



**Global  
Parenting  
Initiative**



**Every Child Safe:  
Preventing Child Abuse Through  
Parenting Support**

# **PREVENTING CHILD ABUSE WITH PARENTING PROGRAMS: New evidence**

Prof. Lucie Cluver

University of Oxford &  
University of Cape Town



# PREVENTING CHILD ABUSE WITH PARENTING PROGRAMS

New evidence



Professor Lucie Cluver, November 2025



# PARENTING PROGRAMS ARE A HIGHLY EFFECTIVE TOOL TO PREVENT CHILD ABUSE

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

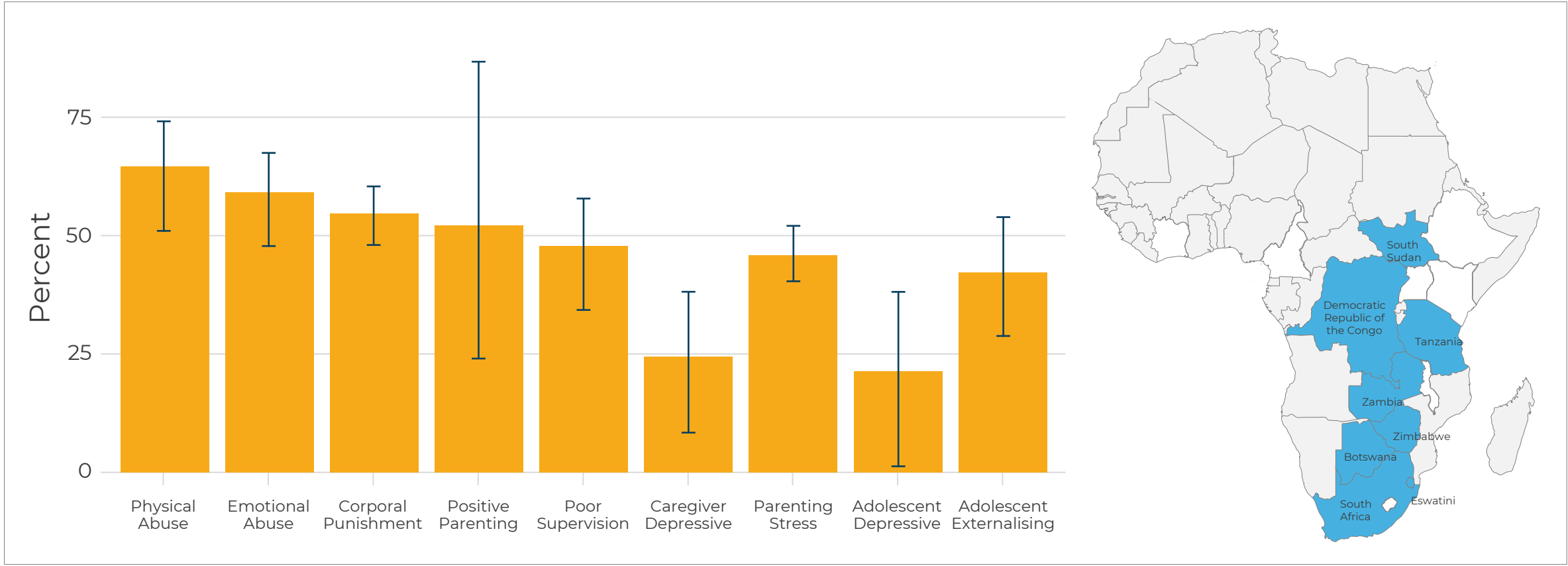


- WHO Guidelines – like paracetamol for headache
- 435 Randomized controlled trials in 65 countries
- Preventing physical, verbal violence, neglect

