably no
◯ Uncertain
◯ Probably yes
◯ Yes
⊗ Varies
◯ Don't know

Sources and quality of evidence:

Research evidence for the criterion Feasibility and health system considerations was derived from: i) the Qualitative review of perceptions, screening the 217 studies for material relevant to implementation; and ii) the Implementation review, which involved additional searches for articles related to participant engagement and to system-level issues. Some of the evidence came from commentaries and other published expert reflections, and case studies examining scale-up and sustainment.

Much of the evidence about feasibility and implementation comes from programs that have not been scaled, or rarely scaled; in some case they have been scaled in HICs, but not necessarily sustained over time.

The quality of evidence for this criterion was not formally assessed.

Overall descriptive summary:

Parenting interventions have been shown to be feasible to implement in numerous countries, and shown to be effective in numerous randomized trials in real-world service settings. There are some examples of interventions going to scale in HICs, and a smaller number of examples in LMICs. As with other interventions, the literature retrieved documented many challenges in going to scale in several domains, including political will; funding; selection, training, supervision, support and retention of workforce; workforce capacity; maintaining fidelity over time, and selecting and enabling appropriate systems for governance and sustainment of programs. These challenges vary hugely by country and setting. Opinions expressed in the literature consistently point to the importance of planning for scale from the outset ("beginning with the end in mind").

Sources of judgement for this criterion:

These judgements were to a limited extent informed by research evidence, much of it from HICs, and to a greater extent by broader considerations and discussions during the GDG meeting.

Overall:

Parenting interventions are feasible to implement in numerous real-world service settings, in many countries, including some examples of interventions going to scale in LMICs. However, many challenges in going to scale are documented, especially issues of workforce training, supervision and capacity. Implementation research stresses the importance of system fit, and planning for scale from the outset.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
◯ No ⊗ Probably no ◯ Uncertain ◯ Probably yes ◯ Yes ◯ Varies ◯ Don't know	**Brief statement for selected judgments:** *Legal barriers and governance.* Numerous implementation studies were consistent in the barriers and facilitators to implementation that they identified, but none reported or reflected on legal barriers to implementation. Few studies were found of governance issues – see section on system fit. *Implications of the intervention interaction and fit with the existing health system.* Studies of implementation have taken place in multiple different systems (e.g. health, social care, education), including in dedicated NGO and public systems, as well as part of busy services attempting to meet multiple needs. Thus, system interaction and fit are very variable. Systems need to be accessible and acceptable to parents, as well as having the workforce and organizational capacity. Studies point to the need for careful assessment of organizational readiness, prior to beginning implementation, and for advocates, or program 'champions', at one or more levels in the system (e.g. at policy maker/ funder level, and at delivery level), to help ensure successful implementation and sustainment. *Implications of the intervention for the health workforce and broader human resources.* Evidence from qualitative studies with staff and managers suggests potential for considerable burden for delivery staff, especially if they are not given adequate time to prepare and run parenting programs as part of their other duties, and adequate support to maintain fidelity. These studies suggest that strong systems of leadership and support are needed to overcome these challenges. Costs may be reduced if lay health or community workers are employed. However, little is known about effectiveness of parenting programs delivered by lay workers, as few of the 131 trials in the LMIC effectiveness review used non-professional staff. A few studies in LMICs (e.g., one in Kenya) have solicited the views of lay health workers about their motivation, satisfaction and retention in parenting program delivery roles.	**Other points for consideration:** Governance, system, and workforce issues are very variable across contexts. Child rights legislation (e.g. UN Convention on the Rights of the Child) has potential to act as a facilitator to governments' willingness to support parenting programs Over time, and after testing in RCTs, digital and hybrid interventions designed for LMICs may help to enhance feasibility at scale. Regarding the implication for the system infrastructure, workforce issues and costs are considerable (as above) if programs are taken to scale in the health system, or other systems, e.g. social welfare or education system.

Detailed judgement

Are there legal barriers which may limit the feasibility of implementing the intervention?

◯ No	⊗ Probably no	◯ Probably yes	◯ Yes	◯ Varies	◯ Don't know

Are there governance aspects (e.g. strategic considerations, past decisions) which may limit the feasibility of implementing the intervention? (This should include considerations regarding the presence or absence of formal or information institutions which can provide effective leadership, oversight, and accountability in implementing the intervention influence feasibility of implementation)

◯ No	◯ Probably no	◯ Probably yes	◯ Yes	⊗ Varies	◯ Don't know

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS

What are the implications of the intervention interaction and fit with the existing health system? (This includes considerations regarding the intervention's interaction with or impact on the existing health system and its components?)

○ Large beneficial implications	○ Moderate beneficial implications	○ Negligible beneficial and adverse implications	○ Moderate adverse implications	○ Large adverse implications	⊗ Varies	○ Don't know

What are the implications of the intervention for the health workforce and broader human resources (in the health sector or other sectors? (This should include considerations regarding the need for, usage of, and impact on health workforce and other human resources as well as their distribution.)

○ Large beneficial implications	○ Moderate beneficial implications	○ Negligible beneficial and adverse implications	○ Moderate adverse implications	○ Large adverse implications	⊗ Varies	○ Don't know

What are the implications of the intervention for health system infrastructure and broader infrastructure? (This should include considerations regarding the need for, usage of, and impact on non-human resources and infrastructure as well as their distribution)

○ Large beneficial implications	○ Moderate beneficial implications	○ Negligible beneficial and adverse implications	○ Moderate adverse implications	○ Large adverse implications	⊗ Varies	○ Don't know

SUMMARY OF JUDGEMENTS

	JUDGEMENT						
BALANCE OF HEALTH BENEFITS AND HARMS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
HUMAN RIGHTS	No	Probably no	Uncertain	Probably yes	Yes	Varies	Don't know
SOCIO-CULTURAL ACCEPTABILITY	No	Probably no	Uncertain	Probably yes	Yes	Varies	Don't know
HEALTH EQUITY, EQUALITY, AND NON-DISCRIMINATION	Negative	Probably negative	Neither negative nor positive	Probably positive	Positive	Varies	Don't know
SOCIETAL IMPLICATIONS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
FINANCIAL AND ECONOMIC CONSIDERATIONS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
FEASIBILITY AND HEALTH SYSTEM CONSIDERATIONS	No	Probably not	Uncertain	Probably yes	Yes	Varies	Don't know

TYPE OF RECOMMENDATION

◯ Strong recommendation against the intervention	◯ Conditional recommendation against the intervention	◯ Conditional recommendation for either the intervention or the comparison	◯ Conditional recommendation for the intervention	⊗ Strong recommendation for the intervention

Recommendation 3

QUESTION PARENTS AND CAREGIVERS OF ADOLESCENTS AGED 10-17 YEARS LIVING IN LMICS

PICO Question?	
POPULATION:	Parents and caregivers of children aged 2–17 years living in low- and middle-income countries (LMICs) *(3,4)*
INTERVENTION:	Parenting interventions
COMPARISON:	Inactive or active control group
MAIN OUTCOMES:	• Child maltreatment; • Harsh and negative parenting • Positive parenting skills and behavior • Child externalizing/behavioral problems • Child internalizing problems (e.g. anxiety, depression, PTSD, others) • Parental mental health and stress
SETTING:	LMICs as classified by the World Bank at the time of the trial; any service setting where parenting interventions are delivered
PERSPECTIVE:	WHO-INTEGRATE framework: population perspective, complexity perspective
BACKGROUND:	Maltreatment is a global phenomenon, yet children and adolescents from LMICs face higher risks of experiencing violence. Adolescents, especially adolescent girls, are considered a particularly vulnerable group to certain types of violence; and nine out of 10 adolescents reside in LMICs. No review to date is available that focuses on the effectiveness of parenting interventions for parents and caregivers of adolescents living in LMICs.
CONFLICT OF INTERESTS:	FG: co-developer of a WHO/ UNICEF non-commercial parenting programme, Parenting for Lifelong Health

