Solihull METROPOLITAN BOROUGH COUNCIL

Parenting Strategy 2016-19

"Parenting is the biggest single factor affecting children's wellbeing and development"

Public Health England and the Local Government Association, 2016

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Executive Summary

"Parenting is the biggest single factor affecting children's wellbeing and development"
Public Health England and the Local Government Association, 2016

Parents are the single most significant influence on children's emotional and physical well-being, educational attainment and behaviour. Supporting parents in Solihull can reap significant benefits in reduction in costs in reactive services later in the life course and are at the heart of the offer to give children the best start in life in the borough.

There are several drivers for this strategy including *'Fair Society, Healthy Lives'* (UCL Institute of Health Equity, 2010), *'Conception to Age 2: the Age of Opportunity'* (The Wave Trust, 2012) and *'Building Great Britons'* (All Party Parliamentary Group for Conception to Age 2, 2015). These reports hold a wealth of evidence for the importance of supporting parents to become sensitive and engaged caregivers to enable the crucially important secure attachment between a parent/carer and the child. This secure attachment forms the basis of the child's wider relationships and is a protective factor against adverse childhood experiences (ACEs) across the life course.

The parenting offer in Solihull is universal underpinned by principles of primary prevention and enabling peer support between parents and carers in our communities. There is also a targeted offer to support parents with particular needs or at a particular stage in the life course. The offer is summarised below:

Universal Offer

Support from Midwives, Health Visitors, School Nurses, Schools and Early Help		
Solihull Approach Antenatal Course (from ~28 weeks antenatally)	Solihull Approach Postnatal Course (~8 weeks)	Solihull Approach 'Understanding Your Child's Behaviour' Course (0-19 years)
Online Solihull Approach Courses – Antenatal, Postnatal, Understanding Your Child's Behaviour		

Targeted Offer

Support from Midwives, Family Nurse Partnership, Health Visitors, School Nurses, Schools and Early Help		
Solihull Approach Postnatal Plus Course (for mums with mild to moderate mental health issues)	Solihull Approach 'Understanding Your Child's Behaviour' Plus Course (parents/carers of children with additional needs/ teenagers)	Mellow Parenting (for families with relationship issues or in crisis)

Currently in Solihull, an approach similar to a Swedish model (the Leksand Framework) is being developed where parent/carers who meet on an antenatal course reconvene on a postnatal course and meet regularly in a semi-facilitated, sustained way to offer peer support to one another and to parents in the wider community. A similar approach could be developed for parents/carers with learning difficulties and disabilities where parents from pregnancy through to toddlers can support one another in their parenting role.

Denise Milnes – Health Improvement Specialist – Public Health & Commissioning
Solihull Metropolitan Borough Council 0121 704 8127 ***denise.milnes@solihull.gov.uk*** *June 2016*

Purpose and Scope

Why we need a parenting strategy

"It is easier to build strong children than to repair broken men"
Frederick Douglass (1855) Social Reformer, Abolitionist and Statesman

Parents are the single most significant influence on children's emotional and physical well-being, educational attainment and behaviour. There are many benefits to supporting parents, not only for children, young people and families, but in the savings that can potentially be made on costly specialist services.

Children acquire the abilities to become responsible, caring adults and citizens of their society from the people who are most intensely involved with them, thus, parenting is the most important and challenging job anyone can have. The task for local bodies is to offer support to parents and carers in a way that is accessible, non-judgemental and aspirational to support and enhance the effectiveness of their role as nurturers, protectors, educators and carers. ***Please note:*** *where 'parent' or 'carer' is used in this document, it represents anyone with a parenting/ caregiver role to children aged 0-19 years. This includes foster carers, adoptive parents, older parents, lesbian, gay, bisexual, transgender parents and carers.*

Parenting support should be available to parents/carers at all points from the antenatal period through until adolescence. We know that there are times when parents require more support, such as at times of transition, including stages of development and difficult times such as marital breakdown. We must see parenting in relation to wider issues, for example poverty or domestic abuse, as these things can affect parenting capacity or the ability to benefit from parenting support. Evidence clearly demonstrates that intervening early has the greatest impact on the family in improving outcomes. It is also the most cost effective strategy.

Studies show:

Research shows that conception to age 2 (also referred to as 'The 1001 Critical Days'), is a crucial phase of human development and presents opportunities when 'focussed attention can reap great dividends for society'[1]. The Wave Trust report of 2013, 'Conception to age 2 – the age of opportunity' recommends that, in light of this, policy emphasis needs to shift to reflect that:

- *"the nature of day-to-day relationship between the child and primary care giver is crucial;*
- *parental mental health (before and after birth) is a key determinant of the quality of that relationship, and of the ability to provide a number of other conditions for foetal and child development; it is also a key factor in safeguarding children from abuse and neglect;*

- *policy debates have not given enough emphasis to the impact of multiple risk factors on the likelihood of really poor outcomes for children. These factors impact both practical parenting and levels of secure attachment; and to take account of the numerous evidence-based approaches already in use, which support either improved early relationships or perinatal mental health"*

The Drivers

The main drivers are:

- Marmot (2010) Fair Society, Healthy Lives
- Wave Trust (2013) Conception to Age 2: The Age of Opportunity
- NICE Guidance
- The First 1001 Days All Party Parliamentary Group (2015) Building Great Britons

Marmot (2010) Fair Society, Healthy Lives in Priority A – Giving Children the Best Start in Life states,

"Ensure high quality maternity services, parenting programmes, childcare and early years education to meet need across the social gradient."

and continues to state that the priority to give every child the best start in life

"Giving every child the best start in life is crucial to reducing health inequalities across the life course…. Later interventions, although important, are considerably less effective where good early foundations are lacking."