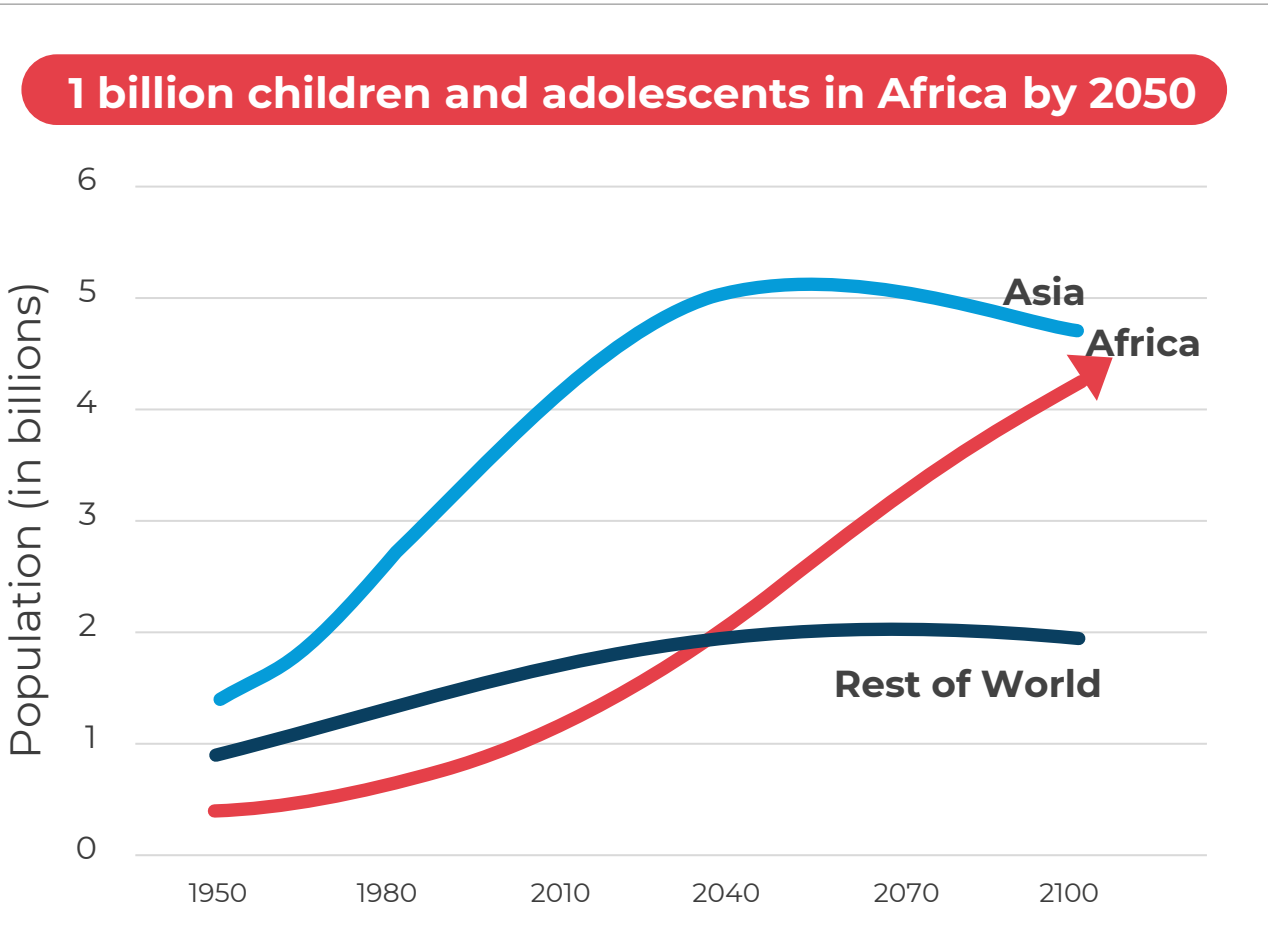


# REAL-WORLD EFFECTIVENESS AT SCALE

121,420 parents and children, 8 countries



# NEW NEED NEW STRATEGY



# PARENTING FOR LIFELONG HEALTH

## 2012 South Africa

Developed free, high-impact parenting interventions with UNICEF and WHO

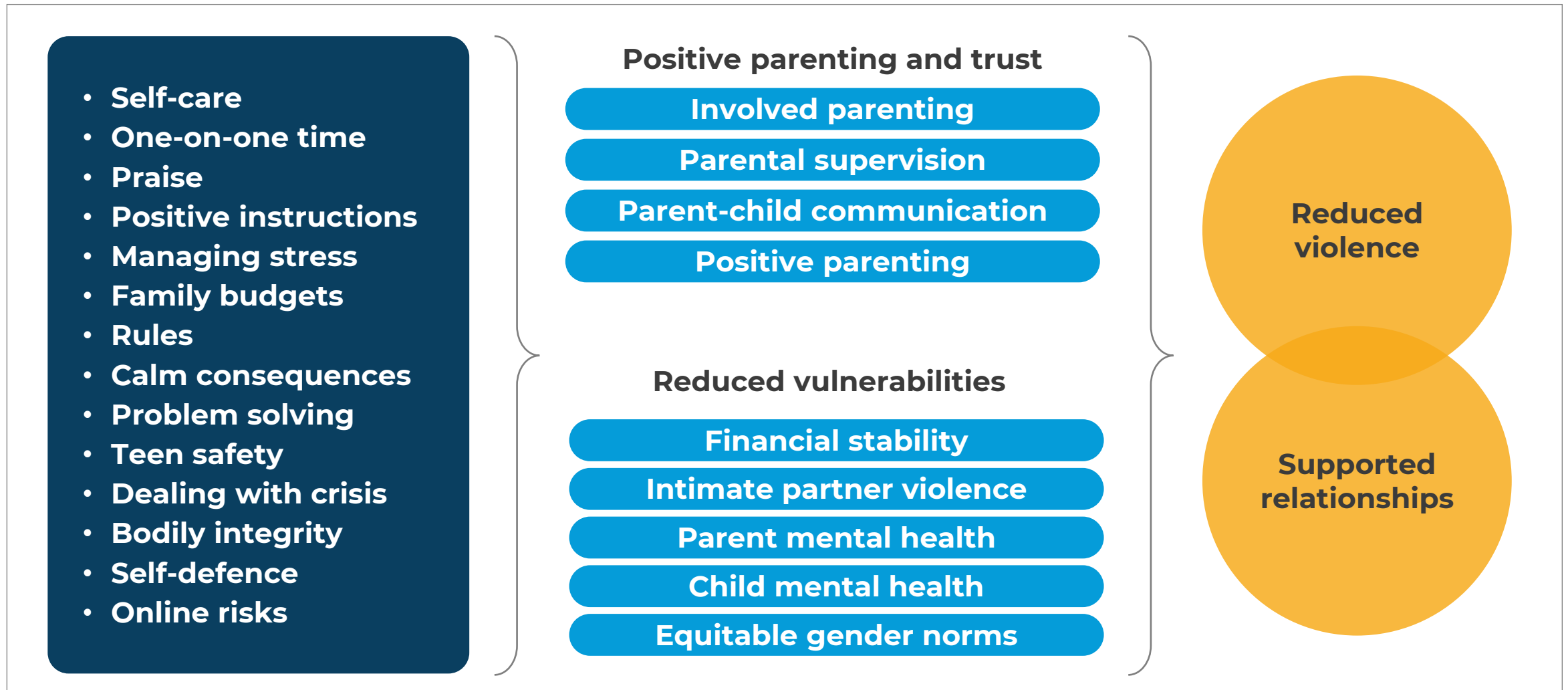
## 2012 – 2021 Global testing

15 randomized controlled trials in South Africa, El Salvador, Lesotho, Moldova, North Macedonia, Romania, Philippines, Tanzania, Thailand, Zambia

## 2020 - 2025 Digital innovation

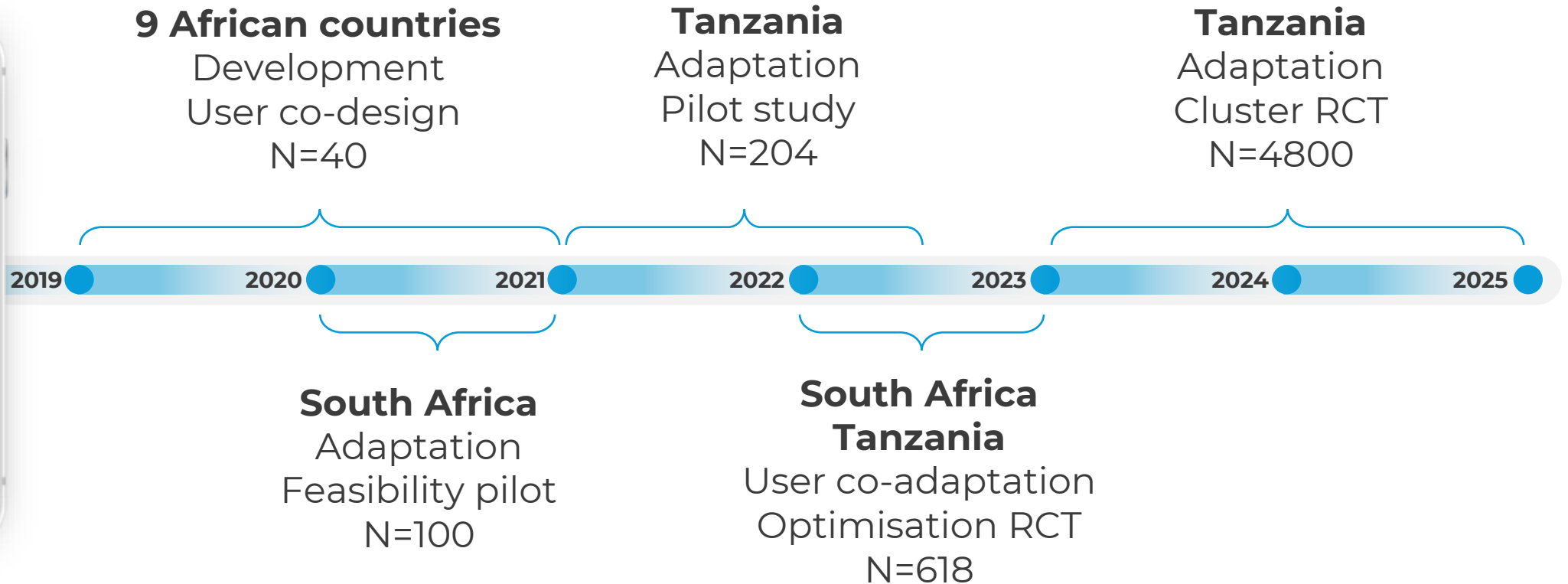
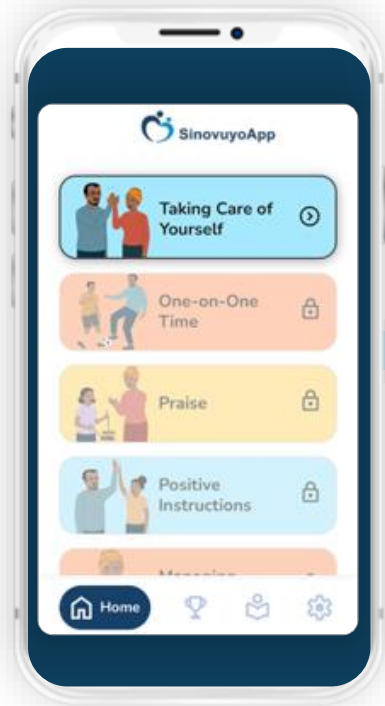
Development and testing in Tanzania, South Africa, Mexico, Thailand, Myanmar, Uganda