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
Balance of health benefits and harms Does the balance between desirable and undesirable health effects favor the intervention or the comparison?		
◯ Favors the comparison ◯ Probably favors the comparison ◯ Does not favor either the intervention or the comparison ⊗ Probably favors the intervention ◯ Favors the intervention ◯ Varies ◯ Don't know	**Sources and quality of evidence:** Research evidence regarding the Balance of health benefits and harms criterion was derived from: i) a systematic review of 30 randomized trials assessing effectiveness of parenting programs for parents and caregivers of adolescents in LMICs for reducing child maltreatment and harsh parenting ("LMIC Adolescent effectiveness review"), ii) a review of 217 qualitative studies and eight qualitative reviews ("Qualitative review of perceptions"), and iii) an overview of 76 systematic reviews of parenting intervention trials retrieved from searches for the Evidence Gap Map ("EGM review of effectiveness reviews"). Reviews ii) and iii) covered all age groups and world regions. We searched for harm-related terms in the full texts of these reviews. Most included studies had low risk of bias for random sequence generation, incomplete outcome data, selective outcome reporting, and other bias, but largely unclear risk of bias for allocation concealment, and blinding of assessors. An additional key source of bias (high or uncertain risk) related to intervention developer involvement with the trial. Due to the type of intervention, all trials had high risk of bias around blinding of participants. Levels of statistical heterogeneity were generally high, although this is not surprising in view of the high heterogeneity in populations, interventions and settings. Few studies reported long-term outcomes, and none beyond 9 months after the intervention. Few studies reported harms or adverse effects, although it is unclear if this is due to their not considering harms, or not detecting any. The meta-analytic evidence covered only shorter-term, post-test effects. The certainty of evidence for each outcome was assessed using the GRADE approach. In the Qualitative review of perceptions, 18 studies were from LMICs and four of these concerned programs for parents of adolescents. Eight qualitative syntheses were retrieved; all focused on data from HICs and were rarely specific to adolescents. In the EGM review of effectiveness reviews, most studies also focused on HICs. **Overall descriptive summary:** Thirty randomized trials were included in the LMIC Adolescent effectiveness review, targeting families of adolescents aged 10-17 years. Studies took place in 16 LMICs, in all regions of the world. Most involved group-based parenting interventions (63%), followed by individual-based interventions (17%), and a combination of formats (13%). Many interventions included content on effective communication skills, communication about safe sex practices and risky sexual behaviors, and promoting mental health. The service system organizing delivery was poorly reported in half of studies; where reported, the parenting interventions took place in health services, schools, or community or other public setting. Almost all outcomes were 'patient'-reported (normally by parents; some by adolescents).	**Sources of judgement for this criterion:** The judgements regarding this criterion were to a large extent informed by research evidence (direct evidence of intervention effectiveness and indirect qualitative evidence predominantly from HICs and across age groups beyond the adolescent years) and to a lesser extent informed by broader considerations and discussions during the GDG meeting. **Overall:** Parenting interventions in LMICs for parents of adolescents show beneficial effects on overall negative and positive parenting, and overall adolescent emotional and behavioral problems (very low to low certainty evidence). In meta-analyses with fewer trials, for externalizing behavior and harsh parenting, no effects were found. Meta-analyses for maltreatment and parental stress and mental health were too small for a reliable estimate. We note that the findings for negative parenting and overall adolescent emotional and behavioral problems (very low to low certainty evidence) are in line with moderation analyses from the larger LMIC effectiveness review, which found beneficial effects for all key outcomes assessed, and that age did not moderate these effects.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
◯ Favors the comparison ◯ Probably favors the comparison ◯ Does not favor either the intervention or the comparison ⊗ Probably favors the intervention ◯ Favors the intervention ◯ Varies ◯ Don't know	**Brief statement for selected judgments:** *Efficacy/effectiveness:* Low certainty evidence suggests that parenting programs may improve positive parenting (13 trials, 5,052 participants, SMD: 0.50 upper, 95% CI 0.10 upper to 0.90 upper). Because of very low certainty evidence, it is uncertain whether parenting programs reduce harsh parenting (7 trials, 1,559 participants, SMD: 0.18 lower, 95% CI 0.72 lower to 0.37 upper), negative parenting (11 trials, SMD: 0.41 lower, 95% CI 0.05 lower to 0.77 lower), externalizing adolescent behaviors (9 trials, 1,968 participants, SMD: 0.80 lower, 95% CI 1.76 lower to 0.17 higher), internalizing adolescent behaviors (5 trials, 1,063 participants, SMD: 0.25 lower, 95% CI 0.72 lower to 0.23 higher), and improve child emotional and behavioral problems (12 trials, SMD: 0.72 lower, 95% CI 0.06 lower to 1.37 lower). In moderator analyses within the Adolescent effectiveness review, these findings held across universal, selective, and indicated prevention programmes, targeting varying level of risk for maltreatment. We note that very few programmes were implemented as indicated prevention or 'response' to families identified as perpetrating maltreatment. However, many programmes served communities and parents who reported generally high levels of physical abuse of children. Other programmes targeted families based on levels of child problem behaviour. Overall, moderator analyses showed no evidence that factors such as child gender, and child or parent age are linked to poorer intervention outcomes. Meta-analyses produced no reliable estimate for child maltreatment, parenting stress, and parental mental health due to too few studies reporting on these outcomes. Non-meta-analyzed non-prioritized outcomes included intimate partner violence (IPV), parental self-efficacy and parental attitudes to corporal punishment. No trial examined IPV, one trial found an increase in parental self-efficacy, and one found a reduction in attitudes that support corporal punishment following intervention. Population level outcomes were not assessed, although it seems likely that there would be population level effects where trials aim to change the culture of parenting at community level or reach large proportions of a community. Such effects would be expected to be in the direction of benefit.	For outcomes of positive parenting and emotional-behavioral problems, mean effect sizes for adolescents were at least as high as for younger children. **Other points for consideration:** None.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
◯ Favors the comparison ◯ Probably favors the comparison ◯ Does not favor either the intervention or the comparison ⊗ Probably favors the intervention ◯ Favors the intervention ◯ Varies ◯ Don't know	*Beneficiaries values:* In the studies included in the LMIC Adolescent effectiveness review, parents and/or adolescents report on all outcomes, suggesting their values and opinions feed into trial findings. Moreover, many programs are designed so that from the outset, parents discuss and then set the goals they wish for parenting and child behavior in their family context. In the Qualitative review of perceptions, parents also report valuing the same outcomes as those assessed in the trials. They emphasized the high value they placed on outcomes central to the programs, including reductions in difficult child and adolescent behaviors and improved parent-child relationships. Many also valued strengthening of spousal and wider family relations; some immigrant parents reported valuing programs that helped reduce parent-child cultural gaps. Many parents also valued the sense of support they gained from practitioners and other parents. These various outcomes could be viewed as health or non-health outcomes. *Adverse effects:* No clear or consistent evidence of harms was found in the Qualitative review of perceptions, with evidence mainly from HICs. Very small numbers of parents, in a minority of studies reported harms or difficulties engaging in parenting programs, compared to overwhelming reports of benefits from parents and program delivery staff. No harms (and many benefits) were mentioned in the two qualitative studies of the views of parents of adolescents on engaging in programs in LMICs, in Panama and South Africa. From the main effects meta-analyses, and from inspecting the forest plots, there is consistent evidence of effects in the direction of benefit. *Broader impact:* Most trials in the effectiveness review assessed a range of outcomes, in addition to primary outcomes of parenting and child behavior. However, evidence suggest no beneficial impacts for other outcomes assessed including child mental health, substance abuse, or ADHD. Studies from the qualitative review of perceptions mentioned benefits to family harmony and couple relations, and more rarely mentioned negative effects on the couple relationship.	

Detailed judgement

Does the short- and longer-term **efficacy** (under controlled, often ideal circumstances) or **effectiveness** (in a real-life setting) of the intervention on the **health of individuals**, including patient-reported outcomes, favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	◯ Favors the intervention	◯ Don't know

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS

Does the short- and longer-term **effectiveness** or **impact** of the intervention on the **health of the population**, including on beneficiary-reported outcomes, favor the intervention or the comparison? (This should include considerations regarding whether population-level outcomes represent aggregated individual-level outcomes or emerge through system dynamics.)

◯ Favors the comparison	⊗ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	◯ Favors the intervention	◯ Don't know

Does the **probability and severity of adverse effects** associated with the intervention (including the risk of the intervention being misused) favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	◯ Favors the intervention	◯ Don't know

Do the **broader positive or negative health-related impacts** (e.g. reduction of stigma, positive impact on other diseases, spillover effects beyond patients/beneficiaries) associated with the intervention favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	◯ Favors the intervention	◯ Don't know

Human rights

Is the intervention in accordance with universal human rights standards and principles?

◯ No
◯ Probably no
◯ Uncertain
⊗ Probably yes
◯ Yes
◯ Varies
◯ Don't know

Sources and quality of evidence:

Research evidence regarding the human rights criterion was derived from i) the Qualitative review of perceptions and ii) a mixed-methods review of human rights aspects that retrieved 17 studies, based on a combination of searches for studies & programs making explicit reference to rights language, using any methodological approach (e.g. legal analyses, 'think-pieces', qualitative studies)

While a majority of studies did not explicitly provide information on human rights aspects, we report selected insights from those that did, as well as examining reviews of program components for content and delivery features that are consistent with aspects of a right-based approach. Thus, these sources focus on direct evidence from LMICs as well as indirect evidence from HICs. The quality of evidence for this criterion was not formally assessed.

Sources of judgement for this criterion:

These judgements were to a limited extent informed by research evidence (some of it indirect, based on HICs and a wider age range) and to a larger extent by broader considerations and discussions during the GDG meeting.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
◯ No ◯ Probably no ◯ Uncertain ⊗ Probably yes ◯ Yes ◯ Varies ◯ Don't know	**Overall descriptive summary:** Some studies on parenting interventions in LMICs and HICs made explicit reference to child or human rights concepts. However, many more explicitly teach strategies that follow some of the principles of child rights. For example, most programs teach alternatives to harsh discipline, and many focus on listening to children and adolescents. Many take an explicitly respectful and collaborative approach to working with parents, as is apparent in the training of delivery staff. Some trial reports, especially in LMICs, contained detail too sparse to judge if rights principles were followed. In one of the two qualitative studies in LMICs with an adolescent focus, parents in South Africa commented on the respectful approach taken by the program, and how it helped to enhance respectful and more harmonious relations in the family.	**Overall:** Parenting interventions in LMICs are likely to be in accordance with universal human rights standards and principles and, indeed, may advance these by promoting parenting styles that enhance the rights of adolescents to be listened to, to discuss with their parents and to clarify household rules and expectations; they are also likely to strengthen adolescents' rights by promoting the use of non-violent discipline, and to learn skills associated with substance use and sexual risk reduction. **Other points for consideration:** None.
Socio-cultural acceptability Is the intervention acceptable to key stakeholders?		
◯ No ◯ Probably no ◯ Uncertain ⊗ Probably yes ◯ Yes ◯ Varies ◯ Don't know	**Sources and quality of evidence:** Research evidence regarding the socio-cultural acceptability criterion was derived from the Qualitative review of perceptions, which retrieved 217 qualitative studies of parenting programs. Most of these were from HICs (21 focusing on parents of adolescents), with 18 conducted in LMICs. Only 4 of the studies in LMICs had a focus on adolescent programs. Overall, most studies included low-income families. Generally, parents' views appeared to be comparable in studies in LMICs and HICs. Few studies examined adolescents' perceptions of parenting programs in LMICs. Several studies included service delivery staff, but very few focused on other stakeholders or the general public. The great majority of trial outcomes are self-reported by participants (parents and adolescents). That the great majority of self-reported trial outcomes describe overwhelmingly positive changes implies that the interventions are perceived by parents as acceptable. The quality of evidence for this criterion was not formally assessed, although it is noted that most studies focused on the views of parents.	**Sources of judgement for this criterion:** The judgement regarding this criterion was to some extent informed by research evidence (largely indirect evidence of qualitative studies undertaken in HICs and across various age groups, with a focus on the perceptions of parents and program delivery staff), and to a similar extent informed by broader considerations and discussions during the GDG meeting (notably with regards to the views of adolescents and broader stakeholders).

