



## Parenting and Public Health

### *Briefing Statement*

#### **Introduction**

The quality of the relationship between parents and their children is emerging as an important 'life-course' determinant of both mental and physical health in adulthood. This aspect of parenting now occupies a prominent - and controversial - place in government policy making.<sup>1</sup>

It appears in policy drivers and initiatives from those government departments responsible for education, crime and disorder, social inequalities and health.

It has also been recognised as important for health by the Royal College of Paediatrics and Child Health,<sup>2,3</sup> the Royal College of General Practitioners,<sup>4</sup> the Community Practitioners and Health Visitors Association,<sup>2,3</sup> the British Medical Association,<sup>5</sup> the World Health Organisation and the Faculty of Public Health (see *Policy Context*, p4). The aspects of the parent-child relationship (see *New Insights*, p2) which are important for health are the same as those which matter for education, anti-social behaviour, delinquency and crime.

Parenting is therefore an issue ideally suited to multi-agency approaches at local level.

**Parenting** encompasses much more than feeding and clothing children, keeping them clean and warm, and protecting them from harm. It is the quality of the relationships parents form with their children which is of paramount importance with regard to optimal emotional and social development. This aspect of parenting has been defined as 'a process of interactions and relationships intended to nourish, protect and guide each new life through its course and development.' (Bavolek, 1990) The term 'parent' is used in this statement to cover all of those who carry out parenting including biological parents, step-parents, adoptive parents and other carers.

## Evidence

### Existing knowledge

- Absence of sensitive care from a consistent caregiver in very early life can result in severely disordered emotional and social development, psychopathy and personality disorder.<sup>6-8</sup>
- Lack of positive attention and supervision by parents, and inconsistent, harsh or inappropriate discipline are causes of anti-social behaviour, conduct disorder (the most common childhood disability<sup>9</sup>), criminality, delinquency and violence.<sup>7,10</sup>
- Child abuse (emotional, sexual and physical) and neglect impacts on mental health, and can cause depression, post-traumatic stress disorder, personality disorder and low self-esteem in later life.<sup>7,11</sup> It is responsible for an average of two child deaths each week in the UK.<sup>12</sup>

### New insights

- Optimal parenting requires warmth, affection, sensitivity, empathy, honesty, encouragement and creation of opportunities for learning, as well as clear, consistent, age-appropriate boundaries enforced by positive discipline (eg. praising good behaviour and ignoring bad), problem solving and conflict resolution skills.<sup>2,8,11,13-16</sup>
- Sub-optimal parenting is a risk factor for mental health problems in childhood, adolescence and adulthood.<sup>11,13,14</sup> It is predictive of common mental health problems such as anxiety and depression. It is a determinant of positive mental health<sup>11</sup> as well as mental ill health.
- The quality of parent-child relationships predicts physical as well as mental health in adulthood.<sup>11,17</sup>
- Good parent-child relationships reduce the risk of children adopting unhealthy lifestyles, such as smoking, drinking and drug taking.<sup>13</sup>
- The architecture of the areas of the brain controlling emotional and social development is affected by parent-child relationships in very early life.<sup>6-8</sup> The development of these areas is most active in the first three years of life. Neural pathways established early in life can be changed at a later date, but change is more difficult to achieve with increasing age.<sup>6-8</sup> One of the key pathways influenced by relationships in childhood is the neuro-endocrine response to stressful stimuli.
- Parent-child relationships determine the likelihood of successful interpersonal relationships with peers at school, at work, and with friends and partners.<sup>18</sup> The interpersonal skills necessary for the latter are those required for good citizenship, social capital, success in the workplace and the capacity to offer support to others.<sup>11,13,14</sup>

- Parenting is an important determinant of cognitive development and parent-child relationships are a key influence on educational outcomes.<sup>19</sup>

### Factors which can make parenting difficult:<sup>7,10</sup>

- **negative experiences of being parented**
- **poverty, social deprivation and isolation, poor housing and environment**
- **poor parental mental health, including post-natal depression, and drug and alcohol misuse**
- **divorce, separation and lone parenthood**
- **culture of long working hours for both men and women**
- **young parental age.**