# PATHWAYS OF PREVENTION



# PARENTAPP

6 year development and testing



# CLUSTER RANDOMISED TRIAL MWANZA, TANZANIA

4800 children  
and caregivers  
80 communities

25% male  
caregivers

Child mean age:  
13.4 years

All outcomes  
at 14 months  
after program

# PARENTING

Parental supervision  
Effective  $p < .0001$

**+13%**

Positive Parenting  
Effective  $p < .00001$

**δ.49**

Involved Parenting  
Effective  $p < .00001$

**δ.48**

Inconsistent discipline  
Negative effect  $p < .0001^{**}$

**+14%**

Caregiver-child Communication  
Effective  $p < .0001$

**δ.42**

Parent support of education  
Caregiver: effective  $p < .0001$

**δ.32**

Gender-equitable behaviors  
Effective  $p < .0001$

**δ.25**



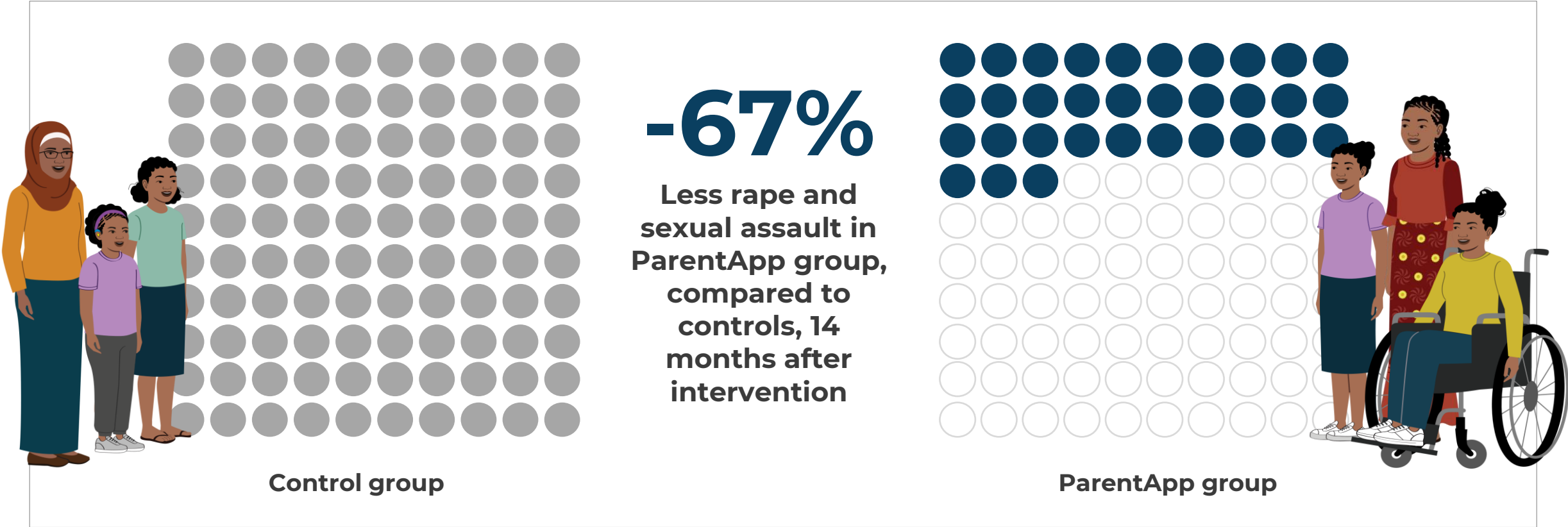
\*mean score of child report and parent report. Child report: 24% reduction at 1 month, 17% at 14 months,  $p < .0001$ , Caregiver report: 23% reduction at 1 month, 9% at 14 months,  $p < .0001$ ; \*\*Range shows 1) child report and 2) parent report, all at 14 months post-intervention

# GIRLS SEXUAL VIOLENCE VICTIMISATION

Past year

Girls: **Effective**  $p < .0001$

Boys: **No impact**



# VIOLENCE AGAINST CHILDREN.. AND WOMEN

## SEXUAL EXPLOITATION AND HIGH-RISK SEX

Girls: **Effective**  $p < .05$   
boys: **No impact**

**-54%**

Less victimisation compared to controls



## CHILD PHYSICAL, VERBAL ABUSE AND NEGLECT

Girls & boys: **Effective**  $p < .0001$

**-11%**

Less vulnerability compared to controls\*

## INTIMATE PARTNER VIOLENCE

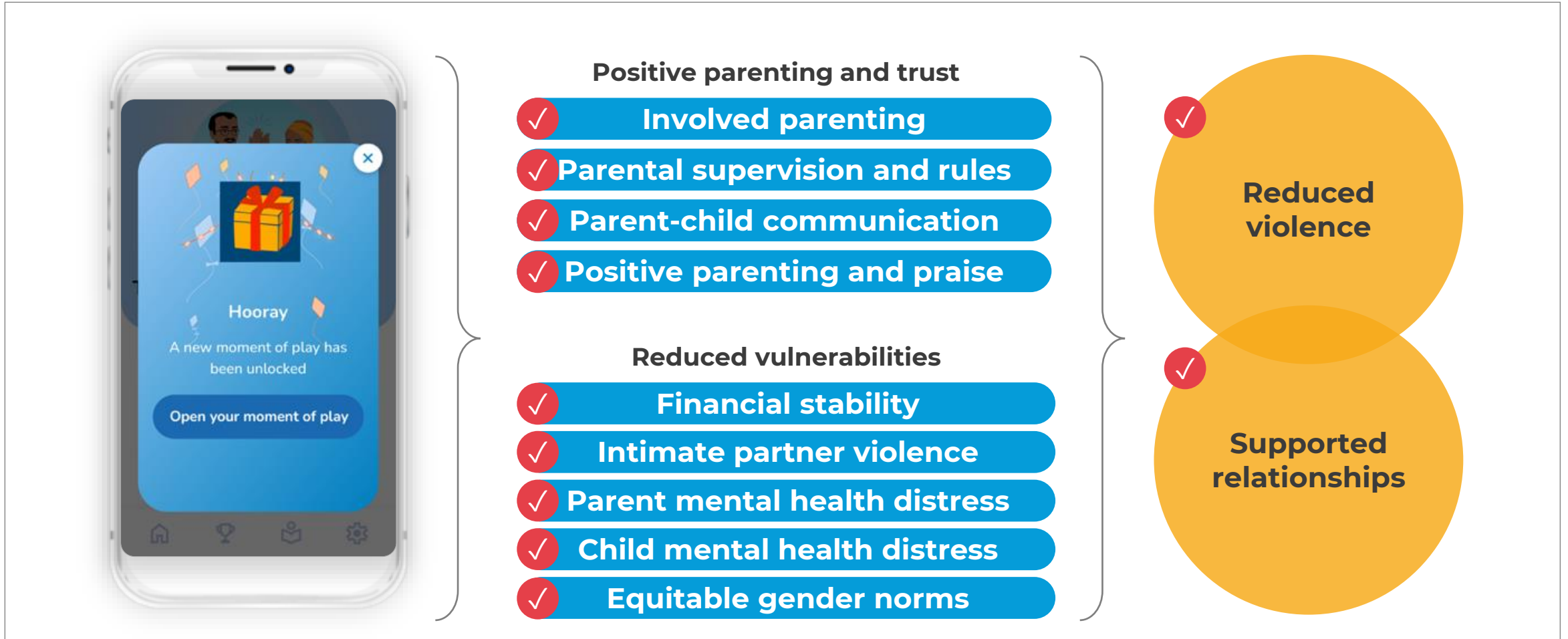
**Effective**  $p < .0001$

**-16%**

Less vulnerability compared to controls\*\*

\*18% = mean score of child report and parent report. Child report: 28% reduction at 1 month, 13% at 14 months,  $p < .0001$ . Caregiver report: 44% reduction at 1 month, 21% at 14 months,  $p < .000$ . \*\*16% = mean score of child report and parent report. Child report: 30% reduction at 1 month, 15% reduction at 14 months,  $p < .0001$  Caregiver report: 44% reduction at 1 month, 21% at 14 months,  $p < .0001$

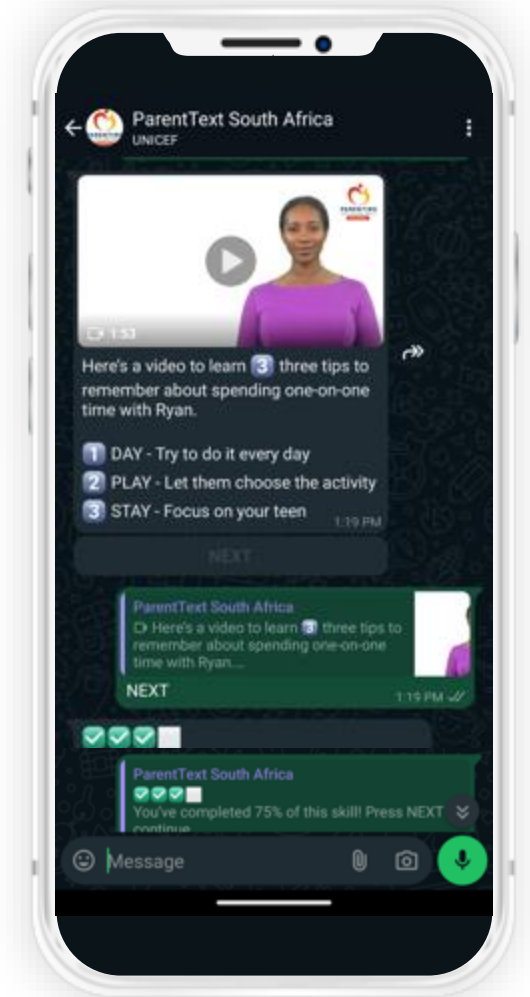
# UNIVERSAL SUPPORT OR CHILD PROTECTION PROGRAM?