Antenatal anxiety at 32 weeks' gestation has been linked to behavioural and emotional problems in the child at age 4 (Wave Trust 2013)

Children of mothers in the top 15% for antenatal anxiety were at double the risk for emotional and behavioural problems, including ADHD and conduct disorder (Wave Trust 2013)

80% of brain development takes place in the first three years of life (Wave Trust 2013)

Post-natal depression and other forms of mental illness are linked to an increase in insecure attachment in toddlers, behavioural disturbance at home, less creative play and greater levels of disturbed or disruptive behaviour at school. (Wave Trust 2013)

"Darwin got it wrong. It's not just survival of the fittest, but also survival of the most loved"
Dr Rob Hale, Consultant Psychiatrist and Psychotherapist, Tavistock and Portman Clinics London

"Problems with parent-to-baby attachment may result in the baby developing emotional, psychological or behavioural issues in childhood. Providing family-based interventions could improve attachment, thereby providing the building blocks for the child to develop healthy behaviours and mental wellbeing" (NICE, 2012)

"Without intervention, there will be in the future, as in the past, high intergenerational transmission of disadvantage, inequality, dysfunction and child maltreatment. These self-perpetuating cycles create untold and recurring costs for society. The economic value of breaking these cycles will be enormous" APPG (2015)

"Action to reduce health inequalities must start before birth and be followed through the life of the child. Only then can the close links between early disadvantage and poor outcomes throughout life be broken. For this reason, giving every child the best start in life (Policy Objective A) is our highest priority recommendation." (Marmot, 2010)

Breaking Generational Cycles

> ***"You are like me, but better….better loved, better cherished"***
> Mum who had an abusive childhood to her daughter

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. In the English National ACE study, nearly half (47%) of individuals experienced at least one ACE with 9% of the population having 4+ ACES (Bellis et al 2014). ACEs cause poor physical health, mental health and social outcomes and it is thought that people exposed to 4+ ACEs die 20 years earlier compared with those with 0 ACEs (Felitti et al 2014).

Exposure to ACEs can alter how children's brains develop as well as changing the development of their immunological and hormonal systems. Preventing ACEs can improve health across the whole life course, enhancing individuals' well-being and productivity while reducing pressures and costs on local services.

Protective Factors for Child Maltreatment

Protective factors buffer children from being abused or neglected. These factors exist at various levels. Protective factors have not been studied as extensively or rigorously as risk factors. However, identifying and understanding protective factors are equally as important as researching risk factors (Centers for Disease Control and Prevention, 2015).

- There is scientific evidence that supportive family environment and social networks are protective factors against the effects of ACEs.
- **Resilience** is key to how an individual copes with ACEs.

Several other potential protective factors have been identified that can help develop resilience. Research is ongoing to determine whether the following factors do indeed buffer children from maltreatment:

- Nurturing parenting skills - authoritative parenting combined with warmth, with an affectionate bond of attachment being built between the child and the primary caregiver from infancy.
- Stable family relationships
- Household rules and child monitoring
- Parental employment
- Adequate housing
- Access to health care and social services
- Caring adults outside the family who can serve as role models or mentors
- Communities that support parents and take responsibility for preventing abuse

(Centers for Disease Control and Prevention, 2015)

> ***"The very simple story is that children who are … treated with kindliness and thoughtfulness grow up to be adults who are kind and thoughtful … and anything that gets in the way of that very simple process needs to be addressed."***
>
> Robin Balbernie, Clinical Director Parent Infant Partnership UK, Oral Evidence

Vision

"To enable every parent in Solihull to be an effective and engaged caregiver via access to advice, parenting education and building peer support in the community"

Aims of the Parenting Strategy

- To provide continuous, wrap-around professional and peer support for parents from pre-birth to school-age and beyond.
- To improve parenting skills among new parents in order to promote secure attachment in children in the early years and develop effective behaviour management
- To enable parents to design and develop their own support networks.
- To make parenting advice and support the norm accepting that it is a skill that can be learnt.

Parenting Support in Solihull works in three ways:

1. Support from professionals, such as Midwives, Health Visitors, Social Workers and Engage staff.
2. Parenting Education Programmes
3. Peer support between parents/carers in the community

"We want to create children who at the end of their first 1001 days have the social and emotional resources that form a strong foundation for good citizenship"

Source: APPG - Building Great Britons 2015

The Parenting Programmes

The Solihull Approach

The main universal parenting course offered in Solihull is 'Understanding your child's behaviour'. This is informed by the Solihull Approach which was developed in 1996 and provides a framework for thinking about and working with the relationship between the parent and child
The Solihull Approach is based on a model of Containment, Reciprocity and Behaviour Management. It is intended for parents and carers who want to know more about sensitive and effective parenting. It integrates concepts from different areas; Containment (Psychoanalytic theory), Reciprocity (Child Development) and Behaviour Management (Behaviourism).

Containment describes the process of processing anxiety and emotions so that the ability to think is restored. One practical aspect of this is that the professional actively listens and puts the story together with the parent, before attempting to give any advice or behaviour management. Reciprocity focuses attention on the attunement between the parent and child, enabling the professional to then work with this aspect of the relationship. The principles of behaviour management are necessary, but these are used later in the process so that they are customised together with the family and are created within that unique context, which seems to make them more effective.

Parenting UK accreditation
Part of the DfE's CANparent

The Solihull Approach has been successful in gaining the CANparent Quality Mark award.

Evidence of the effectiveness of the Solihull Approach

A 2006 study showed that parents receiving the Solihull Approach showed a statistically significant decrease in distress, a decrease in parental perception of child difficulty and a greater reduction in overall stress levels compared with parents not receiving the intervention (Milford, et al., 2006).

A 2008 study found that both parental anxiety and child behavioural problems improved significantly over the course of the Solihull Approach 'Understanding Your Child's Behaviour' 10-week group (Bateson, et al., 2008).

An evaluation of the views of over 200 parents who have taken part in the 'Understanding your child's behaviour' course showed that 95% of parents found the course highly satisfactory. Parents increased their knowledge of strategies and solutions for responding to children's behaviour, they improved their interactions with their children and were better able to recognise and respond to their own and their children's feelings (Johnson & Wilson, 2012).

Support is offered directly to parents/carers by:

Midwives - Midwives are usually the first and main contact for the woman during her pregnancy, throughout labour and the early postnatal period being responsible for providing care and supporting women to make informed choices about their care. Midwives carry out clinical examinations, provide health and parent education and support the mother and her family throughout the childbearing process to help them adjust to their parental role.

Health Visitors - Health visitors are highly trained, specialist community public health nurses. The wider health visiting team may also include nursery nurses, healthcare assistants and other specialist health professionals. Health visitors also work in close partnership with midwives who have an important role to play before birth and in the first days of life.

School Nurses – are specially trained specialist community public health nurses that work with school-aged children and their families.

Schools – have Family Support Workers and other staff who facilitate parenting programmes and support families.

Early Help Teams –The early help model brings together direct work, community provision and community capacity building across five collaborative areas in a needs-led, flexible and coordinated approach. The model has been developed to ensure long term sustainability and community empowerment, with an aim for families to be helped at the earliest point, improving children and young people's life chances and reducing demand for crisis services.

Social Work Teams and Educational Psychologists – can offer specialist support for families and facilitate Understanding Your Child's Behaviour Plus courses for parents and carers with particular needs and/or in crisis.