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
○ No ○ Probably no ○ Uncertain ⊗ Probably yes ○ Yes ○ Varies ○ Don't know	**Overall descriptive summary:** *Intrusiveness of the intervention and impact on autonomy:* In general, there was very little evidence that parents experienced programs delivered in regular service settings as intrusive or leading to loss of autonomy, based on studies from HICs and LMICs, including those very few studies that focused on adolescents in LMICs. In a few studies of programs in restrictive settings in HICs (e.g., families in the child welfare system), some parents reported intrusion or loss of privacy. *Socio-cultural acceptability for beneficiaries:* Based on the Qualitative review of perceptions, parents reported predominantly positive views across a wide range of elements of parenting program content and delivery format as well as cultural appropriateness. In some studies parents commented that they felt the content was in keeping with their cultural values. It was rare for parents to mention that they felt the program was poorly culturally matched. Generally, parents of adolescents in LMICs drew attention to similar benefits as other parents. Parents taking part in programs with a focus on talking to adolescents about sexual health or drug use found this material useful, and some wanted further opportunities for practicing these difficult skills. Group delivery was commented on positively by most parents, who felt it was beneficial for sharing problems and solutions, and for social support, although a minority found it hard to speak up in a group setting. Parents who experienced individual programs (e.g. home visits) and phone calls appreciated the chance for a closer relationship with, and tailored help from, providers. Views on the length and burden of programs were mixed; many commented on the challenges of competing demands on parents' time, whereas others preferred the program to be longer. In two qualitative studies of adolescent programs in LMICs, in South Africa) and Panama parents drew attention to the benefits of including teenagers and fathers in the program, many commenting that this had led to improved communication and mutual respect. In one of the very few studies of teenagers' views in LMICs youth in South Africa consistently described the program as 'fun', and reported many positive changes, such as improved communication with parents and shared activities. *Socio-cultural acceptability for delivery staff:* Broadly speaking, based on a smaller number of relevant studies, practitioners delivering parenting programs reported similar views to parents, that is, predominantly positive views across a wide range of elements of program content and delivery format, including cultural acceptability, and the benefits of a group-based-format. *Socio-cultural acceptability for other stakeholders and the general public:* We found limited data on the views of wider stakeholders or the general public. However, given that many programs target whole communities, or universal samples, recipients could be seen in many cases as reasonably representative of the general public.	**Overall:** Parenting interventions in LMICs appear to be socially acceptable to parents of adolescents across a range of communities, and to delivery staff. Little is known about the socio-cultural acceptability of parenting interventions among adolescents or other stakeholder groups, including the general public. With regards to adults' rights, these programs are very rarely perceived to infringe on parents' autonomy. **Other points for consideration:** There was limited information about the views of the general public, although several studies focused on the views of the general population of parents.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS

Detailed judgement

How substantial is the intrusiveness of the intervention in terms of infringing on individual liberties (including privacy and dignity)? (Intrusiveness ranges from trivial – for example through enabling choice (e.g. building cycle paths) to high – for example by restricting or eliminating choice (e.g. banning cigarettes)).

◯ Large	◯ Moderate	◯ Small	◯ Trivial	⊗ Varies	◯ Don't know

How substantial is the impact of the intervention on the autonomy of individuals, population groups, and/or organizations (with regards to their ability to make a competent, informed, and voluntary decision)?

◯ Large	◯ Moderate	◯ Small	◯ Trivial	⊗ Varies	◯ Don't know

Does the socio-cultural acceptability of the intervention among intended beneficiaries favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	◯ Favors the intervention	◯ Don't know

Does the socio-cultural acceptability of the intervention among those intended to implement the intervention favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	◯ Favors the intervention	◯ Don't know

Does the socio-cultural acceptability of the intervention among other relevant stakeholder groups favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	◯ Favors the intervention	◯ Don't know

Does the socio-cultural acceptability of the intervention among the general public favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	◯ Favors the intervention	◯ Don't know

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
Health equity, equality, and non-discrimination What would be the impact of the intervention on health equity, equality, and non-discrimination?		
◯ Negative ◯ Probably negative ◯ Neither negative nor positive ⊗ Probably positive ◯ Positive ◯ Varies ◯ Don't know	**Sources and quality of evidence:** Research evidence regarding the criterion Health equity, equality and non-discrimination was derived from direct evidence from i) the LMIC adolescent effectiveness review, with between-trial moderator analyses for a range of outcomes and based on 30 studies across 16 countries, and ii) the LMIC review of intervention moderators, based on 8 within-trial studies from low-and middle-income countries, 4 of which involved adolescent samples. Indirect evidence was derived from the larger LMIC effectiveness review including children and adolescents aged 2-17 years. The quality of evidence for this criterion was not formally assessed. **Overall descriptive summary:** Overall, there is little or no evidence that factors such as poverty, low educational level or child gender are linked to poorer intervention outcomes. Thus, it is unlikely that parenting programs would contribute to widening existing inequities. By targeting families of adolescents most in need, parenting programs have a good potential for narrowing disparities between groups, in maltreatment and related risks. Vulnerable families in LMICs can be reached by parenting programs and obtain good outcomes in terms of changes in overall negative parenting, positive parenting, and overall child behavior problems. We found very few differential effects of parenting programs for different groups of families with adolescents, with no evidence of moderation by gender of children or parents, parent age, or country-income level. These findings are supported by the larger volume of studies from LMICs across age groups, which additionally did not identify any moderation by parent education level and child age. Findings for socio-economic status were mixed. While the larger and more powerful LMIC effectiveness review that also includes trials for adolescents did not find any differential effects by family socio-economic status, moderation analyses in the smaller adolescent review found reduced effectiveness of interventions for one outcome, negative parenting, for low-income families compared to middle-income families. We did not find harm for low-income families but a smaller effect. These findings should be interpreted with caution since only a fraction of trials (n=9) were included in this moderation analyses compared to the moderation analyses in the larger LMIC effectiveness review. Moreover, more powerful within-trial moderator studies with adolescent participants in LMICs (n=2), fail to find moderation by family income.	**Sources of judgement for this criterion:** The judgement regarding this criterion was to a large extent informed by research evidence (some direct from studies among adolescents from LMICs, most indirect from studies across a range of age groups in HICs), and further informed by broader considerations and discussions during the GDG meeting. **Overall:** No evidence was found to suggest that parenting interventions might widen existing inequalities in maltreatment and related outcomes. By targeting families in need, they are likely to reduce health inequalities. **Other points for consideration:** The criteria 'Do parenting interventions represent the only available option' and 'Does the intervention address a particularly severe condition' were not prioritized by the GDG as these sub-criteria were considered largely not applicable. In most countries, parents do not pay for parenting interventions. Thus, the financial impact on families is likely to be related to lost time or earnings. Many providers aim to offer programs outside of working hours, where this is feasible. Provider costs are covered in the economic section.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
◯ Negative ◯ Probably negative ◯ Neither negative nor positive ⊗ Probably positive ◯ Positive ◯ Varies ◯ Don't know	**Brief statement for selected judgements:** *Inequalities in health condition and its determinants:* Parenting interventions do not only target a sub-group of families but are effective for families across needs and country contexts, and likely living conditions. Direct and indirect evidence suggests that families with children that show some level of problem behaviors, benefit even more from parenting interventions. *Distribution of benefits and harms:* Harms are not detected for any subgroup. *Accessibility:* Evidence on accessibility is mixed. Many parenting programs explicitly target low income or marginalized families or communities and are successful at engaging these families- as well as achieving intended outcomes. On the other hand, within studies of implementation in a given population group, engagement and attendance is often found to be somewhat lower in families who are more disadvantaged by poverty, or minority status, or other vulnerabilities.	

Detailed judgement

Is the intervention likely to increase existing inequalities and/or inequities in the health condition or its determinants? (This should include considerations of likely changes in inequalities over time, e.g. whether initial increases are likely to balance out over time, as the intervention is scaled up?)

⊗ No	◯ Probably no	◯ Probably yes	◯ Yes	◯ Varies	◯ Don't know

Are the intervention's benefits and harms likely to be distributed in an equitable manner? (This should include a special focus on implications for vulnerable, marginalized or otherwise socially disadvantaged population groups.)

◯ No	◯ Probably no	⊗ Probably yes	◯ Yes	◯ Varies	◯ Don't know

Is the intervention affordable among affected population groups, and therefore financially accessible? (This should include the impact on household health expenditures, including the risk of catastrophic health expenditures and health-related financial risks.)

◯ No	◯ Probably no	⊗ Probably yes	◯ Yes	◯ Varies	◯ Don't know

Is the intervention accessible among affected population groups? (This should include considerations regarding physical as well as informational access.)

◯ No	◯ Probably no	◯ Probably yes	◯ Yes	⊗ Varies	◯ Don't know

Does the intervention address a particularly severe (e.g. life-threatening, end-of-life, affecting individuals with a low pre-existing health status) or rare condition?