# PARENTTEXT CHATBOT: BRIEFER & LOWER COST

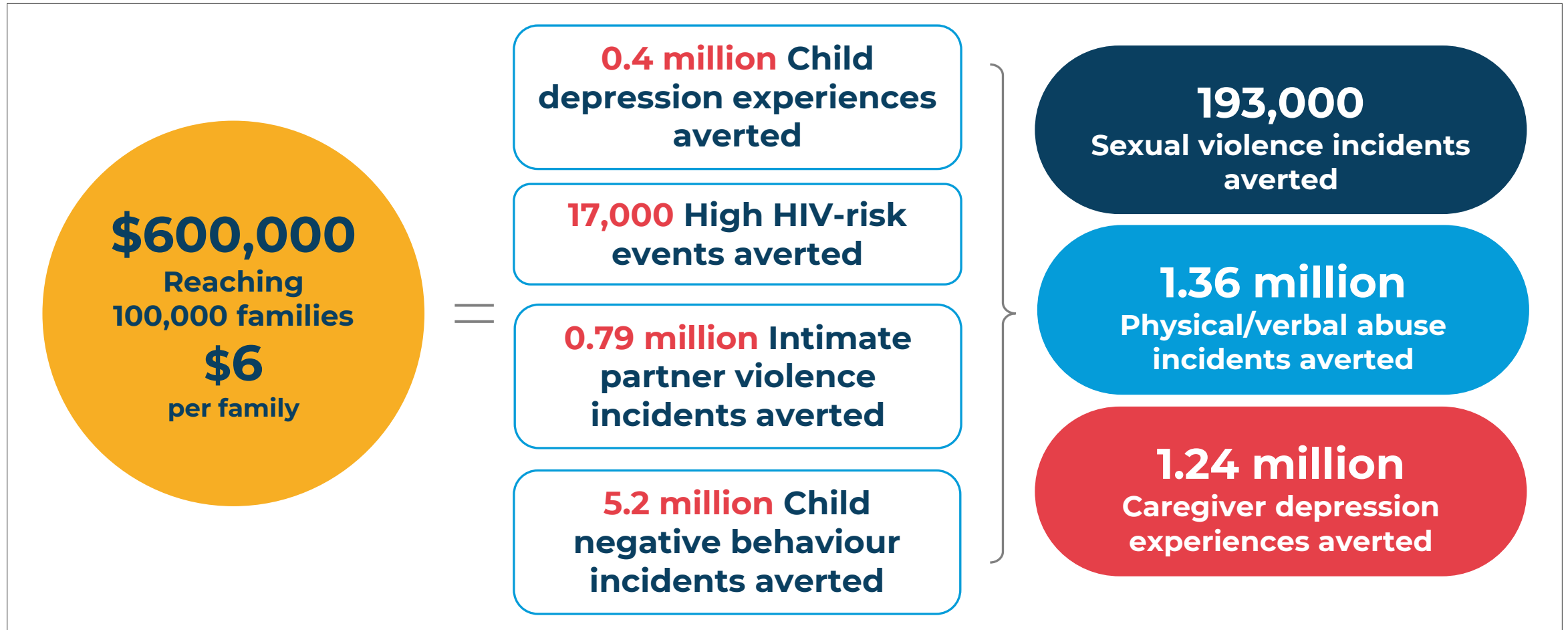
Randomised trial South Africa

| Outcomes                    | 1-month | 3-month |         | 7-month |   |
|-----------------------------|---------|---------|---------|---------|---|
|                             |         | Core    | Booster |         |   |
| Positive parenting          | ✓       | ✓       | ✓       | -       | - |
| Child maltreatment          | ✓       | ✓       | ✓       | ✓       | ✓ |
| Positive discipline         | ✓       | ✓       | ✓       | ✓       | - |
| Father involvement          | ✓       | ✓       | ✓       | ✓       | - |
| Parent mental health        | ✓       | ✓       | ✓       | ✓       | ✓ |
| Gender equitable behaviours | ✓       | ✓       | ✓       | ✓       | ✓ |
| Parent support of learning  | ✓       | ✓       | ✓       | -       | - |
| Poor parental supervision   | -       | -       | -       | -       | - |



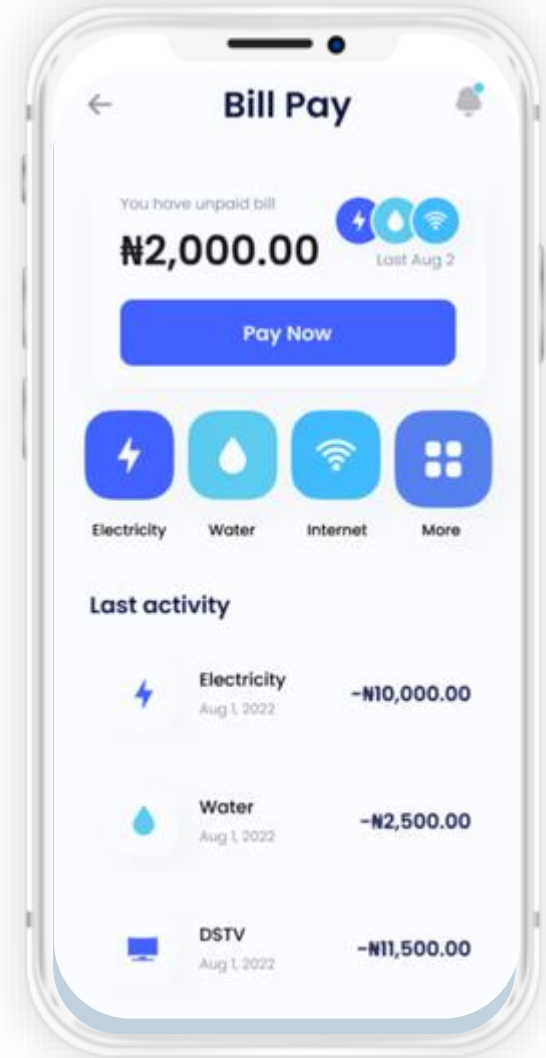
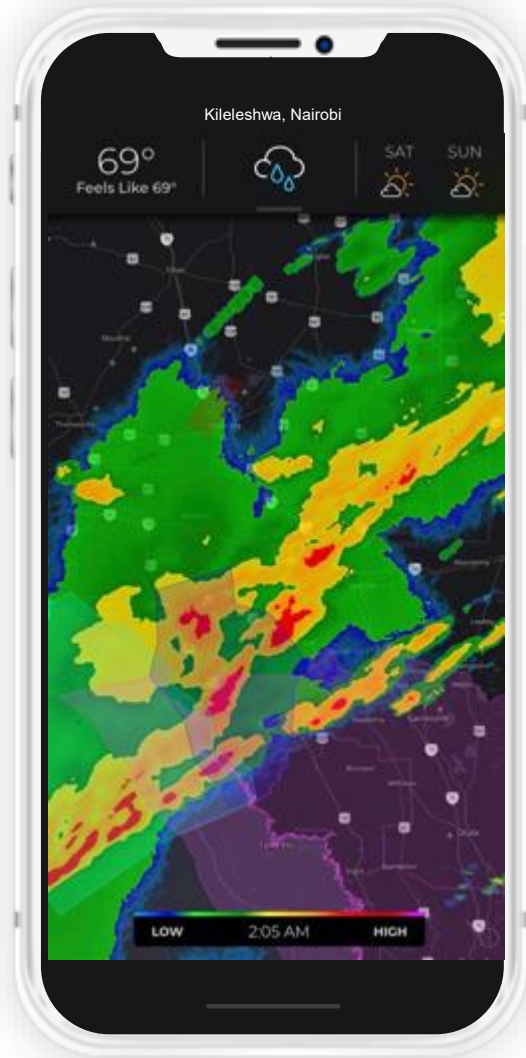
# COST-EFFECTIVENESS

Impacts over 1 year using randomized trial effects



10,000 families over 1 year. Household food shortages averted. Gender norms improved. Couples' communication improved

# GLOBAL CHALLENGES.. AND CHANCES



# THANK YOU



# Building systems and creating conditions for quality scale up of parenting support programs: Uganda's experience

Dr Godfrey Siu

Makerere University, Uganda





**COLLEGE OF HEALTH SCIENCES**  
**Child Health and Development Centre**

**Building systems and creating  
conditions for quality scale up  
of parenting support programs:  
Uganda's experience**