The Leksand Framework

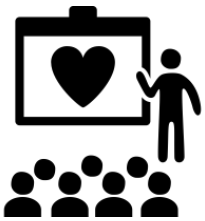
Background to the Leksand Model

This is a co-produced parenting model first pioneered in Leksand municipality in Sweden in 1996. It has now been adopted in other parts of Sweden, some 300 districts in Finland and parts of Denmark. Under the Leksand model, parents are invited ante-natally to join a group within their local community and this group provides the hub for everything that follows. A specially trained midwife is then generally invited to run an antenatal class for this group of parents. However, rather than being disbanded at the point of childbirth (i.e. the end of the antenatal course), the group itself continues to meet over the first few years of the children's lives (up even to the age of 5) to provide a platform for parenting education programmes as well as a network for mutual support and advice.

The groups are initially professionally-led but as the group matures – and certainly by the time of the first birthday - the group assumes responsibility for its own activities and will invite professionals and volunteers to the group according to the group's wishes and needs. In Sweden, this included nursery head teachers, dental hygienists and organised visits to the local library.

Leksand is highlighted in the Early Help Strategy 2014-16 and is the framework we would like the parenting groups in Solihull to follow fostering a culture of peer support, not just within the groups but for those parents to support others which will build social capital in our communities.

Evaluations of the impact of the Leksand model have shown that attendance at parenting groups is much higher compared to traditional parent support groups, particularly in the case of Dads.



- **Three-quarters of groups** have continued to meet **after the child's first birthday** and around **half have met up over a five year period**.
- Attendance levels above 90% achieved across different social groups.

In terms of the costs and cost effectiveness of the model a national study in 2007 calculated that the **cost per year per child was a mere £36** which led to the health economist carrying out the study to comment:

'I find it inexplicable that the Leksand model could have survived and achieved such good results over all these years with the minimal budget that has been available'.

Key Success Factors

Thomas Johnson, a public health planner in Leksand, has described these as:

Continuity – same parent groups meet through pregnancy and first few years of child's life.
Starts early – parents join up at the first antenatal appointment. This is also a time when couples may be more motivated to make healthy choices.
Networks – a group identity is created where parents share a common goal: the wellbeing of the child.
Support for Dads – Dads are actively encouraged to attend by a Dad's mentor.

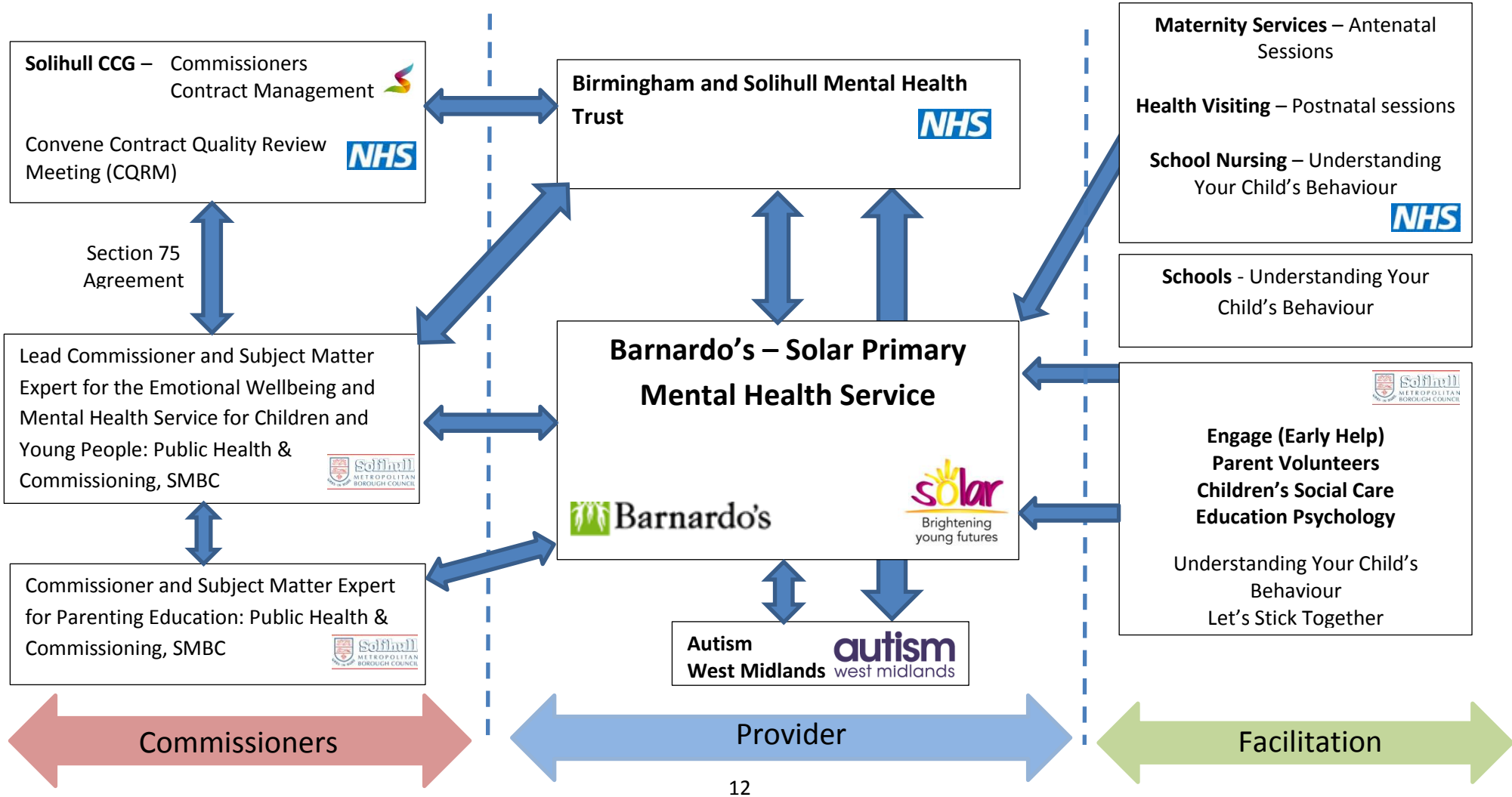
Making this a reality in Solihull will require co-ordination, and facilitation of sessions between the main parenting groups and use of social media to enable easy communication between the parents. Collaboration between agencies will be needed to support the initial development of the framework and for piloting the groups.