⊗ No	◯ Probably no	◯ Probably yes	◯ Yes	◯ Varies	◯ Don't know

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
Societal implications Does the balance between desirable and undesirable societal implications favor the intervention or the comparison?		
◯ Favors the comparison ◯ Probably favors the comparison ◯ Does not favor either the intervention or the comparison ⊗ Probably favors the intervention ◯ Favors the intervention ◯ Varies ◯ Don't know	**Sources and quality of evidence:** Research evidence regarding the criterion Societal implications was derived from i) the Qualitative review of perceptions, and ii) additional searches in Google scholar, searching for specific terms including stigma, norms and social cohesion. Within the EGM review of effectiveness reviews, we searched for reviews of parenting programs that focus on changing social norms as processes or outcomes. The quality of evidence for this criterion was not formally assessed. **Overall descriptive summary:** *Stigma and related social consequences:* In our qualitative review of perceptions, some studies found that some parents feared that taking part in a parenting program would be stigmatizing. However, in many cases this anticipated impact was not borne out when parents experienced the program. The predominant reports were of parents finding programs to be socially supportive and beneficial to family life. Studies repeatedly highlighted that parents valued practitioner styles which they experienced as non-judgmental, empathetic, flexible, and positive – characteristics likely to reduce fears about stigmatization. Stigma-related concerns were not reported by parents in the two qualitative studies of adolescent programs in LMICs, in Panama and South Africa. *Social cohesion:* We found limited evidence on effects on social cohesion, apart from parents commenting positively on the improved social networks and support they experienced due to attending a group-based program. Similarly, these interventions if scaled up, might have potential to enhance this sense of support and shared values about parenting across a community. We found one study using social network analysis across a village in South Africa (Kleyn et al, 2021) that bore this out: social networks appeared to be strengthened by attending a community-based parenting program for parents of children and adolescents- and in turn, positive parenting strategies appeared to spread partly through these networks. *Social norms:* Although some trials in LMICs showed beneficial effects of parenting programs on social norms about violence against adolescents at individual level, there were insufficient trials for meta-analysis. No studies were able to examine effects on wider community values. One review (Poole et al., 2014) examined interventions that aim to change social norms about child maltreatment through universal media campaigns. It found no studies in LMICs, and found evidence on effectiveness in HICs to be inconclusive.	**Sources of judgement for this criterion:** These judgements were to a large extent informed by indirect – rather than direct – research evidence focusing on low-income families in HICs, with fewer studies in LMICs, and just two focusing on adolescents in LMICs. They were also informed by broader considerations and discussions during the GDG meeting. **Overall:** We found very limited direct evidence on wider societal effects, notably stigma, social cohesion and social norms. Parents did not appear to experience programs as stigmatizing. There was some evidence that attendance could change parents' norms and values. Parenting programs taken to scale may have the potential to increase social cohesion. **Other points for consideration:** Environmental impacts were not prioritized by the GDG as this sub-criterion was considered largely non-applicable.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
Financial and economic considerations Do financial and economic considerations favor the intervention or the comparison?		
◯ Favors the comparison ◯ Probably favors the comparison ◯ Does not favor either the intervention or the comparison ⊗ Probably favors the intervention ◯ Favors the intervention ◯ Varies ◯ Don't know	**Sources and quality of evidence:** The "Review of economic studies" examined costs, cost-effectiveness or cost-benefit studies of parenting interventions as follows: i) searches for reviews of economic studies retrieved 8 reviews, all with a focus on HICs. Most focused on children aged 0-8 years, and none on adolescents. ii) Searches for economic analyses associated with the 131 trials in the LMIC effectiveness review found 7 studies that reported some economic evidence (mainly program costs), three of which included cost effectiveness analysis. One costing study in Burkina Faso and one cost-effectiveness study in South Africa focused on adolescents. Some key studies in HICs focused on child behavior outcomes, rather than maltreatment. Most studies assessed service costs, few addressed family costs. Cost data should be interpreted with great caution, as costing models are often unclear or not reported, and are where reported, are inconsistent across contexts. The quality of evidence for this criterion was not formally assessed. **Overall descriptive summary:** *Cost and budget impacts.* The costs of violence against children are clearly high, from global evidence, including data from LMICs. Parenting interventions reduce violence, at least in the short term, in LMICs. Studies reporting plausible program costs (n=7) in LMICs found per family delivery costs ranging from $30 for a 2-session program in Iran, to $500 for a 14-session program in South Africa (median $55, at approx. 2015 prices), albeit with estimates based on a wide range of costing models, contexts and program types. In the two adolescent programs that provided costs, the range was from $228 for a 5-session program in Burkina Faso to $500 for a 14-session program in South Africa. Generally, these are lower than program costs calculated in HICs. Studies focused on provider costs, rather than family costs. *Impact of the intervention on the economy.* No direct evidence was found on impact on the economy at large. *Ratio of costs and benefits (cost-effectiveness, cost-benefit).* Cost effectiveness studies favor the intervention, but these have mainly been carried out in HICs. Evidence from a very small number of LMIC studies (n=3) suggest they may be cost-effective in the short term, for reducing violence against adolescents (Redfern et al, 2019, PLH Teens in South Africa), and in younger children rather than adolescents, for improving parenting practices and child literacy.	**Sources of judgement for this criterion:** These judgements were to a large extent informed by indirect – rather than direct – research evidence focusing on low-income families in HICs, with fewer studies in LMICs, and just two focusing on adolescents in LMICs. They were also informed by broader considerations and discussions during the GDG meeting. **Overall:** Indirect evidence from HICs and very few studies from LMICs suggest that parenting programs can be cost-effective for reducing maltreatment and child behavior problems. **Other points for consideration:** Although no direct evidence was found for impact on the economy, economic modelling studies suggest that interventions that reduce the burden of violence would be likely to reduce societal costs, including public expenditure in multiple systems. Given the high burden of violence in LMICs, and that intervention effects (albeit mainly short term) are similar to those in HICs, and program costs lower, then we might expect cost-effectiveness ratios to be similar, or more favorable, in LMICs.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS

Detailed judgement

How high are the **cost and budget impacts** of implementing and maintaining the intervention? (This should include considerations on how cost and budget impacts vary in the short- versus longer-term. It should also include considerations of who bears the costs – e.g. public sector vs. private vs. third-sector funding, health sector vs social sector vs energy sector funding.)

○ Very large cost and budget impacts	○ Large cost and budget impacts	⊗ Moderate cost and budget impacts	○ Negligible cost and budget implications	○ Varies	○ Don't know

Does the **overall impact of the intervention on the economy** favor the intervention or the comparison? (This should include considerations of how the different types of economic impact are distributed across different sectors or organizational levels, whether the intervention contributes to or limits the achievement of broader development and poverty reduction goals, and how it impacts the available workforce.)

○ Favors the comparison	○ Probably favors the comparison	○ Does not favor either the intervention or the comparison	○ Probably favors the intervention	○ Favors the intervention	⊗ Don't know

Does the **ratio of costs and benefits** (e.g. based on estimates of cost-effectiveness, cost-benefit or cost-utility) favor the intervention or the comparison?

○ Favors the comparison	○ Probably favors the comparison	○ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	○ Favors the intervention	○ Don't know

Feasibility and health system considerations

Is the intervention feasible to implement?

- ○ No
- ○ Probably no
- ○ Uncertain
- ○ Probably yes
- ○ Yes
- ⊗ Varies
- ○ Don't know

Sources and quality of evidence:

Research evidence for the criterion Feasibility and health system considerations was derived from: i) the Qualitative review of perceptions, screening the 217 studies for material relevant to implementation; and ii) The Implementation review, which involved additional searches for articles related to participant engagement and to system-level issues. Some of the evidence came from commentaries and other published expert reflections, and case studies examining scale-up and sustainment.

Much of the evidence about feasibility and implementation comes from programs that have not been scaled, or rarely scaled; in some case they have been scaled in HICs, but not necessarily sustained over time. Few of the identified studies assessed parenting programs concerned with adolescents. The quality of evidence for this criterion was not formally assessed.

Sources of judgement for this criterion:

These judgements were informed both by research evidence, much of it indirect from HICs and regarding wider age ranges, and by broader considerations and discussions during the GDG meeting.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
◯ No ◯ Probably no ◯ Uncertain ◯ Probably yes ◯ Yes ⊗ Varies ◯ Don't know	**Overall descriptive summary:** Parenting interventions for parents of adolescents have been shown to be feasible to implement in numerous countries, and shown to be effective in numerous randomized trials in real-world service settings. There are some examples of interventions going to scale in HICs, and a smaller number of examples in LMICs. As with other interventions, the literature retrieved documented many challenges in going to scale in several domains, including political will; funding; selection, training, supervision, support and retention of workforce; workforce capacity; maintaining fidelity over time, and selecting and enabling appropriate systems for governance and sustainment of programs. These challenges vary hugely by country and setting. Literature based on expert opinion consistently points to the importance of planning for scale from the outset ("beginning with the end in mind"). **Brief statement for selected judgments:** *Legal barriers and governance.* Numerous implementation studies were consistent in the barriers and facilitators to implementation that they identified, but none reported legal barriers to implementation. Few studies were found of governance issues – see section on system fit. *Implications of the intervention interaction and fit with the existing health system.* Studies of implementation have taken place in many different systems (e.g. health, social care, education), including in dedicated NGO and public systems, as well as part of busy services attempting to meet multiple needs. Thus, system interaction and fit are very variable. Systems need to be accessible and acceptable to parents, as well as having workforce and organizational capacity. Studies point to the need for careful assessment of organizational readiness, prior to beginning implementation, and for advocates, or program 'champions', at one or more levels in the system (e.g. at policy maker/ funder level, and at delivery level), to help ensure successful implementation and sustainment. *Implications of the intervention for the health workforce and broader human resources.* Evidence from qualitative studies with staff and managers suggests potential for considerable burden for delivery staff, especially if they are not given adequate time to prepare and run parenting programs as part of their other duties, and adequate support to maintain fidelity. These studies suggest that strong systems of leadership and support are needed to overcome these challenges. Costs may be reduced if lay health or community workers are employed. However, little is known about effectiveness of parenting programs delivered by lay workers, as few of the trials in the LMIC effectiveness review used non-professional staff. A few studies in LMICs (e.g., one in Kenya) have solicited the views of lay health workers about their motivation, satisfaction and retention in parenting program delivery roles. *Implications of the intervention for health system infrastructure and broader infrastructure.* No direct evidence found.	Parenting interventions for parents of adolescents are feasible to implement in numerous real-world service settings in many countries, including some examples of interventions going to scale in LMICs. However, many challenges in going to scale are documented, especially issues of workforce training, supervision and capacity. Implementation research stresses the importance of system fit, and planning for scale from the outset. **Other points for consideration:** Governance, system, and workforce issues are very variable across contexts. Child rights legislation (e.g. UN Convention on the Rights of the Child) has potential to act as a facilitator to governments' willingness to support parenting programs Over time, and after testing in RCTs, digital and hybrid interventions designed for LMICs may help to enhance feasibility at scale. Potentially staff burden is greater with adolescent programs that include both parents and young people from several families in a group, increasing the time taken and complexity entailed in facilitating a program. Regarding implications for the system infrastructure, workforce issues and costs are considerable (as above) if programs are taken to scale in the health system, or other systems, e.g. social welfare or education.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS

Detailed judgement

Are there **legal barriers** which may limit the feasibility of implementing the intervention?

○ No	⊗ Probably no	○ Probably yes	○ Yes	○ Varies	○ Don't know

Are there **governance aspects** (e.g. strategic considerations, past decisions) which may limit the feasibility of implementing the intervention? (This should include considerations regarding the presence or absence of formal or information institutions which can provide effective leadership, oversight, and accountability in implementing the intervention influence feasibility of implementation)

○ No	○ Probably no	○ Probably yes	○ Yes	⊗ Varies	○ Don't know

What are the **implications** of the **intervention interaction and fit with the existing health system**? (This includes considerations regarding the intervention's interaction with or impact on the existing health system and its components?)

○ Large beneficial implications	○ Moderate beneficial implications	○ Negligible beneficial and adverse implications	○ Moderate adverse implications	○ Large adverse implications	⊗ Varies	○ Don't know

What are the **implications** of the intervention **for the health workforce and broader human resources** (in the health sector or other sectors? (This should include considerations regarding the need for, usage of, and impact on health workforce and other human resources as well as their distribution.)