ISPCAN Webinar

**Godfrey Siu, Makerere University**





## Government Pledge [Uganda]

DATE: 7 November 2024  
SUBMITTED BY: Lydia Wasula [lydia.wasula@gmail.com](mailto:lydia.wasula@gmail.com)

### PLEDGE TOPIC AREA(S):

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Parent and caregiver support          | <input type="checkbox"/> Governance and coordination structure         |
| <input checked="" type="checkbox"/> Safe and enabling school environments | <input type="checkbox"/> Minimum standards and oversight               |
| <input checked="" type="checkbox"/> Response and support services         | <input type="checkbox"/> Human, financial and infrastructure resources |
| <input checked="" type="checkbox"/> Legal and policy frameworks           | <input type="checkbox"/> Child participation and community engagement  |
| <input checked="" type="checkbox"/> Addressing online harms               | <input type="checkbox"/> Continuum of services                         |
| <input checked="" type="checkbox"/> Addressing harmful norms              | <input type="checkbox"/> Data collection and monitoring                |
| <input checked="" type="checkbox"/> Safe environments                     | <input type="checkbox"/> Other   |

### Parent and caregiver support

- Roll out the National Family Policy 2024 in 30 districts, by 2027
- Implement the National Standards for Parenting Programs and the National Parenting Training Manual and Facilitators Guide in at least 50 districts by 2030.



# Why create conditions and systems for scaling parenting interventions

- Despite strong evidence, scaling up parenting programmes remains a global challenge
- Efforts are fragmented, often duplicative, lack clear coordination
- Barriers at the level of policy and systems too

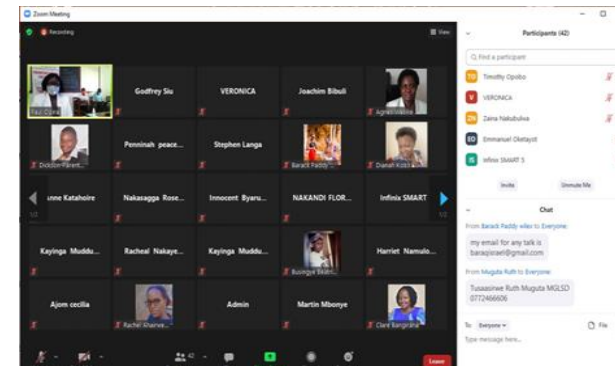
# Creation of Uganda Parenting Agenda Consortium



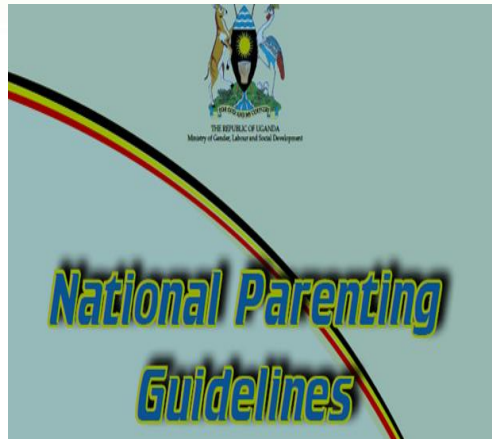
No clear consensus on strategy, which interventions to pursue

Established the Uganda Parenting Agenda Consortium in 2019

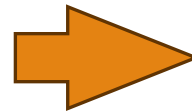
- Brings together over 70 agencies —including policymakers, practitioners, researchers, and donors
- Consensus building on shared national parenting strategy and interventions
- Recommended mapping of parenting interventions



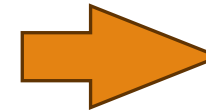
# Building an architecture and tools to support standardization of parenting work



- Produced 2014
- Not clarity on evidence-based parenting interventions



- Only 7 of the 108 parenting interventions were evidence-based interventions
- No standards
- Recommended capacity strengthening for policy makers and practitioners on science of evidence-based



- Tool for monitoring and support supervision
- Reach of parenting interventions

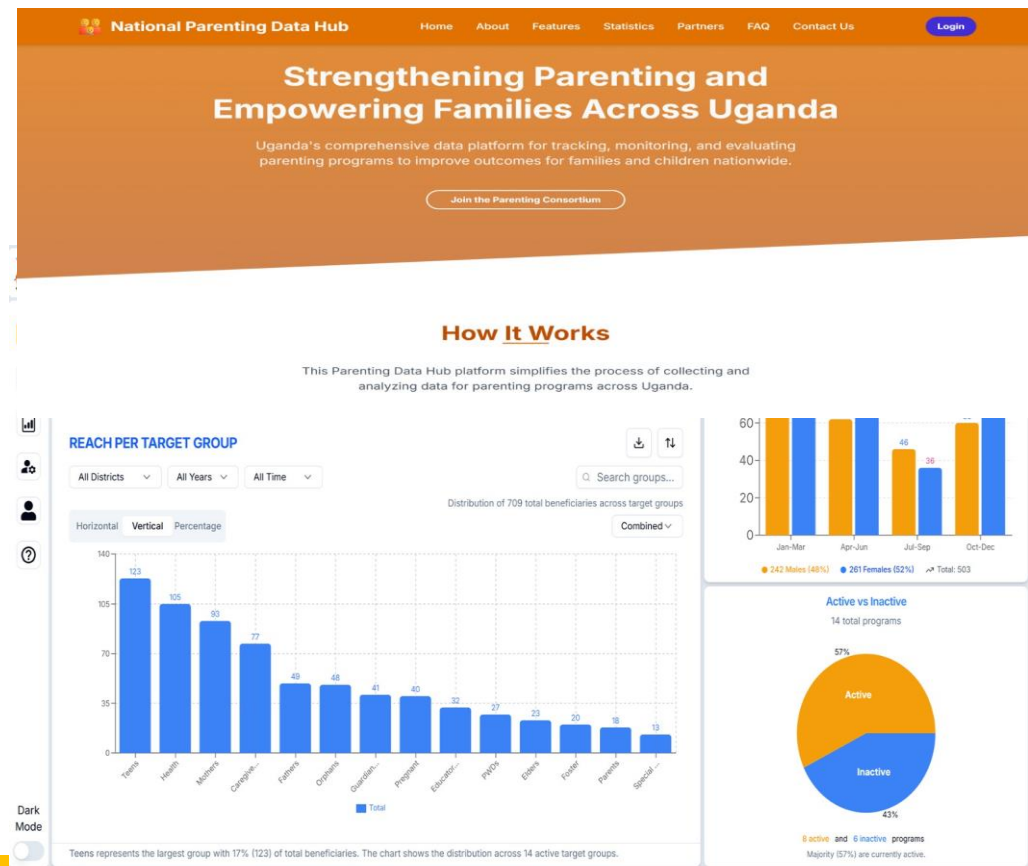
# Built an architecture and tools for standardization of parenting work



National data hub to act as a repository for all parenting programs to track reach, program quality, and impact



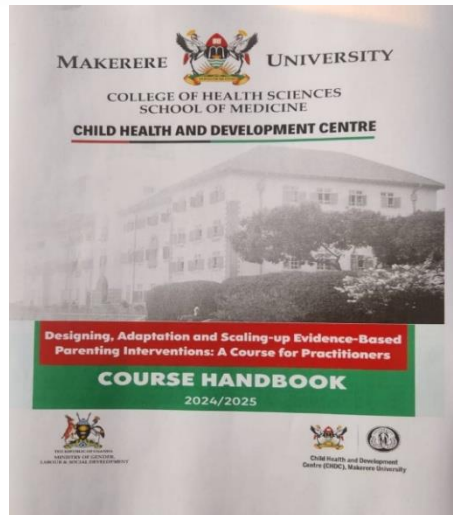
Launched by the Hon Min Gender on 30<sup>th</sup> July 2025



# Parenting practitioner's certification course (Science of Evid. Based Course)



Capacity of parenting practitioners in designing, adapting and implementing evidence-based parenting programs



- Trained 142 practitioners and government officials



| Variable                                    | Frequency (%) |
|---|---------------|
| <b>Confidence in designing an EBP</b>       |               |
| Very confident                              | 20 (14.1)     |
| Somehow confident                           | 63 (44.4)     |
| Not confident                               | 47 (33.1)     |
| No idea                                     | 12 (8.5)      |
| <b>Confidence in leading implementation</b> |               |
| Very confident                              | 49 (34.5)     |
| Somehow confident                           | 59 (41.6)     |
| Not confident                               | 32 (22.5)     |
| No idea                                     | 2 (1.4)       |
| <b>Confidence in leading adaptation</b>     |               |
| Very confident                              | 37 (26.1)     |
| Somehow confident                           | 63 (44.4)     |
| Not confident                               | 36 (25.4)     |

This course was immensely valuable for my Monitoring, Evaluation, Learning, and Adoption (MELA) work in child protection. It equipped me with practical skills to measure parenting's impact on child wellbeing and to assess, select, and scale evidence-based interventions using data-driven tools. My ability to support the design of context-specific programs has been enhanced, particularly in integrating gender-sensitive indicators and using disaggregated data. I also gained critical skills for scaling programs, from tracking fidelity to aligning with national policies and building investment cases for resource mobilisation. I now feel significantly more confident at Child's i Foundation in designing robust MEL frameworks and promoting adaptive management. On a personal level, I am applying principles of positive parenting, which has strengthened my relationships at home.