Commissioning Arrangements and Resources to Support Parenting Interventions

- The co-ordination of parenting courses in Solihull are commissioned by Solihull Metropolitan Borough Council and provided by Barnardo's who are part of Solar, the Children's Emotional Well-being and Mental Health Service in Solihull.
- Solar has a Parenting Co-ordinator who plans, prepares and oversees parenting courses across the borough for parents/carers antenatally, postnatally and for parenting course up for parents/carers of children aged up to 19.
- Midwives facilitate the Solihull Approach Antenatal Parenting Courses.
- Health Visitors facilitate Solihull Approach Postnatal and Postnatal Plus Courses.
- In kind support from Early Help Teams for facilitation of 'Solihull Approach 'Understanding Your Child's Behaviour' groups
- Budget for running costs of groups (e.g. room bookings) and development of parenting provision.
- Free training from the Solihull Approach team for any practitioner working in Solihull.
- Free online antenatal and postnatal courses until March 2017.
- Online Solihull Approach Antenatal, Postnatal and 'Understanding Your Child's Behaviour' courses with a reserve number of licences for parents/carers in Solihull.

Commissioning arrangements can be viewed over the page…

Commissioning Arrangements for Parenting Education in Solihull



Evidence

NICE Guidance PH 40: Social and emotional wellbeing: early years (2012)

Health and wellbeing boards should ensure the social and emotional wellbeing of vulnerable children features in the 'Health and wellbeing strategy', as one of the most effective ways of addressing health inequalities.

Poor social and emotional capabilities increase the likelihood of antisocial behaviour and mental health problems, substance misuse, teenage pregnancy, poor educational attainment and involvement in criminal activity. For example, aggressive behaviour at the age of 8 is a predictor of criminal behaviour, arrests, convictions, traffic offences, spouse abuse and punitive treatment of their own children.

Factors that impact on social and emotional wellbeing

The child's relationship with their mother (or main carer) has a major impact on social and emotional development. In turn, the mother's ability to provide a nurturing relationship is dependent on her own emotional and social wellbeing and intellectual development – and on her living circumstances.

"programmes to encourage the participation of all parents, at all stages (before birth and throughout the early years) and that support their needs, may benefit their children's social and emotional wellbeing greatly" (NICE, 2012)

NICE Guidance PH 12: Social and emotional wellbeing in primary education (2008)

Provide a comprehensive programme to help develop children's social and emotional skills and wellbeing. This should include:

- Support to help parents or carers develop their parenting skills. This may involve providing information or offering small, group-based programmes run by community nurses (such as school nurses and health visitors) or other appropriately trained health or education practitioners

"Ensure parents or carers living in disadvantaged circumstances are given the support they need to participate fully in any parenting sessions that are offered. For example, they may need help with childcare or transport" (NICE, 2008)

NICE Guidance NG26: Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care (2015)

"offer parental sensitivity and behaviour training to help [parents]:

- ***understand their child's behaviour***
- ***improve their responsiveness to their child's needs***
- ***manage difficult behaviour."*** (NICE, 2015)

NICE Guidance CG158: Antisocial behaviour and conduct disorders in children and young people: recognition and management (2013)

Parenting programmes are recommended to support parents and carers of children with anti-social behaviour and conduct disorders (NICE, 2013)

Economic Case for Parenting Programmes

Many proven early childhood programmes demonstrate substantial net economic benefits, including savings to the public purse, particularly through better long-term health and crime reduction. Some experts, e.g. Professor James Heckman, assert that the highest return comes from interventions at the earliest ages. Evidence also suggests:

- **Best effects are delivered when support is provided to follow up the family longer term.**
- **Most significant effects are found for groups with a large number of risk factors.**

In 2012, the Wave Trust stated that ***"Secure children and adults are resilient, are able to regulate their emotions and experience empathy. Secure attachment relationships, although not a guarantee of future mental health, provide a protective factor, enabling children to develop ways to cope with such adversity as loss and trauma."***

"Insecurely attached children are more vulnerable and they and their families need help. Without help, insecurely attached children begin to soak up statutory resources from an early age through such 'externalising' and 'internalising' behaviours as aggression, non-compliance, negativity and immaturity, compulsive compliance and pervasive low self-esteem….Research indicates that overall some 35-40% of all parent-infant attachments are insecure although this varies according to the stresses and vulnerabilities of the family." (The Wave Trust, 2012)

"The challenge for …parenting programmes is to reach a critical mass of parents to achieve a population effect. It's similar to what vaccination programmes are aiming for in terms of herd immunity."
Hazel Douglas, Solihull Approach

Focus on…Breastfeeding

Breastfeeding is an unequalled means of feeding an infant to ensure healthy growth and development and World Health Organisation recommends that infants should be exclusively breastfed for the first six months of life (WHO and UNICEF, 2003). Evidence is unequivocal that breastfeeding has many protective health benefits (both short and long term), makes economic sense and saves lives (Department of Health and Department for Children, Schools and Family, 2009). Research has increasingly shown that breastfeeding has a positive impact on mother-baby relationships as breastfeeding releases oxytocin which promotes maternal feelings and behaviour.

Oxytocin promotes strong, stable and loving early relationships which are all conducive to babies' healthy emotional and social development. Oxytocin acts like a fertiliser for the brain, promoting the growth of neurons (brain cells) and the connections between them, enabling babies to grow into secure, happy children (UNICEF, 2016).

Supporting Breastfeeding in Solihull

Parenting in Solihull

An early help needs assessment was carried out in March 2016 and this commented on outcomes which are potentially amenable to parenting interventions (see also section on expected outcomes later in this strategy document).

On the whole Solihull performs well across a range of indicators when compared to England averages.

Performance is good on measures such as:

- **Early Years Foundation Stage Profile (measure of school readiness at age 4/5)**
- **Hospital admissions for injuries in 0-4s**
- **Childhood obesity (rates significantly lower than national average and better than statistical neighbours)**

However, there are other measures where performance lags behind our statistical neighbours:

- **Rates of looked after children**
- **School exclusions**
- **Children subject to a Child Protection plan**

Then there are some measures which, although good for Solihull as a whole, illustrate the inequalities that exist within the borough:

- **Childhood obesity rates in the regeneration wards compared to the rest of Solihull (40% of children at Year 6 are overweight or obese in the regeneration wards v 25% in the rest of the borough)**
- **Early Years Foundation Stage Profile (41% of children on free school meals achieving a good level of development as compared to 61% for all Solihull children)**
- **Breastfeeding rates at 6-8 weeks are twice as high in the south as opposed to the north of the borough (27% in north v 53% in south)**

Clearly poverty and deprivation make parenting more difficult. Latest figures on deprivation in Solihull suggest that economic austerity is having an undue impact: for the first time Solihull has areas that are in the 5% most deprived in the country.