### Parenting and social inequalities

Parenting is socially patterned: sub-optimal parenting is more common among families living with social deprivation, but the variation *within* different social groups is greater than the variation between these groups.<sup>20</sup> This can make programmes that target parenting initiatives at those living in social deprivation inefficient.<sup>21</sup> Sub-optimal parenting impacts on outcomes (educational failure,<sup>19</sup> criminality, anti-social behaviour,<sup>10</sup> poor mental and physical health<sup>11,13,17</sup>) that predispose to inequalities in the next generation. Structural equation models examining the impact of parenting and economic stressors on children's mental health suggest that parenting is an important mediator in the relationship between poverty and poor health.<sup>18</sup> Children experiencing good relationships at home are protected to some extent from the deleterious effects of poverty and genetic predisposition to mental health problems.<sup>18</sup> Interventions to support parenting are therefore an important component of programmes to combat social inequalities in health.

### Impact of other family relationships

There is a strong correlation between damaging inter-parental relationships and damaging parent-child relationships. Parental conflict, experienced by 'intact' families (particularly in those where there is domestic violence) as well as divorcing or separating families, is a damaging factor for a child's emotional and social development.<sup>16</sup>

### Fathers

Although much of the research on parenting has focused on mothers, many studies show fathers have an important and independent impact on children's development and well-being. Enabling fathers to become more committed to and involved

in parenting is important.<sup>2</sup>

### Day care

This is important for working parents and good quality day-care can improve educational outcomes. It is not a substitute for good quality parenting and, if of poor quality, can be as damaging in the same way as sub-optimal parenting.<sup>7</sup> To avoid being damaging it needs to provide all the attributes of 'helpful parenting.'

### Population norms

Studies that have measured aspects of parenting in the general population suggest that sub-optimal parenting is common. Over 60% of children under one year (living in two-parent households) have been smacked or hit, rising to over 90% of children under four.<sup>15</sup> Studies report that almost half of all adolescents do not think that they can confide in their parents and a substantial minority do not feel loved or cared for.<sup>22</sup>

### Evidence-based interventions

A range of approaches are being used in the UK to support the development of parenting. Studies confirm that parents are able to improve the quality of their relationship with their child, but the personal development involved may be difficult to achieve if they are experiencing a stressful life event such as loss of employment, homelessness, marital/relationship breakdown or other bereavements. Parents may therefore be more motivated and more able to change at different times in their lives. Two approaches have been subject to controlled trials, mostly in the United States and are supported by a moderately robust evidence base:

**Infant mental health programmes**<sup>6,7,10,14</sup> focus on difficulties in the parent-infant relationship and on any underlying parental mental health problems. They aim to increase parental sensitivity and attunement, confidence and emotional awareness. The most common approach to delivery is home visiting, but centre-based services and group programmes are available. To be effective, programmes should be provided on a weekly basis for at least six months around the time of birth. Effectiveness is dependent on the capacity of the home visitor to establish a therapeutic relationship based on partnership, trust, respect and empathy.<sup>23</sup> Clinical supervision is an important adjunct to success. Programmes may incorporate one or more of a range of approaches including cognitive behaviour therapy, interactive guidance and video feedback, baby massage and baby dance.

**Parenting programmes**<sup>10,14,24</sup> are most effectively provided to parents in groups but can also be delivered on a one-to-one basis. They usually run for 10-12 weeks providing two hourly sessions a week with trained facilitators. They include experiential learning and homework. Programmes have been developed from two complementary theoretical approaches:

- *Behavioural*: aims to help parents develop positive discipline strategies by building a good relationship with their child through, for example, child-led play, setting clear boundaries and enforcing them without physical or emotional violence.
- *Relationship*: aims to build parents' emotional awareness of their children and themselves, increasing respect and empathy for children, and developing their capacity to nurture themselves as well as their children.

Many programmes combine elements of both approaches and almost all programmes teach positive discipline. The skills of the facilitator/helper are key to successful interventions. An empowering, partnership, strengths-based approach is vital. People from a range of backgrounds, health visiting, non-government organisations (NGOs) in the voluntary and charitable sector, social work, and clinical psychology have provided successful interventions. Clinical supervision is important for facilitators.