**Evalyne Arinaitwe, Monitoring and Evaluation Officer Childsi Foundation**



This course has been a game-changer for me and Compassion International Uganda. Previously, we implemented a one-size-fits-all program without considering the unique needs of different areas. However, this course has equipped me with the knowledge and skills to design evidence-based parenting interventions that create greater impact. As we're rethinking our programming approach through Program Cycle Adoption, this training has been timely and invaluable.

I'm now confident in supporting the design of evidence-based programs and asking the right questions to ensure effective interventions. I'm thankful to the amazing team at Child Health and Development Centre, led by Dr. Godfrey Siu, Mr Hosea Katende, Martha, Teddy, Caro, the amazing trainers and my fellow participants. Your dedication and expertise have made a significant impact on my work.

**Okama Simon, Peter-Child Protection Specialist, Compassion International Uganda.**





THE REPUBLIC OF UGANDA  
 MINISTRY OF GENDER,  
 LABOUR & SOCIAL DEVELOPMENT



# Thank you

In partnership/ collaboration with



# Maximizing Violence Prevention in High-Adversity Settings: A Multi-Level Integrated Approach to Parenting and Mental Health Support

Dr Amanda Sim

McMaster University, Canada





**Global  
Parenting  
Initiative**



*Every Child Safe: Preventing Child Abuse Through  
Parenting Support*

ISPCAN November Public Health Prevention Campaign



**Maximizing Violence Prevention in High-Adversity Settings:  
A Multi-Level Integrated Approach to Parenting and Mental Health Support**

Presented by Dr. Amanda Sim, McMaster University ([sim13@mcmaster.ca](mailto:sim13@mcmaster.ca))



# Thailand-Myanmar Border Context



## High levels of trauma and daily adversity\*

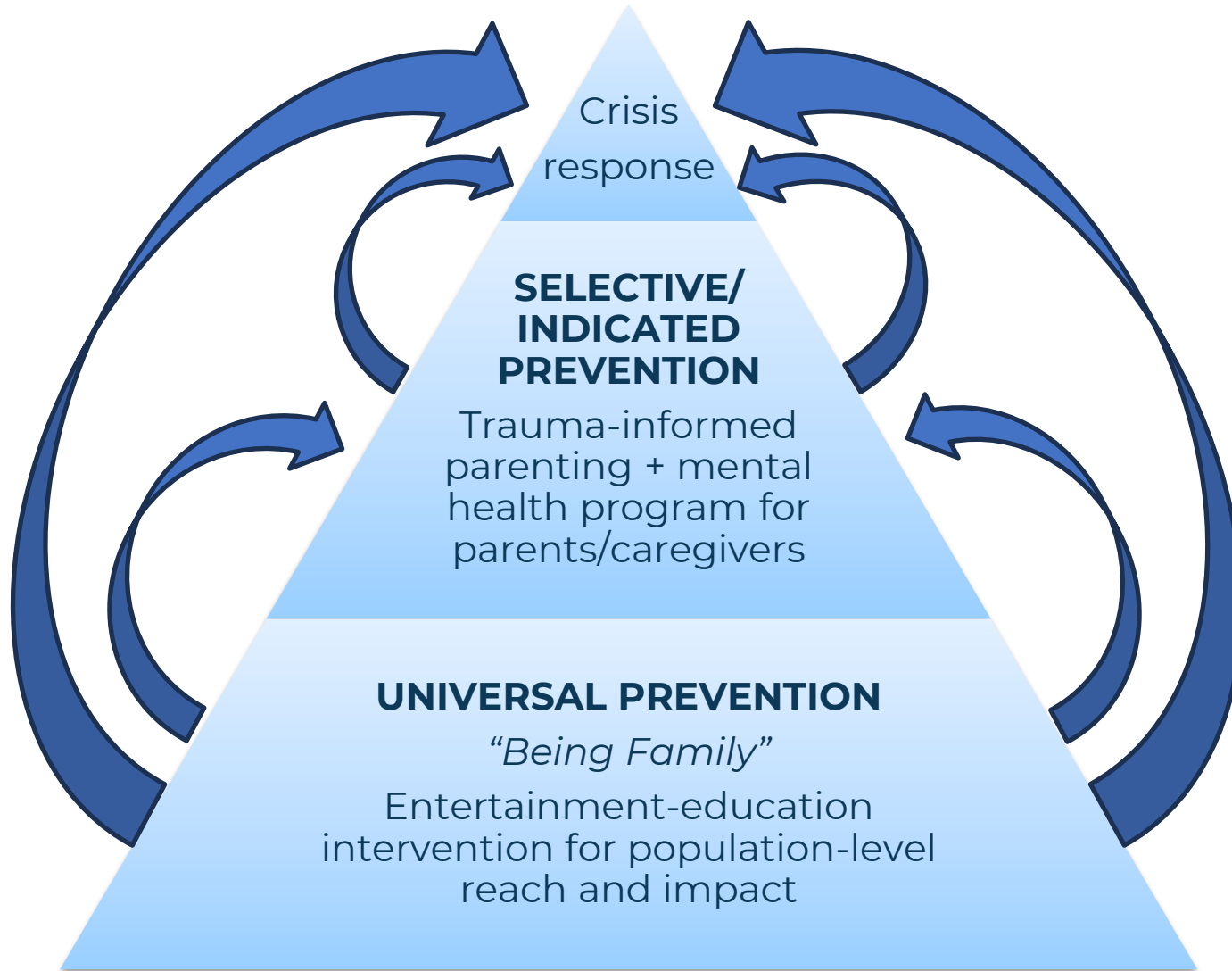
- 44% forced to hide or flee their home
- 78% undocumented; 75% food insecure

## High levels of psychological distress and violence against children

- 67% felt hopeless about the future
- Over half met clinical cut off for depression or anxiety
- 68% of children experienced some form of physical punishment in last 30 days

\* Survey data from 2,249 migrant and displaced parents/ caregivers from Myanmar

# Multi-level systems approach to integrated parenting and MHPSS support





## Co-creating the “*Being Family*” film

- Production led by Sermpanya Foundation
- Collaborative script development integrating formative research and evidence-based interventions
- All cast and crew from refugee and migrant communities



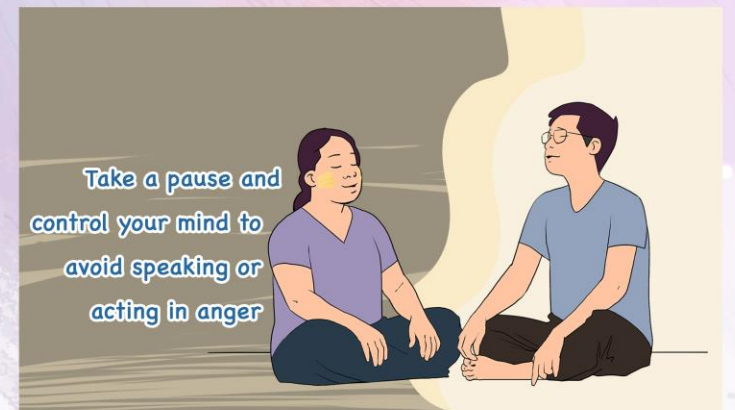
## Community screenings

- Mobile cinema in 22 communities
- Entire families invited
- 30-minute discussion after film screening
- 5-minute video and take home poster of key messages