However, **high quality parenting can protect against the effects of deprivation** (Lempers JD, 1989). A recent report from the Faculty of Public Health (Better Mental Health for All) reported on evidence that **abusive and neglectful parenting is associated statistically with poverty and deprivation, but suboptimal parenting that is less damaging than abuse or neglect is distributed across the social spectrum** (Faculty of Public Health, 2010).

The conclusion is that we need to take a **'proportionate universalism'** approach when it comes to parenting as with other actions to reduce health inequalities, i.e. provision should be universal, but with a scale and intensity that is **proportionate to the level of disadvantage**.

Best Practice Checklist for Parenting Programmes

A 2008 report published a checklist for successful parenting programmes and states that the success of a programme "*requires professionals, commissioners and indeed parents to having a clear understanding of the purposes, aims and mechanisms of the intervention. It is also important that all involved are clear what parents will receive.*" (Department for Children, Schools and Families, 2008)

Other factors included it being evidence-based; the fit of the programme with other services being provided locally and the use of effective signposting; the use of monitoring to assess whether the programme appears to be working alongside the implementation of feedback from service users. (Department for Children, Schools and Families, 2008)

Successful programme checklist (Department for Children, Schools and Families, 2008)

- Is this programme supported by research evidence?
- Is the programme well defined?
- Who is the programme for?
- What is the target population for this programme?
- What are the target outcomes for this programme?
- Are there clear recruitment processes in place and will these reach our target audience?
- What mechanisms are in place so that participants are able to access the programme?
- Is there a clear theoretical basis for the programme?
- Is there a clear hypothesis linking the intervention to a specific outcome or outcomes?
- What mechanisms are in place to ensure it is implemented consistently and to the quality intended?
- Is there a manual?
- How can commissioners/providers ensure that quality of delivery is not compromised?
- What mechanisms are in place to monitor programme outcomes? Does this include a process of collecting and acting on feedback from participants?
- Do all involved in the programme (providers, parents, commissioners) have a clear idea of the programme?
- Are its purpose and aims clear?
- Is it clear what parents will receive?
- Are workforce requirements clear?
- Is on-going training and supervision in place for staff?
- Integration with other services
- How does this programme fit with other relevant local programmes and services and are there processes in place to signpost participants to other programmes or services? (Department for Children, Schools and Families, 2008)

Focus on…The History of Parenting Programmes in Solihull

Over the course of the last seven years, **292 parenting programmes have been delivered to families** in Solihull with the aim of meeting all of the points above. The vast majority of these courses have been the Solihull Approach and the programme as a whole has been very successful in engaging parents and carers. There has been consistent positive feedback and robust evaluation has seen improvements in parental confidence, reductions in parental anxiety and family conflict and improvements in closeness and conduct. Co-ordination of the programme has been provided by the NHS and latterly Barnardo's through the Children's Emotional Wellbeing and Mental Health Service.

Universal Parenting Offer

Antenatal Offer

The Solihull Parenting Offer begins well before birth and aims to support future mums and dads with the transition to parenthood. The Solihull Approach Antenatal Parenting Course covers the traditional ante-natal course topics preparing for the birth but also encourages parents/carers to bond with their baby before birth. Universal care from both Midwives and Health Visitors can support mums who are potentially suffering with mental health issues. Ante-natal depression (AND) and anxiety pose a significant risk for the baby through the direct action of chemicals on the brain of the foetus and AND is a strong indicator for the later development of post-natal depression (PND) which can have a effect on the development of secure parent-infant attachments.

Pregnant women and their partners receive:

- Care throughout pregnancy and in the early postnatal period from **MIDWIVES** to prepare the parents/ carers for parenthood.
- An Antenatal Visit from a **HEALTH VISITOR** around 28 weeks of pregnancy to focus on emotional preparation for birth, carer–infant relationship, care of the baby, parenting and attachment as well as to assess for any emotional well-being/ mental health issues.
- An offer to attend a **Solihull Approach Antenatal Parenting Course** for **5 weeks** facilitated by a **MIDWIFE** **with the opportunity to access PEER SUPPORT.**
- Access to **Solihull Approach Online Parenting Course** – see page 20

Support in Pregnancy

Specific Considerations in Pregnancy

- Health professionals are well equipped to detect stress, anxiety and depression during pregnancy and refer appropriately.
- Maternal stress during pregnancy can have a significant impact on the foetus, thus, reducing domestic abuse and supporting the quality of relationships during this stressful time are key. These measures could reduce the risk of children having symptoms of ADHD or conduct disorder and showing later criminal behaviour.
- Solihull Approach Ante-natal parent education classes have an ongoing theme of bonding with baby and the emotional impact of becoming a parent. (The Wave Trust, 2012)

All pregnant women in Solihull will receive:

Midwives facilitate a positive and life enhancing transition to parenthood for women and their families in collaboration with women and partners, which will be achieved through the provision of trusted support and personalised care, taking into account individual needs, risk and circumstances (Department of Health, 2013).

The Healthy Child Programme (HCP) is the key universal public health service for improving the health and wellbeing of children, through health and development reviews, health promotion, parenting support, and screening and immunisation programmes. The Healthy Child Programme (0-5 years) states that preparation for parenthood should *"begin in early pregnancy and to include…. the transition to parenthood (particularly for first-time parents); relationship issues and preparation for new roles and responsibilities; the parent–infant relationship; problem-solving skills"* (Department of Health, 2009)

Parents who seem ambivalent about pregnancy, or suffer low self-esteem and relationship problems should be offered techniques to promote a trusting relationship and develop problem-solving abilities within the family (e.g. promotional/ motivational interviewing; the Family Partnership Model; and the Solihull Approach). (Department of Health, 2009)

Focus On….