○ Large beneficial implications	○ Moderate beneficial implications	○ Negligible beneficial and adverse implications	○ Moderate adverse implications	○ Large adverse implications	⊗ Varies	○ Don't know

What are the **implications** of the intervention **for health system infrastructure and broader infrastructure**? (This should include considerations regarding the need for, usage of, and impact on non-human resources and infrastructure as well as their distribution)

○ Large beneficial implications	○ Moderate beneficial implications	○ Negligible beneficial and adverse implications	○ Moderate adverse implications	○ Large adverse implications	⊗ Varies	○ Don't know

SUMMARY OF JUDGEMENTS

	JUDGEMENT						
BALANCE OF HEALTH BENEFITS AND HARMS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
HUMAN RIGHTS	No	Probably no	Uncertain	Probably yes	Yes	Varies	Don't know
SOCIO-CULTURAL ACCEPTABILITY	No	Probably no	Uncertain	Probably yes	Yes	Varies	Don't know
HEALTH EQUITY, EQUALITY, AND NON-DISCRIMINATION	Negative	Probably negative	Neither negative nor positive	Probably positive	Positive	Varies	Don't know
SOCIETAL IMPLICATIONS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
FINANCIAL AND ECONOMIC CONSIDERATIONS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
FEASIBILITY AND HEALTH SYSTEM CONSIDERATIONS	No	Probably not	Uncertain	Probably yes	Yes	Varies	Don't know

ASSESSMENT

◯ Strong recommendation against the intervention	◯ Conditional recommendation against the intervention	◯ Conditional recommendation for either the intervention or the comparison	◯ Conditional recommendation for the intervention	⊗ Strong recommendation for the intervention

Recommendation 4

QUESTION PARENTS AND CAREGIVERS OF CHILDREN AGED 0-17 YEARS LIVING IN HUMANITARIAN SETTINGS IN LOW- AND MIDDLE-INCOME COUNTRIES

PICO Question?	
POPULATION:	Parents and caregivers of children aged 0-17 years living in humanitarian settings in (LMICs) *(3,4)*
INTERVENTION:	Parenting interventions or interventions with parenting components
COMPARISON:	Inactive or active control group
MAIN OUTCOMES:	• Child maltreatment • Harsh and negative parenting • Positive parenting skills and behavior • Child externalizing/behavioral problems • Child internalizing problems (e.g. anxiety, depression, PTSD, others) • Parental mental health and stress
SETTING:	Humanitarian setting (war, displacement including long-term refugees, health emergencies, natural disasters, industrial disasters) in LMICs as classified by the World Bank at the time of the trial; any service setting where parenting interventions are delivered
PERSPECTIVE:	WHO-INTEGRATE framework: population perspective, complexity perspective
BACKGROUND:	Health emergencies, armed conflicts and natural disaster can have detrimental consequences for families. Children who live in humanitarian settings depend largely on care they receive from their parents and caregivers, but parenting may be impacted by emotional suffering and exhaustion in the aftermath of an emergency. Parenting interventions have been found to improve parenting skills and practices, decrease harsh and abusive parenting, and improve the mental health in families. Moreover, evidence suggests that these interventions are effective for families living in adversity. Yet, no review is available that focuses on parenting interventions delivered to parents in a range of humanitarian contexts living in LMICs.
CONFLICT OF INTERESTS:	FG: co-developer of a WHO/ UNICEF non-commercial parenting programme, Parenting for Lifelong Health

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
Balance of health benefits and harms Does the balance between desirable and undesirable health effects favor the intervention or the comparison?		
◯ Favors the comparison ◯ Probably favors the comparison ◯ Does not favor either the intervention or the comparison ⊗ Probably favors the intervention ◯ Favors the intervention ◯ Varies ◯ Don't know	**Sources and quality of evidence:** Research evidence regarding the Balance of Health Benefits and Harms criterion was derived from: i) a systematic review of 18 randomized controlled trials assessing the effectiveness of parenting programs for reducing child maltreatment and harsh parenting in humanitarian settings in low- and middle-income countries ("Humanitarian effectiveness review"), ii) a global review of 217 qualitative studies ("Qualitative review of perceptions") including 18 LMIC trials and 3 humanitarian trials, iii) the LMIC effectiveness review, and iv) an overview of 100+ systematic reviews of parenting intervention trials retrieved during searches for the Evidence Gap Map ("EGM review of effectiveness reviews"), primarily concerned with high-income countries (HICs). We searched for harm-related terms in full texts of these quantitative and qualitative reviews. In the Humanitarian effectiveness review, most included studies had low risk of bias for random sequence generation, selective outcome reporting, blinding of outcome assessors, incomplete outcome data, and other bias. Other key sources of bias (high or uncertain risk) related to intervention developer involvement with the trial, and allocation concealment. Due to the type of intervention, all trials had high risk of bias around blinding of participants. Levels of statistical heterogeneity were generally high, although this is not surprising in view of the high heterogeneity in populations, interventions and settings. Very few trials included formal adverse event reporting, and only three (17%), made any mention of harms or adverse effects. It is unclear if this is due to their not considering harms, or not detecting any. Few studies reported long-term outcomes, with no study reporting outcomes beyond 6 months after the intervention. The quality of evidence for harms was not formally assessed. Most studies in the Qualitative review of perceptions focused on parents' perceptions of parenting programs, some on perceptions of delivery staff. Eight qualitative syntheses were retrieved; all focused on data from HICs. Most systematic reviews in the EGM review of effectiveness reviews also focused on HICs.	**Sources of judgement for this criterion:** These judgements were to a large extent informed by research evidence (direct evidence of intervention effectiveness in humanitarian settings in LMICs and indirect qualitative evidence predominantly from HICs and not focusing on humanitarian settings) and to a lesser extent informed by broader considerations and discussions during the GDG meeting. **Overall:** Parenting interventions in humanitarian settings in LMICs appear to show beneficial effects on harsh, negative and positive parenting. Given that no differences were found between program types in moderator analyses for the broader LMIC review these findings are likely to hold across universal, selective and indicated prevention programs, targeting varying levels of risk for maltreatment or child behavior problems. Programs targeting children with higher levels of behavior problems tended to be more effective for these outcomes, than selective programs.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
◯ Favors the comparison ◯ Probably favors the comparison ◯ Does not favor either the intervention or the comparison ⊗ Probably favors the intervention ◯ Favors the intervention ◯ Varies ◯ Don't know	**Overall descriptive summary:** Studies in the Humanitarian effectiveness review took place in 14 different LMICs, in all regions of the world. Most interventions were tested in post-conflict settings (42%), followed by interventions targeting refugee families (31%), families living in ongoing conflict or war zones (22%); one study took place in a natural disaster setting (5%). On average, 74% of content of the included interventions addressed parenting, ranging from 20% of parenting components to 100% of content focusing on parenting. Most studies involved group-based parenting interventions (77%), followed by individual-based interventions (17%), and a combination of formats (6%). The service system organizing intervention delivery was poorly reported in around half of studies, with the remainder spread between two delivery systems: health services, or community and other public services. Most trials (89%) screened parents based on their risk of abuse and maltreatment (selective prevention), and two trials screened parents based on their levels of physical punishment (indicated; 11%). Almost all outcomes were 'patient'-reported (normally by parents; some by children), mostly assessed at post-test, soon after the end of the intervention. Evidence from the Humanitarian effectiveness review, and the Qualitative review of perceptions was consistently in the direction of beneficial, rather than harmful, effects. Participants reported valuing similar outcomes to those assessed in the trials; no evidence of harmful effects were found in the few studies addressing broader outcomes, such as intimate partner violence or child development. **Brief statement for selected judgments:** *Efficacy/effectiveness:* Moderate certainty evidence suggests that parenting programs probably improve positive parenting (12 trials, 3,059 participants, SMD: 0.42 upper, 95% CI 0.20 upper to 0.64 upper). Low certainty evidence suggests that parenting programs may reduce harsh parenting (11 trials, 3,171 participants, SMD: 0.50 lower, 95% CI 0.96 lower to 0.05 lower), but may make little or no difference on internalizing behavior problems (9 trials, 1,462 participants, SMD: 0.39 lower, 95% CI 0.83 lower to 0.06 upper) and on parent mental health problems (9 trials, 1,977 participants, SMD: 0.41 lower, 95% CI 0.96 lower to 0.14 upper). Because of very low certainty of evidence, it is uncertain whether parenting programs reduce child maltreatment (7 trials, 2,781 participants, SMD: 0.61 lower, 95% CI 1.35 lower to 0.13 upper) and externalizing behavior problems (13 trials, 1,253 participants, SMD: 0.14 lower, 95% CI 0.62 lower to 0.35 upper). Meta-analyses could not produce a reliable estimate for parenting stress due to too few studies reporting on this outcome.	The evidence was consistently in the direction of beneficial effects. **Other points for consideration:** Population level outcomes may only be expected for some forms of humanitarian settings. For example, scaling up an intervention within one refugee camp may be more feasible than reaching a parent population in a war zone or after a natural disaster.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
◯ Favors the comparison ◯ Probably favors the comparison ◯ Does not favor either the intervention or the comparison ⊗ Probably favors the intervention ◯ Favors the intervention ◯ Varies ◯ Don't know	Non-meta-analyzed non-prioritized outcomes included intimate partner violence, parental efficacy, and parental attitudes to corporal punishment, suggesting beneficial effects for those outcomes. Longer-term effects were not assessed. Moderation analyses were not run because of the relatively small number of trials. Indirect evidence from the LMIC effectiveness review suggests that effectiveness findings hold across universal, selective, and indicated prevention programs. *Beneficiaries values:* In the studies included in the Humanitarian effectiveness review, parents report on all primary outcomes, suggesting their values and opinions feed into trial findings. Moreover, many programs are designed so that from the outset, parents discuss and then set the goals they wish for parenting and child behavior in their family context. In the Qualitative review of perceptions, parents also report valuing the same outcomes as those assessed in the trials. They emphasized the high value they placed on outcomes central to the programs, including improvements in child difficult behaviors and parent-child relationships. Many also valued strengthening of spousal and wider family relations; some immigrant parents reported valuing programs that helped reduce parent-child cultural gaps. Many parents also valued the sense of support they gained from practitioners and other parents. Many of these outcomes could be viewed as health or non-health outcomes. *Adverse effects:* No clear or consistent evidence of harms was found in the Qualitative review of perceptions. Very small numbers of parents, in a minority of studies, reported harms or difficulties engaging in parenting programs, compared to overwhelming reports of benefits from parents and program delivery staff, including in the very few qualitative studies in humanitarian contexts. From the main effect meta-analyses, and from inspecting the forest plots, there is consistent evidence of beneficial effects. *Broader impact:* Most trials in the Humanitarian effectiveness review assessed a range of outcomes, in addition to primary outcomes related to parenting and child behavior. In the Humanitarian effectiveness review, sexual abuse was addressed by two interventions that found mixed effects. However, meta-analyses could not be run due to too few studies assessing sexual abuse, as well as intimate partner violence and child mental health. Some reviews identified by the EGM review of effectiveness reviews reported benefits for child language and cognitive development in younger children. Studies from the Qualitative review of perceptions mentioned benefits to family harmony and couple relations, and more rarely reported negative effects on the couple relationship.	

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS

Detailed judgement

Does the short- and longer-term **efficacy** (under controlled, often ideal circumstances) or **effectiveness** (in a real-life setting) of the intervention on the **health of individuals**, including patient-reported outcomes, favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	◯ Favors the intervention	◯ Don't know

Does the short- and longer-term **effectiveness** or **impact** of the intervention on the **health of the population**, including on beneficiary-reported outcomes, favor the intervention or the comparison? (This should include considerations regarding whether population-level outcomes represent aggregated individual-level outcomes or emerge through system dynamics.)