# Being Family Key Messages



## Being Family Parenting on the Border



The LEGO Foundation

Global Parenting Initiative

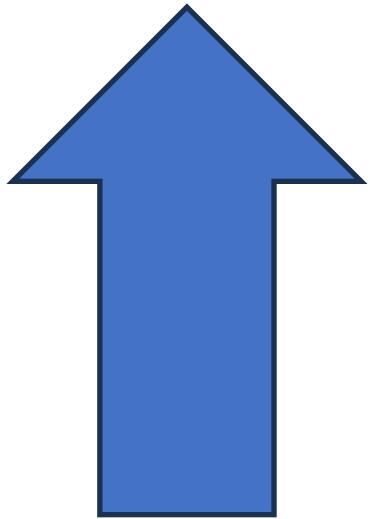
SERPANYA FOUNDATION  
ပုလဲမြို့ ဧရာဝတီမြို့နယ်

MAE TAO CLINIC

help without frontiers  
အကူအညီ  
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နယ်စပ်ဒေသ

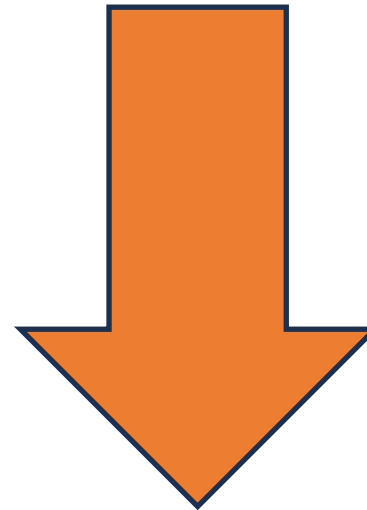
ined  
the inclusive education foundation

# Cluster Randomized Controlled Trial Results (n=2,249)



## Increase in

- **Parenting knowledge**
- **Positive parenting**  
Caregiver engagement in early learning
- Family functioning
- Social support



## Decrease in

- Physical violence against children
- Belief in need for harsh punishment

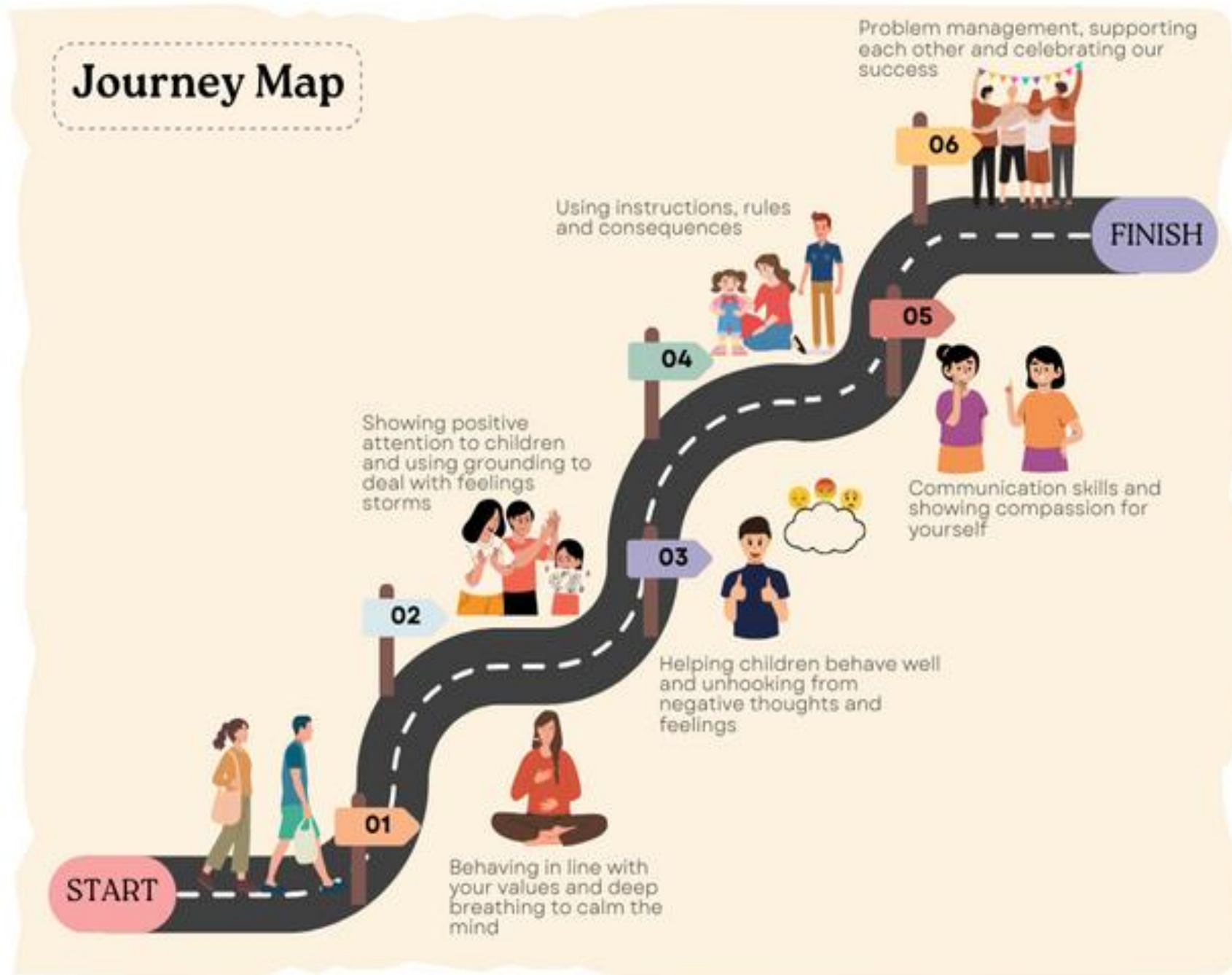


**Bold** = Significant at both time points

No meaningful differences in psychological violence, educational involvement, coping and stress management, or child internalizing and externalizing symptoms.

# Focused Mental Health and Parenting Support

- 6 group sessions
- Integrated parenting + mental health skills
- Content emphasizes how they are used *together* in stressful situations
- Delivered by non-specialists from the community



# Psychoeducation + Skills Practice + Multimedia Learning

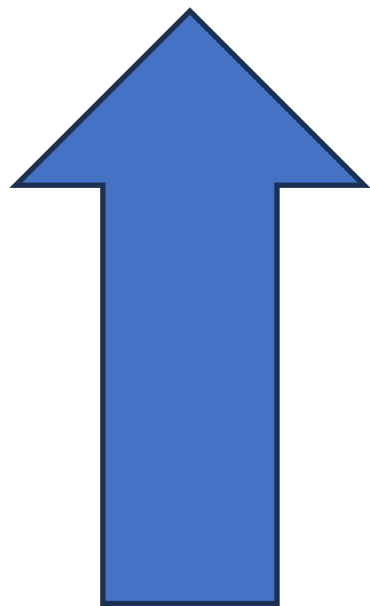
*“Being Family”* film clips showing common **parenting and mental health challenges**



New facilitation and animated videos for **psychoeducation** and **skills building**



# Randomized Controlled Trial Results (n=477)



## Increase in

- **Parenting knowledge**
- **Emotion regulation**
- **Psychological flexibility**
- Engagement in children's early learning
- Positive parenting
- Caregiver wellbeing
- Family functioning



## Decrease in

- **Use of physical violence**  
(-50% at 6 mo)
- **Use of emotional violence**  
(-31% at 6 mo)
- **Belief in need for harsh punishment**
- **Psychological distress**
- **Post-traumatic stress**

**Bold** = Significant at both time points

**Blue** = Significant only at 6-months ("sleeper effects")

Trends towards reduced child emotional and behavioural problems in the intervention group.  
No meaningful differences in parental self-efficacy or social support.