Health Visitor Antenatal Review for prospective mother and father (~28 weeks)

• Focus on emotional preparation for birth, carer–infant relationship, care of the baby, parenting and attachment, using techniques such as promotional interviewing to:

- identify those in need of further support during the postnatal period; and
- establish what their support needs are. (Department of Health, 2009)

Solihull Approach Antenatal Parenting Course – Understanding your Pregnancy, Labour, Birth and your Baby

Session 1	**Helping you and your baby through pregnancy and birth** Introduction Processing their own feelings relating to baby Learning about relaxation and breathing
Session 2	**Getting to know your baby in the womb** Getting to know their baby in the womb and the importance of developing their relationship with their baby
Session 3	**Midwife – You, your baby and the stages of labour** Thinking about their baby in labour and information about signs of labour
Session 4	**Midwife - Helping you and your baby through labour and birth** Understand the process of labour and pain relief and thinking about the baby Plan for support at home
Session 5	**Feeding your baby** Information about feeding and the feeding experience for mother and baby and family. Supports Baby Friendly Initiative Other issues relating to when the baby is born,

Postnatal Offer

The early weeks of becoming a parent are a time of enormous adjustment. Timely and effective support at this stage can help parents/carers to build an engaged and nurturing bond with their baby. In the early days and weeks, babies instinctively seek and focus on faces and like to mimic facial expressions. These **serve and return** interactions shape brain architecture. When an infant or young child babbles, gestures, or cries, and an adult responds appropriately with eye contact, words, or a hug, neural connections are built and strengthened in the child's brain that support the development of communication and social skills. These interactions create synaptic connections in the brain and build the baby's capacity to socialise (Harvard Center for the Developing Child, 2016). This contributes to the process of developing a secure attachment to a caregiver, which will then enable the baby to regulate themselves in times of stress.

Postnatally women and their partners receive:

- Care through the early postnatal period from **MIDWIVES**
- A New Baby Visit from a **HEALTH VISITOR** at 10-14 days focusing on infant feeding, sensitive parenting, development, maternal mental health, child safety and preventing Sudden Infant Death Syndrome (SIDS) (Department of Health, 2009).
- An offer to attend a **Solihull Approach Postnatal Parenting Course** for **6 weeks** (8 weeks for the Postnatal Plus course for mums with mild to moderate mental health issues) facilitated by a **HEALTH VISITOR** **with the opportunity to access PEER SUPPORT.**
- **Access to Solihull Approach Online Postnatal Course** - see page 20

Support in the Postnatal Period

- Breastfeeding Cafes operate across Solihull borough and offer mums an informal, social drop-in session as well as specialist infant feeding advice and support of building a strong attachment with their baby.

Focus On….

Health Visitor Checks for mother and father (~10-14 days and 6-8 weeks)

- Promote closeness and sensitive, attuned parenting, by encouraging skin-to-skin care and the use of soft baby carriers.
- Invitation to discuss the impact of the new baby on partner and family relationships
- Within 10–14 days of birth, women should be asked appropriate and sensitive questions to identify depression or other significant mental health problems
- Encouragement to use books, music and interactive activities to promote development and parent–baby relationship (Department of Health, 2009)

Understanding Your Child's Behaviour

The Solihull Approach Understanding Your Child's Behaviour is the core universal parenting programme suitable for parents and carers of children aged 0-19 years. The course is facilitated by specially trained professionals and lasts for 10 sessions.

All parents/carers with children aged 0-19 years will be offered:

- **10 week Solihull Approach Understanding Your Child's Behaviour course**
- **Wraparound support from Early Help Teams if needed to embed the theory into practice (only for parents/carers who are identified with a need for this)**
- **Online Understanding Your Child's Behaviour course for those parents/carer who do not wish to attend a group – see page 20**

Mums, dads, carers, foster carers, adoptive parents and grandparents are all welcome and the content of the course includes:

- How your child develops
- Understanding how your child is feeling
- Tuning into what your child needs
- Responding to how your child is feeling
- Different styles of parenting
- Having fun together
- The rhythm of interaction
- Why is sleep important?
- Self-regulation and anger
- Communication and tuning in
- Looking back and looking forwards

Additional support for Parents/Carers

The 2015 study by Vella *et al* found that the 'Understanding Your Child's Behaviour' course should be offered alongside support for parents/carers to implement the theory of the course into practice and recommend: **"Offering additional support to parents unable to perceive an improvement in their difficulties towards the end of the course"** (Vella, *et al.,* 2015)

Focus on…..bespoke wraparound sessions for parents and carers

The Engage team have plans to offer a short series of bespoke sessions for families who require additional support following their attendance at a parenting group. This provision would enable families to fully embed the strategies from the course into their own family situation.

Relationship Support for Parents/Carers

Let's Stick Together

'Let's Stick Together' introduces simple, practical skills that really work within a relationship. It doesn't matter how different we are as individuals and couples, or what our circumstances are. The principles of a successful relationship are common to all. 'Let's Stick Together' is a one hour session that offers positive and practical ideas for how to handle those inevitable differences (Care for the Family, 2016).

What does a 'Let's Stick Together' session cover?

Bad habits

These are the negative attitudes that can affect every relationship and affect the way a couple relates to one another. By learning to spot their own bad habits, couples can decide to put a stop to them before they cause deep conflict in their relationship (Care for the Family, 2016).

Good habits

Many couples find that they give and receive love in different ways, which means the message can be lost along the way. There are five main 'love languages' and by learning to recognise these, couples are able to learn how to communicate love to their partner in a way that really helps them (Care for the Family, 2016).

Keep dad involved

Finally, for many couples the easiest option can be for mum to take over most or all of the parenting role and for dad to drift into the background, the message here is – 'work as a team', which will make things a lot easier, and make sure your spend time together (Care for the Family, 2016).

Evidence for 'Let's Stick Together' (LST)

A study for the Department for Education in 2014 found that attending couple counselling was found to result in positive changes in individuals' relationship quality, well-being and communication (Department for Education, 2014).

Even though LST was only a very short intervention, (one session of less than an hour), around a third of parents (mostly mothers) surveyed three to six months later were able to recall explicitly some of its key messages relating to what to do and not to do to foster positive relationships. Furthermore, around two thirds of parents who had attended an LST session felt that it had changed the way they viewed, and how they behaved in, their relationship (Department for Education, 2014).

Most of those interviewed were also able to provide concrete examples of how attending the LST session had changed their relationship behaviour, in respect of avoiding particular behaviours, expressing love or being receptive to different ways of expressing love, and how to involve fathers in parenting. (Department for Education, 2014)

Online Courses

The following Solihull Approach parenting courses are now available online:

- Antenatal
- Postnatal (from end of May 2016)
- Understanding Your Child's Behaviour

The online course for parents 'Understanding your child' was the first to be awarded the CANparent Quality Mark by the Government.

Material has been converted from face to face groups into online courses. This has several advantages:

- when a mother or father is attending a group but their partner is unable to attend, their partner can access the same material online
- it increases accessibility for parents in remote areas
- it increases accessibility for men, who traditionally tend not to attend groups
- it provides an alternative for parents who do not want to attend a group
- it increases accessibility for grandparents or other carers who may not get a place on a group
- it has the potential to be used imaginatively to increase population access to evidence based material that has been shown to impact positively on the parent/child relationship with all the advantages that that will bring across the lifespan.

Focus on….

