

Department of Social Policy and Intervention: **Impact**



Reducing child anti-social behaviour through effective parenting interventions: Frances Gardner



Persistent antisocial behaviour in children is a major social issue, with public costs estimated at £250,000 per child by age 27. Gardner and her team's research demonstrates that parenting programmes significantly reduce antisocial behaviour, and has encouraged uptake of these programmes by bodies that play a major role in forming policy.

As lifetime costs of antisocial behaviour are so high, these interventions are likely to produce high return on investment - potentially over £200,000 per child saved.

Gardner and her team undertook a series of randomised controlled trials between 1999 and 2013. The first showed that parenting interventions developed in the US are effective in reducing behavioural problems in children and in improving parenting and parent mental health in low-income families in Oxfordshire. A second trial replicated these outcomes and mechanisms of change in a larger, multi-agency study within North Wales 'Sure Start' services. Gardner found that, contrary to expectations, there was no evidence for greater effects on more advantaged families. Drawing on those studies to design new intervention strategies, Gardner replicated findings on mechanisms of change and subgroup effects in a family intervention tested in two randomised trials in a nationwide child welfare service in the US, funded by NIH.



In 2010-12, Sexual Violence Research Initiative and MRC South Africa commissioned Gardner to conduct the first systematic review of parenting programmes for reducing harsh and abusive parenting in low and middle income countries. Gardner found 12 relevant randomised trials but although many had been transferred from other countries, few used the extensive evidence-base on effective programmes.

Founder and research director of NAPP:

"Gardner's research was pivotal in helping persuade the Cabinet Office to set up NAPP. Her trial was the first in the world to show that parenting programmes could be effective in reducing severe antisocial behaviour, outside the narrow confines of child mental health services, showing that the voluntary sector could do just as good a job with difficult cases...the government awarded £35 million to NAPP to disseminate evidence-based parenting programmes across the voluntary sector; [this is] estimated to have benefited over 150,000 children.

UK policy - a decade ago, little policy on parenting interventions was based on rigorous empirical evidence. This shifted in the late 2000s, with spending targeted increasingly on parenting interventions found in randomised trials to be effective for improving child outcomes. Gardner contributed to an influential government report, *Support from the Start* (2004), then in 2006 became a member of the expert advisory panel for health-led parenting interventions for the Prime Minister's Strategy Unit. This helped to devise the national rollout of an evidence-based home-visiting programme for vulnerable families in 2009.

Gardner's research was a key contributor to the introduction of the National Academy of Parenting Practitioners (NAPP) in November 2007, which aimed to 'transform the quality and size of the parenting workforce', to improve parenting and children's well-being by training large cohorts of staff in evidence-based parenting interventions, particularly those tested in Gardner's UK trials.

International policy - the research has influenced parenting interventions in Europe, and many countries have implemented and tested these programmes, citing the Oxford research. Gardner has been invited to participate in policy deliberations on the introduction of parenting programmes internationally, for example in New Zealand, Estonia, Malta and Slovenia. Gardner's research has also influenced international organisations such as UNODC and WHO. In the USA, Gardner's research led to her appointment to the Board of 'Blueprints for Healthy Youth Development', a longstanding US violence prevention organisation whose role is to review and make decisions about which programmes qualify for the influential Blueprints 'best practice' list widely used by US policymakers and practitioners.