# Takeaways

Tiered public health approach to violence prevention

- Potential for universal entertainment-education approach to achieve **low-cost population-level impact** when delivered at scale
- Creates an **entry point** for more focused parenting and mental health support
- Maximizes impact by **simultaneously targeting mental health and parenting skills**



## Partners



## Donors

The **LEGO** Foundation



## Interagency partners



# **Analysis of the needs of the Mexican population for the implementation of parenthood programs that support caregivers**

Abigail Casas-Muñoz, MD, PhD

National Institute of Pediatrics  
ISPCAN Board Chair

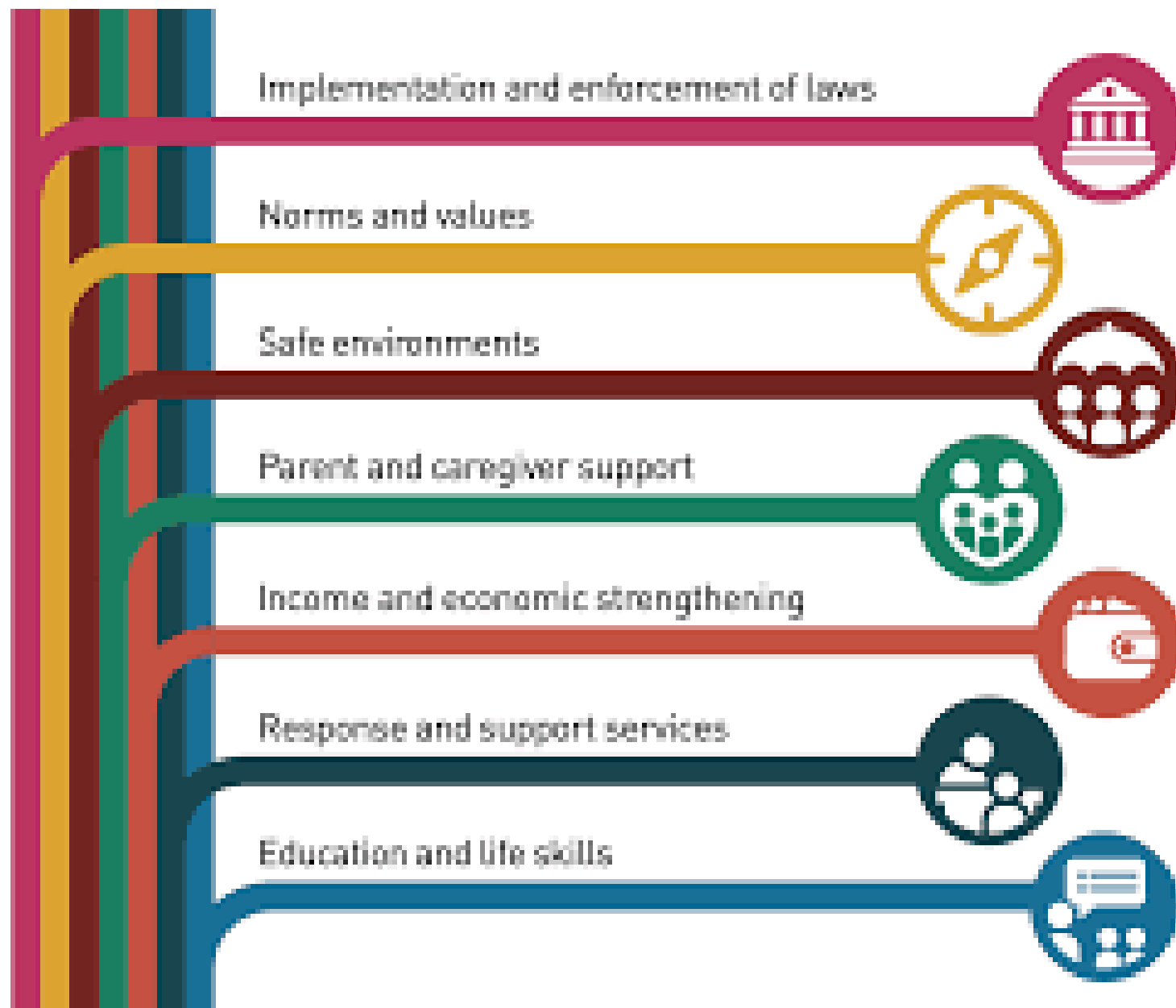


# Analysis of the needs of the Mexican population for the implementation of parenthood programs that support caregivers

Abigail Casas-Muñoz, MD, PhD  
National Institute of Pediatricas  
ISPCAN Board Chair



# What do we have?





# Some relevant factors that influence parenthood in the Mexican population

Parenthood  
diversity

Lifestyle

Culture (norms  
and values)



# Parenthood diversity

01

Urban, semiurban and rural population

02

Indigenous population (customs and traditions)

03

Different parenthood: single mother, same-sex couples, blended families, extended families; teenage parents and older parents



# Lifestyle influence on parenthood



More mothers  
working

Limited  
employment  
opportunities for  
raising children

Little time to  
spend with  
children

Time consuming  
to transport every  
day

Low reading rates

High use of social  
media and  
smartphones



# Norms and values influencing on parenting



Family is private.

Children belong to their parents.

Authority and influence of grandparents or older people and others on how children should be raised.

The influence of religion on parenting.

Society judges parents on their parenting and how they control their children.



# Culture influence on parenting

Normalization of physical punishment as accepted form of discipline.

Psychological violence normalized.

Low recognition of emotions.

Unquestioning obedience.

Parenting styles that normalize neglect, based most of all in physical needs.

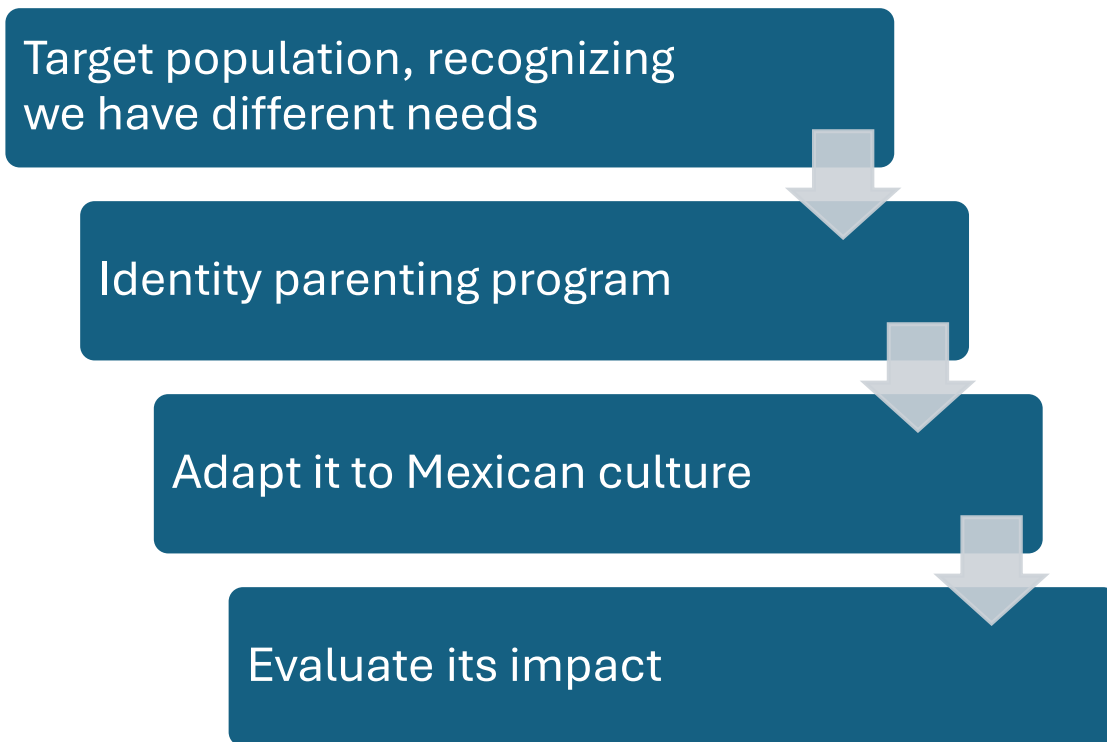
# Culture influence on parenting

- More attention is given to young children, and it is believed that teenagers, being older, no longer need that care and attention.
- Teenagers are left in charge of young children and adult responsibilities, expected to behave as adults, often without prior guidance.





# How to support caregivers



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## Pathway to Impact



Parents learn parenting strategies



Parents apply strategies



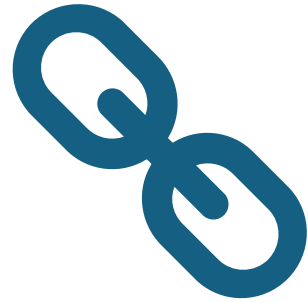
Parent behaviour & mental health improves



Improved child outcomes and reduced violence



# Thanks



Contact



abycas.md@gmail.com

# Panel Discussion

## Every Child Safe: Preventing Child Abuse Through Parenting Support



## Panellists:



**Prof. Lucie Cluver**  
*University of Oxford, UCT*



**Dr Godfrey Siu**  
*Makerere University*

## Moderator:



**Dr Amanda Sim**  
*McMaster University*



**Dr Abigail Casas-Muñoz**  
*ISPCAN Board Chair*



**Dr Isang Awah**  
*University of Oxford*

# Interactive Q & A with participants