FREE Vouchers for parents/carers for online Antenatal and Postnatal courses

Vouchers are available from May 2016 for FREE online Antenatal and Postnatal courses until March 2017 under a West Midlands-wide NHS Project. Postcards have been printed with a Solihull-specific code to enable tracking of the voucher use in the borough. Parents, carers, grandparents and others are welcome to access the courses through the scheme. Postcards will available through Midwives, Health Visitors and GPs.

Focus on….

Pilot sessions for parents/carers to complete online 'Understanding Your Child's Behaviour' Courses as a group

Unity Collaborative are currently working with Public Health at Solihull Council to develop group sessions where parents/carers can access the online 'Understanding Your Child's Behaviour' course using computers and internet access at the 'Excellence in Community Hubs' in the Unity collaborative area in North Solihull. It is thought that the sessions offer an alternative means to access parenting courses for parents/carers who may not want to/or feel unable to attend a full face-to-face course. The groups would have access to the computers to complete the course alone or in pairs with the opportunity for informal chat with other parents/carers if they wish. For more information, please email denise.milnes@solihull.gov.uk

Pathway for Parenting Support in Solihull

UNIVERSAL

Support Materials on Early Help website/online Solihull Approach courses

Infant Feeding Support

28 + weeks pregnancy **Solihull Approach Antenatal Parenting Course** **Midwife-led**

~8 weeks after birth **Solihull Approach Postnatal Parenting course** **Health Visitor-led**

Semi-facilitated sessions e.g. Library Oral Health Child Safety Relationships Cooking, SLCN

Solihull Approach - Understanding Your Child's Behaviour

Support Groups/ sessions

Ongoing self-sustaining social networks

Health Visiting, School Nursing, Early Help & Leksand

TARGETED

Health Visiting/ School Nursing – Universal Plus/ Partnership Plus & Early Help

Family Nurse Partnership

Understanding Your Child's Behaviour Plus

Mellow Parenting

Pregnancy Birth → Early Years → 5-19 years

Parenting Support for Vulnerable Groups

The following vulnerable groups have been identified as benefitting from a more tailored parenting education programme and support:

- Parents aged 19 and under – **Family Nurse Partnership**
- Women in the postnatal period with mental health issues – **Postnatal Plus**
- Parents of teenagers – **UYCB+**
- Parents of children on the Autistic Spectrum – **Workshop and UYCB+**
- Parents of children with additional needs (other than an autistic spectrum condition) – **UYCB+**
- Parents/carers in families with relationship issues/in crisis – **Mellow Parenting**

For potential development:

- Parents with Learning Difficulties or Disabilities – **LD Offer**

Evidence for Targeted Groups for Families with Specific Issues

A 2015 study found that there is a need for separate groups for parents and carers with children with specific issues and/or difficulties and stated that:

'This study showed that such parents may become distressed by unfavourable comparisons with families with typically developing children. We therefore support the recent development of disorder-specific UYCB programmes, such as autism spectrum disorder and attention deficit hyperactivity disorder, and/or groups for parents of children with complex needs, including social work involvement.' (Vella, et al., 2015)

Quotes from parents and carers on parenting sessions in Solihull strongly support the approach to have targeted groups for specific needs. They said that targeted parenting sessions are an…

"….opportunity to meet with like-minded parents, all with similar difficulties"

and a reminder …. ***"That we are not alone"***

A parent with a child on the autism spectrum said:

"I am relieved that despite my son's ASD, many normal rules of parenting still apply. Many of our children's behaviours are not typical though, so sharing this course with parents in a similar situation has really benefitted me"

Targeted Programmes to Support Parenting

Family Nurse Partnership (Pregnancy to 2 years)

The Family Nurse Partnership (FNP) is a voluntary home visiting programme for first time young mums, aged 19 years or under.

Young parents may face many parenting challenges:

- Poor mental health
- Unstable family background
- No experience of positive parenting
- Coping with transition from adolescence to adulthood
- Relationship breakdown: 2 in 3 young mothers experience relationship breakdown during pregnancy and the three years after birth, compared with 1 in 10 older mothers.

(Public Health England and Local Government Association, 2016)

A specially trained family nurse visits the young mum regularly, from the early stages of pregnancy up to when their child is two. The FNP programme aims to enable young mums to:

•Have a healthy pregnancy
•Improve their child's health and development
•Plan their own futures and achieve their aspirations.

The FNP programme is underpinned by an internationally recognised robust evidence base. This has recently been put under the spotlight by a randomised controlled trial conducted at 18 sites in England which suggested that short term outcomes, such as a reduction in smoking during pregnancy, were not being achieved (Robling et al, 2015). As a result, FNP UK, who coordinate the programme nationally are looking at how to better target the programme so that the longer term benefits of FNP are realised.

Focus on….. FNP in Solihull

Solihull has its own FNP team based at Land Lane Clinic in Marston Green. There is a FNP Supervisor and a team of 2.5 WTE specially trained Family Nurses. The service is currently planning new ways of working and developing the offer for young families in the borough.

Solihull Approach Postnatal Plus (6-8 weeks after delivery)

This is a targeted offer for mother will mild to moderate mental health issues in the postnatal period and is facilitated by specially trained Health Visitors over 8 weeks (rather than the universal postnatal course of 6 weeks).

Solihull Approach Understanding Your Child's Behaviour Plus (UYCB+ - 0-19 years)

This is targeted, tailored offer to parents/carers of children with specific issues and/or difficulties and includes parents of teenagers, children with attention deficit hyperactivity disorder, children with an autism spectrum condition and children with other additional needs (such as other neuro-developmental, genetic or medical conditions). These groups with parents/carers all facing similar challenges can provide peer support and focused discussion around the specific difficulties they may face, reducing isolation and building social capital.

Autism Workshop – 2 hours (0-19 years)

A specialist workshop from Autism West Midlands for parents/carers of children with an autism spectrum condition.

Mellow Parenting (0-19 years)

Mellow Parenting is a 14 week, one day a week group designed to support families with relationship problems with their infants and young children. The programme offers evidence based parenting sessions which have shown to be effective in improving mother child interaction, child behaviour problems, mother's well- being and mother's effectiveness and confidence in parenting.

Principles of **social learning theory** are also applied in modelling from the facilitators; using video feedback (recommended by NICE) with the parents to help them build on their existing skills and practicing new ways of relating to the children in the lunch and activity sessions and at home.

Mellow Parenting was devised to meet the needs of 'hard to reach' families, particularly where behavioural problems are compounded by family difficulties such as parental mental illness, social isolation, domestic violence, parental literacy problems (Mellow Parenting, n.d.).