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	◯ Favors the intervention	⊗ Don't know

Does the **probability and severity of adverse effects** associated with the intervention (including the risk of the intervention being misused) favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	◯ Favors the intervention	◯ Don't know

Do the **broader positive or negative health-related impacts** (e.g. reduction of stigma, positive impact on other diseases, spillover effects beyond patients/beneficiaries) associated with the intervention favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	◯ Favors the intervention	◯ Don't know

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
Human rights Is the intervention in accordance with universal human rights standards and principles?		
◯ No ◯ Probably no ◯ Uncertain ⊗ Probably yes ◯ Yes ◯ Varies ◯ Don't know	**Sources and quality of evidence:** Research evidence regarding the Human Rights criterion was derived from i) screening studies included in the Qualitative review of perceptions (217 studies), and ii) the Human rights review, a mixed-methods review (17 studies), based on a literature search for explicit reference to rights concepts in parenting programs. While a majority of studies did not explicitly provide information on human rights aspects, we report insights from those that did, as well as examining reviews of program components for content and delivery features that are consistent with aspects of a rights-based approach. Thus, these sources focus on direct evidence from HICs and LMICs, including humanitarian settings. Two studies in the Human rights review were conducted in a humanitarian post-conflict setting. The quality of evidence for this criterion was not formally assessed, although it is noted that most studies focused on the views of parents, rather than children. **Overall descriptive summary:** Some studies on parenting interventions in LMICs and HICs made explicit reference to child or human rights concepts. However, many more programs explicitly teach strategies that follow some of the principles of child rights. For example, most teach alternatives to harsh discipline, and many focus on listening to the child, and following their lead in play. Many of those are implemented in humanitarian settings. Many interventions take an explicitly respectful and collaborative approach to working with parents, which forms part of their training of delivery staff. **Brief statement for selected judgements:** *Intrusiveness of the intervention and impact on autonomy:* In general, there was very little evidence that parents experienced programs delivered in communities as intrusive or leading to loss of autonomy, based on studies from HICs and LMICs. However, when examining a subset of studies where parents' autonomy was potentially compromised, due to services being offered as part of a child protection order, then some parents – mostly in high income country studies – did report experiencing intrusion or loss of privacy.	**Sources of judgement for this criterion:** These judgments were to a limited extent informed by indirect research evidence and to a larger extent by broader considerations and discussions during the GDG meeting. **Overall:** Parenting interventions in humanitarian settings in LMICs are likely to be in accordance with universal human rights standards and principles. Indeed, they are likely to advance child rights by promoting parenting styles that enhance the rights of the child to be listened to, the clarity of household rules and expectations, and the use of non-violent discipline. With regards to adults' rights, these programs, when conducted in restrictive settings (e.g. child protective services), may sometimes be perceived to infringe on parents' autonomy.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
◯ No ◯ Probably no ◯ Uncertain ⊗ Probably yes ◯ Yes ◯ Varies ◯ Don't know	However, a common theme was that parents initially reluctant to participate in a mandated program (or one in other restrictive setting) experienced a change in perceptions over time, with most expressing positive views on program effects later on in the program. This was especially the case where staff were perceived as empathic and applying strength-based approaches. A small number of studies in LMICs included parents in cash transfer systems, refugee centers and domestic violence shelters; concerns about program content, delivery or intrusiveness were generally not raised in the studies.	**Other points for consideration:** Rights of the child may not be prioritized in a humanitarian setting due to other needs, such as protection of lives, rebuilding and reconstruction. Parenting interventions may offer an opportunity to protect children from further traumatic experiences such as violence at home or exposure to drug use risk. Child rights legislation (e.g. UN Convention on the Rights of the Child) has potential to act as a facilitator to governments' willingness to support parenting programs.
Socio-cultural acceptability Is the intervention acceptable to key stakeholders?		
◯ No ◯ Probably no ◯ Uncertain ⊗ Probably yes ◯ Yes ◯ Varies ◯ Don't know	**Sources and quality of evidence:** Research evidence regarding the socio-cultural acceptability criterion was derived from the Qualitative review of perceptions (217 studies). Most studies and insights were from HICs, with 18 conducted in LMICs and three implemented in a humanitarian setting, 10 studies included refugee families in Europe and the United States, and most included studies involved low-income families. Generally, parents' views appeared to be comparable in studies in LMICs, compared to HICs. A number of studies included service delivery staff, but very few focused on other stakeholders or the general public. Additionally, that the great majority of self-reported trial outcomes describe overwhelmingly positive changes implies that the interventions are perceived by parents as acceptable. The great majority of trial outcomes are self-reported by participants (parents). Thus, findings reflect their perceptions of beneficial and presumably socially acceptable changes in their family from pre-post intervention. The quality of evidence for this criterion was not formally assessed. **Overall descriptive summary:** Parenting interventions in humanitarian settings in LMICs appear to be socially acceptable to parents across a range of communities, and appear to be socially acceptable to delivery staff. There are limited data on the views of wider stakeholders and the general public.	**Sources of judgement for this criterion:** These judgements were to an equal extent informed by indirect research evidence, predominantly from studies in HICs, and by broader considerations and discussions during the GDG meeting. **Overall:** Parenting interventions in humanitarian settings in LMICs appear to be socially acceptable to parents across a range of communities, to delivery staff, and probably, to the public at large.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
◯ No ◯ Probably no ◯ Uncertain ⊗ Probably yes ◯ Yes ◯ Varies ◯ Don't know	**Brief statement for selected judgements:** *Socio-cultural acceptability for beneficiaries:* Based on the Qualitative review of perceptions, parents reported predominantly positive views across a wide range of elements of parenting program content and delivery format. Immigrant and refugee parents in HICs expressed that the content of the program did not conflict with their own cultural values, while learning about cultural parenting practices in their host countries. In the relatively few cases in which misgivings were expressed about parenting program content and delivery, these mainly concerned ´time out´ procedures, which make up a small proportion of the skills and sessions delivered and in some programs is omitted. It was rare for parents to mention that they felt the program was poorly culturally matched. Misgivings about the elimination of spanking were only mentioned in studies of parents who had not yet participated in a program, and some immigrant families wished for more content on avoiding physical punishment and positive discipline strategies that were legally appropriate in their host country. Group delivery was commented on positively by most parents, who felt it was beneficial for sharing problems and solutions, and for social support, although a minority found it hard to speak up in a group setting. Parents who experienced individual programs (e.g., home visits) and phone calls appreciated the chance for a closer relationship with, and tailored help from, providers. Views on the length and burden of programs were mixed; many commented on the challenges of competing demands on parents' time, whereas others preferred the program to be longer. There were sparse data about changes over time, other than those resulting from intervention. A few studies found that parents' mistrust of service providers, and unwillingness to discuss family issues improved as a result of experiencing a parenting program run by providers who were welcoming, and took a respectful and strengths-based approach. There is little evidence on the views of children on the socio-cultural acceptability of parenting interventions. *Socio-cultural acceptability for delivery staff:* Broadly speaking, based on a smaller number of relevant studies, practitioners delivering parenting programs reported similar views to parents, that is, predominantly positive views across a wide range of elements of program content and delivery format, including cultural acceptability, and the benefits of a group-based-format. *Socio-cultural acceptability for other stakeholders and the general public:* We found limited data on the views of wider stakeholders or the general public.	**Other points for consideration:** Socio-cultural acceptability may be a challenge for interventions in some humanitarian settings that are sometimes delivered to a range of different cultures (such as often present in refugee camps). Given that many programs in humanitarian settings target whole communities, recipients could be seen in many cases as reasonably representative of the 'general public' in those settings.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS

Detailed judgement

How substantial is the intrusiveness of the intervention in terms of infringing on individual liberties (including privacy and dignity)? (Intrusiveness ranges from trivial – for example through enabling choice (e.g. building cycle paths) to high – for example by restricting or eliminating choice (e.g. banning cigarettes)).

◯ Large	◯ Moderate	◯ Small	◯ Trivial	⊗ Varies	◯ Don't know

How substantial is the impact of the intervention on the autonomy of individuals, population groups, and/or organizations (with regards to their ability to make a competent, informed, and voluntary decision)?

◯ Large	◯ Moderate	◯ Small	◯ Trivial	⊗ Varies	◯ Don't know

Does the socio-cultural acceptability of the intervention among intended beneficiaries favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	◯ Favors the intervention	◯ Don't know

Does the socio-cultural acceptability of the intervention among those intended to implement the intervention favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	◯ Favors the intervention	◯ Don't know

Does the socio-cultural acceptability of the intervention among other relevant stakeholder groups favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	◯ Favors the intervention	◯ Don't know

Does the socio-cultural acceptability of the intervention among the general public favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	◯ Probably favors the intervention	◯ Favors the intervention	⊗ Don't know