Evidence for 'Mellow Parenting'

Mellow Parenting is a 14 week, one day a week group designed to support families with relationship problems with their infants and young children. Two studies evaluating the Mellow Parenting programme indicated that the intervention improves parent-child interaction, child centredness, mother's mental health and child behaviour problems (Scottish Government, 2008).

Potential Area for Development

Parenting Support for Parents with Learning Disabilities or Difficulties

- Around 7% of adults with a learning disability are parents, but most have a **mild to borderline impairment**, which may make it difficult to identify them as they will not have a formal diagnosis.
- Around 40% of parents with a learning disability do not live with their children. The children of parents with a learning disability are **more likely than any other group of children to be removed** from their parents' care.
- Parents with a learning disability are often affected **by poverty, social isolation, stress, mental health problems, low literacy and communication difficulties**. (Best Beginnings, 2016)

Issues for Parenting

For people with an IQ above 60, IQ is not a predictor of parenting performance, but many parents with learning disabilities face stereotyped beliefs that they could never be good enough parents, such that any parenting difficulties are automatically linked to their learning disability without considering other environmental or social factors. (Best Beginnings, 2016)

Many parents with a learning disability live under conditions that may contribute to poorer parenting, including poverty, low literacy, poor health, poor mental health, domestic abuse, having grown up in care, and social isolation. In particular, social support (such as living with relatives) contributes to successful parenting. (Best Beginnings, 2016)

Parents with a learning disability face extra scrutiny of their parenting ability, but receive inconsistent advice from different professionals on what constitutes good parenting. Parents with a learning disability may also be reluctant to ask for support with parenting issues because of fears that this will raise child protection concerns. Some will have already had a previous child removed into care. (Best Beginnings, 2016)

Parents with learning disabilities are entitled to equal access to services, including parenting support and information services and public bodies have a duty to actively promote equality of opportunity for people with learning disabilities (Department of Health and Department of education and Science, 2007). Parents with a learning disability can improve their parenting skills with additional support tailored to their needs (Best Beginnings, 2016).

There are five key features of good practice in working with parents with learning disabilities:

1. Accessible **information and communication**
2. **Clear and co-ordinated** referral and assessment procedures and processes, eligibility criteria and care pathways
3. Support designed to meet the needs of parents and children based on assessments of their **needs and strengths**
4. **Long-term support** where necessary
5. Access to **independent advocacy** (Department of Health and Department of education and Science, 2007).

A family-centred approach should be taken to parenting support, responding to the needs of all family members (including fathers), rather than just the mother or just the child (Department of Health and Department of education and Science, 2007).

Support, interventions and teaching methods all need to be appropriate to parent's particular situation and learning requirements. Parenting support which is suitable for most parents is unlikely to be delivered in a way which is right for parents with learning disabilities (Department of Health and Department of education and Science, 2007).

"The option to buddy with another parent – peer to peer parenting - was seen to have been working well…..It was felt this would be one of the most powerful support for this parent group" (Change and PEN, 2015)

Potential Support for Parents with Learning Difficulty or Disability

In a similar model to the Leksand approach (sustained groups of parents meeting to offer peer support to one another and parents and carers in the wider community), groups could be established for parents with learning difficulties and disabilities. These could take on the structure of mixed-stage parents and carers with learning difficulties and disabilities (from pregnancy through to the parents/carers of babies, toddlers and older children) offering social contact and peer support for one another in groups throughout the borough.

The groups could offer a source of guidance and advice, potentially supporting parents through parental capacity assessments.

To incorporate best practice, the groups would need to:

- Actively engage fathers (Change and PEN, 2015).
- Be facilitated by professionals who are specially trained in working with people with learning difficulties and disabilities who are knowledge and skilled about parenting, learning difficulties, the impact of learning difficulties on learning, and how to advocate for parents (Department of Health and Department of education and Science, 2007).
- Offer parenting education including practical issues such as childcare skills taught through behavioural modelling, using visual manuals and audiotaped instructions, and using simple behavioural instructions (Best Beginnings, 2016).
- Offer easy-to-read materials (at the right level – not too simplistic or babyish (Change and PEN, 2015))and accessible information.
- Be on bus/train routes to enable easy access for parents/carers.
- Possibly offer funding for transport costs for parents/carers (Department of Health and Department of education and Science, 2007)
- Have a support pathway for parents/carers who lose the care of their baby/child/ren (Change and PEN, 2015).
- Have robust safeguarding procedures in place.

Expected Outcomes

What would good look like?

Our aim – to increase the number of parent and carers in Solihull that are effective and engaged care givers in families who live successful lives that rarely require any kind of special help.

Our objective – to increase the proportion of children ready to learn at 2 and ready for school at 5

A systematic approach to parenting education can contribute to a range of outcomes which are detailed in Solihull's Early Help Outcomes Framework.

SHORT TERM

Improving attainment

- **Reducing the gap between the worst and best performing wards in Solihull at the 2/2.5 year check and the school readiness check (this used to be the Early Years Foundation Stage profile but this has now been withdrawn by the government)**

Improved family health and wellbeing

- **Reduced numbers of mums smoking in pregnancy**
- **Higher breast feeding initiation and prevalence.**
- **Reduced obesity in reception children, and improved oral health in 5 year olds.**
- **Reduced non-elective hospital admissions in 0-5s.**
- **Reduced reports of domestic violence in households with pre-school children.**
- **Improved outcomes on post-natal depression assessments.**
- **Improved parent and infant attachment scores.**

MEDIUM TO LONG TERM

- **Improved school attendance.**
- **Reductions in mainstream school spend on bought in services such as Special Educational Needs and Speech and Language Therapy.**
- **Reduction in children with Emotional Behavioural and Social Difficulties (EBSD).**
- **Reduction in anti-social behaviour and demand for youth offending services.**
- **Reduction in LAC and reduced number of children on the edge of care.**
- **Reduction in children subject to a Child Protection Plan.**
- **Reduction in families reaching the threshold for the Families First programme.**
- **Improved qualification and skills levels (GCSE, A level, workforce qualifications).**
- **Reduction in rates of under 18 conceptions and births.**
- **Decrease in young people who are "Not in Education, Employment or Training" (NEETs).**

Priorities for a Parenting Support Action Plan

This strategy will be underpinned by a **Parenting Support Action Plan**, the priorities of which will be:

- Better **awareness** of the programmes and how to access them
- Improved **take-up** of programmes
- Reviewing and potentially improving on the ability to **measure outcomes**
- **Securing commitment** from partners for facilitation of the parenting programmes
- Increased numbers of facilitators **trained and committed** to deliver parenting programmes

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