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
Health equity, equality, and non-discrimination What would be the impact of the intervention on health equity, equality, and non-discrimination?		
◯ Nevative ◯ Probably negative ◯ Neither negative nor positive ⊗ Probably positive ◯ Positive ◯ Varies ◯ Don't know	**Sources and quality of evidence:** Research evidence regarding the criterion Health equity, equality and non-discrimination was derived from several sources. Direct evidence from Humanitarian settings was based on the Humanitarian effectiveness review on parenting interventions for families living in humanitarian settings including 18 studies across 14 LMICs. Indirect evidence from broader LMICs was derived from i) a review of within-trial moderator studies based on 8 studies from LMICs ("LMIC review of intervention moderators") which includes 3 studies from humanitarian settings, ii) a systematic review on parenting interventions for parents of children aged 2-17 years living in LMICs including 131 studies that also included a few humanitarian trials ("LMIC effectiveness review"), iii) searches for literature on participant engagement and multiple related terms ("Implementation review"), and iv) evidence derived from the Evidence Gap Map review off reviews ("EGM review of effectiveness reviews"). Additional, indirect evidence from HICs also included i) individual participant (IPD) meta-analysis, but for child behavior outcomes and Western Europe only, ii) evidence derived from the EGM review of effectiveness of reviews, and iii) between-trial moderator analyses from the Global effectiveness review. The quality of evidence for this criterion was not formally assessed. **Overall descriptive summary:** There is little or no evidence that factors such as poverty, low educational level of parents, or child gender are linked to worse intervention outcomes. Thus, it is unlikely that parenting programs would contribute to widening existing inequities in families that are living in humanitarian settings. By targeting and supporting engagement of families and communities most in need, parenting programs have good potential for narrowing disparities between groups, in harsh parenting and related risks. **Brief statement for selected judgements:** *Inequalities in health condition and its determinants:* Evidence from the LMIC effectiveness review suggests that very poor and vulnerable in LMICs can be reached by parenting programs and obtain good outcomes in terms of changes in harsh parenting, negative parenting, and positive parenting. Powerful single studies included in the Humanitarian effectiveness review did not find any differential effects by poverty or refugee status of families (based on descriptive analysis). These findings are supported by the larger volume of studies from the EGM review of effectiveness reviews including mainly trials from HICs, which did not identify differential effects for disadvantaged families.	**Sources of judgement for this criterion:** These judgements were to a small extent informed by indirect research evidence from HICs and to a larger extent by broader considerations and discussions during the GDG meeting. **Overall:** No evidence was found to suggest that parenting interventions are likely to widen existing inequalities in maltreatment and related outcomes. By targeting families in need, they are likely to reduce health inequalities. **Other points for consideration:** The criteria 'Do parenting interventions represent the only available option' and 'Does the intervention address a particularly severe condition' were not prioritized by the GDG as these sub-criteria were considered largely not applicable. Broader considerations were concerned with ongoing developments of new parenting intervention delivery formats, such as digital delivery. In humanitarian settings, parenting interventions may be one of the more implementable and consequently accessible type of maltreatment prevention due to disruption of other services and potentially poorer law enforcement.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
◯ Nevative ◯ Probably negative ◯ Neither negative nor positive ⊗ Probably positive ◯ Positive ◯ Varies ◯ Don't know	Limited evidence (3 trials) from within-study moderators suggests stronger effects for parents of younger children, higher baseline levels of harsh parenting, and monogamous families. *Distribution of benefits and harms:* Harms are not detected for any subgroup. *Accessibility:* Evidence on accessibility is mixed. Many parenting programs explicitly target low income or marginalized families or communities, and are successful at engaging these families, as well as achieving intended outcomes. On the other hand, the Implementation review found that, in a given population group, engagement and attendance are often found to be somewhat lower in families who are more disadvantaged by poverty, or minority status, or other vulnerabilities.	Accessibility may be hampered by the humanitarian context. While parenting interventions may be easily accessible for families living in a refugee camp to access parenting services provided by humanitarian staff, it may be a challenge to reach families that are living in a war or conflict zone. However, digitalization of parenting interventions may ease accessibility for families in these settings as long as devices and data are available. Regarding affordability, in most humanitarian settings, parents do not pay for services such as parenting interventions. Thus, financial impact on families is likely to be related to lost time or earnings. Many providers aim to offer programs outside of working hours, where this is feasible. Provider costs are covered in the economic section.

Detailed judgement

Is the intervention likely to increase existing inequalities and/or inequities in the health condition or its determinants? (This should include considerations of likely changes in inequalities over time, e.g. whether initial increases are likely to balance out over time, as the intervention is scaled up?)

◯ No	⊗ Probably no	◯ Probably yes	◯ Yes	◯ Varies	◯ Don't know

Are the intervention's benefits and harms likely to be distributed in an equitable manner? (This should include a special focus on implications for vulnerable, marginalized or otherwise socially disadvantaged population groups.)

◯ No	◯ Probably no	⊗ Probably yes	◯ Yes	◯ Varies	◯ Don't know

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS

Is the intervention affordable among affected population groups, and therefore financially accessible? (This should include the impact on household health expenditures, including the risk of catastrophic health expenditures and health-related financial risks.)

◯ No	◯ Probably no	⊗ Probably yes	◯ Yes	◯ Varies	◯ Don't know

Is the intervention accessible among affected population groups? (This should include considerations regarding physical as well as informational access.)

◯ No	◯ Probably no	◯ Probably yes	◯ Yes	⊗ Varies	◯ Don't know

Societal implications

Does the balance between desirable and undesirable societal implications favor the intervention or the comparison?

◯ Favors the comparison
◯ Probably favors the comparison
◯ Does not favor either the intervention or the comparison
⊗ Probably favors the intervention
◯ Favors the intervention
◯ Varies
◯ Don't know

Sources and quality of evidence:

Research evidence for the criterion societal implications was derived from i) the Qualitative review of perceptions, and ii) additional searches in Google scholar, searching for specific terms including stigma, norms and social cohesion. Within the EGM review of effectiveness reviews, we searched for reviews of parenting programs that focus on changing social norms as processes or outcomes. Given that most trials operate at family rather than community level, there was very limited evidence available about wider societal effects. No direct evidence was available for the humanitarian context.

The quality of evidence for this criterion was not formally assessed.

Overall descriptive summary:

We found very limited evidence from the broader LMICs on wider societal effects, such as social cohesion, stigma and norm change at community level. However, at family level, there was no clear indication that parents who experienced parenting programs viewed them as potentially stigmatizing. Instead parents commented on how they valued practitioners who were non-judgmental, and empathic. Some studies showed evidence that attending a parenting program could change parents' social norms about physical punishment, and increase social cohesion for parents meeting in a group format.

Brief statement for selected judgements:

Societal impact and social consequences of the intervention: In the Qualitative review of perceptions, some studies found that some parents feared that taking part in a parenting program would be *stigmatizing*. However, in many cases this anticipated impact was not borne out when parents experienced the program. The predominant reports were of parents finding programs to be socially supportive and beneficial to family life. Studies repeatedly highlighted that parents valued practitioner styles which they experienced as non-judgmental, empathetic, flexible, and positive – characteristics likely to reduce fears about stigmatization.

Sources of judgement for this criterion:

These judgements were to a small extent informed by indirect research evidence from HICs and to a larger extent by broader considerations and discussions during the GDG meeting.

Overall:

We found very limited evidence from LMICs on wider societal effects, such as social cohesion. Parents did not appear to experience programs as stigmatizing. There was some evidence that attendance could change parents' social norms.

Other points for consideration:

Environmental impacts were not prioritized by the GDG as this sub-criterion was considered largely non-applicable.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
◯ Favors the comparison ◯ Probably favors the comparison ◯ Does not favor either the intervention or the comparison ⊗ Probably favors the intervention ◯ Favors the intervention ◯ Varies ◯ Don't know	From our additional searches, we found limited evidence on effects on *social cohesion*, apart from parents commenting positively on the improved social networks and support they experienced due to attending a group-based program. We found one study (not humanitarian setting) using social network analysis across a village in South Africa (Kleyn et al, 2021) that bore this out: social networks appeared to be strengthened by attending a community-based parenting program- and in turn, positive parenting strategies appeared to spread partly through these networks. Parenting programs, especially in the early years, can also have positive effects on education-related outcomes, such as children's language, literacy and cognitive skills, as summarized in the WHO Guideline on Nurturing Care. We found evidence that parenting programs in humanitarian settings in LMICs change *social norms* about violence against children at individual level (Humanitarian effectiveness review); however, no studies were able to examine effects on wider community values. From our EGM review of reviews, we identified one review (Poole et al., 2014) that examined interventions that aim to change social norms about child maltreatment through universal media campaigns. It found no studies in LMICs, and found evidence on effectiveness in HICs to be inconclusive.	
Financial and economic considerations Do financial and economic considerations favor the intervention or the comparison?		
◯ Favors the comparison ◯ Probably favors the comparison ◯ Does not favor either the intervention or the comparison ⊗ Probably favors the intervention ◯ Favors the intervention ◯ Varies ◯ Don't know	**Sources and quality of evidence:** Research evidence for the criterion Financial and economic considerations was derived from the "Review of economic studies" examining costs, cost-effectiveness or cost-benefit studies of parenting interventions, with searches retrieving i) Eight reviews of economic studies, all with HIC focus. ii) Seven economic analyses associated with the 131 trials in LMICs in our Guideline systematic review; most reported program costs, with three including cost effectiveness analysis. There were few economic studies of parenting programs in LMICs and key studies in HICs focused on child behavior outcomes. Most studies assessed service costs, but few addressed family costs. Cost data should be interpreted with great caution, as costing models are often unclear or not reported, and where reported, are inconsistent across contexts. The quality of evidence for this criterion was not formally assessed.	**Sources of judgement for this criterion:** These judgements were to a limited extent informed by indirect research evidence from HICs and to larger extent by broader considerations and discussion during the GDG meeting. **Overall:** Largely based on indirect evidence, parenting programs in humanitarian settings in LMICs are likely to reduce the financial burden of maltreatment and to be cost-effective.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
◯ Favors the comparison ◯ Probably favors the comparison ◯ Does not favor either the intervention or the comparison ⊗ Probably favors the intervention ◯ Favors the intervention ◯ Varies ◯ Don't know	**Overall descriptive summary:** One study in a humanitarian setting reports a cost of US$228 per household for a 5-session parenting program (see below). Studies from the broader LMIC review reporting plausible program costs (n=7) in LMICs found per family delivery costs ranging from $30 for a 2-session program in Iran, to $500 for a 14-session program in South Africa (median $55, at approx. 2015 prices), albeit estimates were based on a wide range of costing models, contexts and program types. Generally, these are lower than program cost calculated in HICs. Studies focused on provider costs, rather than family costs, which include real costs (e.g. for transportation), as well as opportunity costs (e.g. due to lost earnings or time losses). Cost-effectiveness ratio of parenting programs in humanitarian settings in LMICs may be similar or lower to those in HICs. No evidence was found on the impact of parenting interventions on the economy at large. **Brief statement for selected judgements:** *Cost and budget impacts.* The costs of violence against children are clearly high, from global evidence. The stress resulting out of a humanitarian emergency is likely increasing rates of violence. Parenting interventions reduce violence, at least in the short term. Studies reporting program costs in LMICs found delivery costs ranging from $5-500 per family (median $40, at approx. 2015 prices), albeit estimates were based on a wide range of costing models, contexts and program types. Only one study, reporting program costs only, was in a humanitarian conflict setting (Ismayilova, 2020, Burkina Faso). They report costs of US$228 per household for a 5-session parenting programme to improve family finances, child well-being and parenting skills in ultra-poor families. Generally, these are lower than program cost calculated in HICs. Studies focused on provider costs, rather than family costs. No direct evidence was found on impact on the economy of different sectors, or on the economy as a whole. *Ratio of costs and benefits (cost-effectiveness, cost-benefit).* Cost effectiveness studies and cost benefit analyses favor the intervention, but these have mainly been carried out in HICs. Evidence from a very small number of LMIC studies (n=3), with none in humanitarian settings, suggests that parenting interventions may be cost-effective in the short term, for reducing violence against children (Redfern et al, 2019, PLH Teens, South Africa), for improving parenting practices (Cardenas, 2017 Mexico) and child literacy (Banerji, 2013, CHAMP literacy, India).	**Other points for consideration:** Although no direct evidence was found on impact on the economy, economic modelling studies suggest that interventions that reduce the burden of violence would be likely to reduce societal costs, including public expenditure in multiple systems. In humanitarian settings this may expand to more sectors. Given the high rates and costs of violence in LMICs, and the fact that intervention effects (albeit mainly in the short term) are similar to those in HICs, and program costs are lower, we might expect cost-effectiveness ratios to be similar, or more favorable, in LMICs, including in humanitarian settings.

Detailed judgement

How high are the **cost and budget impacts** of implementing and maintaining the intervention? (This should include considerations on how cost and budget impacts vary in the short- versus longer-term. It should also include considerations of who bears the costs – e.g. public sector vs. private vs. third-sector funding, health sector vs social sector vs energy sector funding.)

◯ Very large cost and budget impacts	◯ Large cost and budget impacts	⊗ Moderate cost and budget impacts	◯ Negligible cost and budget implications	◯ Varies	◯ Don't know

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS

Does the **overall impact of the intervention on the economy** favor the intervention or the comparison? (This should include considerations of how the different types of economic impact are distributed across different sectors or organizational levels, whether the intervention contributes to or limits the achievement of broader development and poverty reduction goals, and how it impacts the available workforce.)

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	◯ Probably favors the intervention	◯ Favors the intervention	⊗ Don't know

Does the **ratio of costs** and benefits (e.g. based on estimates of cost-effectiveness, cost-benefit or cost-utility) favor the intervention or the comparison?

◯ Favors the comparison	◯ Probably favors the comparison	◯ Does not favor either the intervention or the comparison	⊗ Probably favors the intervention	◯ Favors the intervention	◯ Don't know

Feasibility and health system considerations

Is the intervention feasible to implement?

- ◯ No
- ◯ Probably no
- ◯ Uncertain
- ◯ Probably yes
- ◯ Yes
- ⊗ Varies
- ◯ Don't know

Sources and quality of evidence:

Research evidence for the criterion Feasibility and health system considerations was derived from: i) the Qualitative review of perceptions, screening the 217 studies for material relevant to implementation; and ii) the Implementation review, which involved additional searches for articles related to participant engagement and system-level issues. Some of the evidence came from commentaries and other published expert reflections, and case studies examining scale-up and sustainment. Most studies were from HICs and no study in the Implementation review focused on humanitarian settings.

Much of the evidence about feasibility and implementation comes from programs that have not been scaled, or rarely scaled; in some case they have been scaled in HICs, but not necessarily sustained over time. The quality of evidence for this criterion was not formally assessed.

Overall descriptive summary:

Parenting interventions have been shown to be feasible to implement in numerous countries, and shown to be effective in numerous randomized trials in real-world service settings. There are some examples of interventions going to scale in HICs, and a smaller number of examples in LMICs. As with other interventions, the literature retrieved documents many challenges in going to scale in several domains, including political will; funding; selection, training, supervision, support and retention of workforce; workforce capacity; maintaining fidelity over time, and selecting and enabling appropriate systems for governance and sustainment of programs.

Sources of judgement for this criterion:

These judgements were informed to a limited extent by indirect research evidence, much of it from HICs, and to a greater extent by broader considerations and discussions during the GDG meeting.

Overall:

Parenting interventions are feasible to implement in numerous real-world service settings, in many countries, including some examples of interventions going to scale in LMICs. However, many challenges in going to scale are documented, especially issues of workforce training, supervision and capacity. Implementation research stresses the importance of system fit, and planning for scale from the outset. For the humanitarian context, challenges vary hugely by the country and type of humanitarian setting.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
◯ No ◯ Probably no ◯ Uncertain ◯ Probably yes ◯ Yes ⊗ Varies ◯ Don't know	These challenges vary hugely by country and setting. Opinions expressed in the literature from non-humanitarian settings points to the importance of planning for scale from the outset, however, limited evidence was found about scaling up in humanitarian setting. **Brief statement for selected judgments:** *Legal barriers and governance.* Numerous implementation studies were consistent in the barriers and facilitators to implementation that they identified, but none reported or reflected on legal barriers to implementation. Few studies were found of governance issues – see section on system fit. *Implications of the intervention interaction and fit with the existing health system.* Studies of implementation have taken place in multiple different systems (e.g. health, social care, education), including in dedicated NGO and public systems, as well as part of busy services attempting to meet multiple needs. Thus, system interaction and fit are very variable. Systems need to be accessible and acceptable to parents, as well as having the workforce and organizational capacity. Studies point to the need for careful assessment of organizational readiness, prior to beginning implementation, and for advocates, or program 'champions', at one or more levels in the system (e.g. at policy maker/ funder level, and at delivery level), to help ensure successful implementation and sustainment. *Implications of the intervention for the health workforce and broader human resources.* Evidence from qualitative studies with staff and managers suggests potential for considerable burden for delivery staff, especially if they are not given adequate time to prepare and run parenting programs as part of their other duties, and adequate support to maintain fidelity. These studies suggest that strong systems of leadership and support are needed to overcome these challenges. Costs may be reduced if lay health or community workers are employed. However, little is known about effectiveness of parenting programs delivered by lay workers, as few of the 131 trials in the LMIC effectiveness review used non-professional staff. A few studies in LMICs (e.g., one in Kenya) have solicited the views of lay health workers about their motivation, satisfaction and retention in parenting program delivery roles.	Planning interventions for scale may not be feasible when parenting interventions are delivered rapidly to parents that have just recently been affected by an emergency. While interventions may be scaled up within one refugee camp, reaching all parents in need within a war zone is much more challenging. **Other points for consideration:** Governance, system, and workforce issues are very variable across contexts. Child rights legislation (e.g. UN CRC) has potential to act as a facilitator to governments' willingness to support parenting programs. Over time, and after testing in RCTs, digital and hybrid interventions designed for LMICs and targeted to parents in humanitarian settings may help to enhance feasibility at scale. Regarding the implication for the system infrastructure, workforce issues and costs are considerable (as above) if programs are taken to scale in the health system, or other systems, e.g. social welfare or education system. Regarding workforce, field workers in humanitarian settings may experience additional distress due to exposure to a crisis.

ASSESSMENT

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS

Detailed judgement

Are there **legal barriers** which may limit the feasibility of implementing the intervention?

○ No	○ Probably no	○ Probably yes	○ Yes	○ Varies	⊗ Don't know

Are there **governance aspects** (e.g. strategic considerations, past decisions) which may limit the feasibility of implementing the intervention? (This should include considerations regarding the presence or absence of formal or information institutions which can provide effective leadership, oversight, and accountability in implementing the intervention influence feasibility of implementation)

○ No	○ Probably no	○ Probably yes	○ Yes	⊗ Varies	○ Don't know

What are the **implications** of the intervention **interaction and fit with the existing health system**? (This includes considerations regarding the intervention's interaction with or impact on the existing health system and its components?)

○ Large beneficial implications	○ Moderate beneficial implications	○ Negligible beneficial and adverse implications	○ Moderate adverse implications	○ Large adverse implications	⊗ Varies	○ Don't know

What are the **implications** of the intervention **for the health workforce and broader human resources** (in the health sector or other sectors? (This should include considerations regarding the need for, usage of, and impact on health workforce and other human resources as well as their distribution.)

○ Large beneficial implications	○ Moderate beneficial implications	○ Negligible beneficial and adverse implications	○ Moderate adverse implications	○ Large adverse implications	⊗ Varies	○ Don't know

What are the **implications** of the intervention **for health system infrastructure and broader infrastructure**? (This should include considerations regarding the need for, usage of, and impact on non-human resources and infrastructure as well as their distribution)

○ Large beneficial implications	○ Moderate beneficial implications	○ Negligible beneficial and adverse implications	○ Moderate adverse implications	○ Large adverse implications	⊗ Varies	○ Don't know

SUMMARY OF JUDGEMENTS

	JUDGEMENT						
BALANCE OF HEALTH BENEFITS AND HARMS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
HUMAN RIGHTS	No	Probably no	Uncertain	Probably yes	Yes	Varies	Don't know
SOCIO-CULTURAL ACCEPTABILITY	No	Probably no	Uncertain	Probably yes	Yes	Varies	Don't know
HEALTH EQUITY, EQUALITY, AND NON-DISCRIMINATION	Negative	Probably negative	Neither negative nor positive	Probably positive	Positive	Varies	Don't know
SOCIETAL IMPLICATIONS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
FINANCIAL AND ECONOMIC CONSIDERATIONS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
FEASIBILITY AND HEALTH SYSTEM CONSIDERATIONS	No	Probably not	Uncertain	Probably yes	Yes	Varies	Don't know

ASSESSMENT

◯ Strong recommendation against the intervention	◯ Conditional recommendation against the intervention	◯ Conditional recommendation for either the intervention or the comparison	◯ Conditional recommendation for the intervention	⊗ Strong recommendation for the intervention

References

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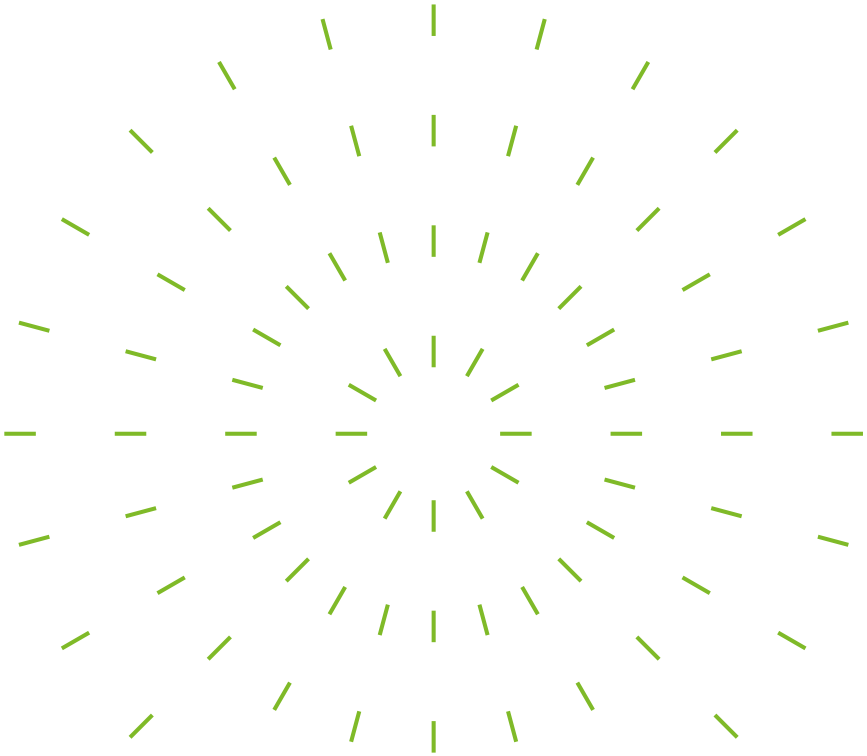

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