### Universal versus selective programmes

Identifying parents in difficulty is not straightforward: targeted approaches can miss more families in need than they correctly identify and may stigmatise disadvantaged families. Universal approaches are likely to be necessary in conjunction with more intensive programmes for families with problems.<sup>14,21</sup> Group parenting programmes offered on a universal basis are likely to be helpful to the majority of families and are cost-effective. Take up initially is likely to be low (around 10%) but should grow.<sup>25</sup> Parents are more likely to attend if they receive a universal invitation from a service which is recognised as 'universal' (eg. the NHS). Families with specific difficulties eg. post-natal depression, drug misuse, very young age or negative experiences of being parented, are likely to need more intensive support in the form of one-to-one support as can be provided in infant mental health programmes. Parents who would benefit most from these selective or targeted approaches are best identified in the context of universal programmes,

such as ante-natal services or routine health visiting. Universal and targeted approaches are therefore complementary.

### Provision

Although rare in the UK, Infant Mental Health Programmes are being offered in the context of research programmes, in some Sure Start programmes and in some maternity services. Parenting programmes are much more widespread, being provided at local level by statutory services and NGOs. Provision is, however, patchy and uncoordinated. At local level the extent of provision may be ascertained through Early Years Partnerships, health visitors and the Parenting Education & Support Forum, which now has regional co-ordinators throughout the UK. Some Sure Start programmes are offering open access parenting programmes. Practitioners often adapt programmes for use at local level.<sup>26</sup>

Community programmes are more likely to attract parents if provided in the context of other forms of parent support such as befriending programmes, mutual support groups and drop-in centres. Such interventions are valued by parents, and improve their mental health and family life. They are useful in their own right and as a complement to parenting programmes, but they are not a substitute for parenting programmes as they have limited effects on parenting.<sup>14</sup> Parents are most likely to want to attend a programme when their first child is two years old, and they often ask for refresher sessions.<sup>25</sup> Practitioners (eg. health visitors, family centre workers, social workers and pre-school practitioners) can educate parents about the principles taught on these programmes as needs arise on a one-to-one basis. Approaches to parenting can be disseminated through television, telephone advice lines, videos and books. They can be modelled by those working in day-care settings.

Some Child and Adolescent Mental Health Services offer formal behavioural programmes to parents of children with Conduct Disorder and Attention Deficit Hyperactivity Disorder. Family therapy may help parents learn many of the principles of behavioural programmes. Youth Offending Teams provide parenting programmes for parents of older children on Parenting Orders and others whose children are at high risk of running into problems with the law.

### Costs

The costs of sub-optimal parenting, estimated only in terms of their impact on antisocial behaviour, are high.<sup>27</sup> The costs of implementing a programme of

initiatives to support parenting can be spread between local health, education and social services. Funding may be available for start-up costs from specific national initiatives and from targeted funds such as Sure Start, the Children's Fund and Neighbourhood Renewal Fund. One systematic review of the long-term effectiveness of group parenting programmes suggested a cost of £353 per parent, per course.<sup>28</sup> Targeted home-visiting programmes are considerably more expensive than group parenting programmes but are generally provided to less than 10% of parents. The economic studies which have been carried out show the costs of early intervention with parents are outweighed by future savings in societal costs. The earlier the intervention, the better for the parent and child.<sup>6,7,10</sup>

### Policy context

There are a number of key policies designed to address, both directly and indirectly, the issue of parenting. Details of policies and initiatives can be found in *Publications*, p8.

#### UK

Sure Start is a UK-wide initiative which aims to promote health and increase school readiness amongst 0-3 year olds in deprived areas by bringing together: early education, childcare, health and family support. Responsibility for delivering Sure Start in Scotland, Wales and Northern Ireland rests with the devolved administrations.

#### England and Wales

*The National Service Framework for Children, Young People and Maternity Services* establishes national standards for the NHS and social services. Standard Two focuses on supporting parents and carers to equip them with the skills and information necessary to ensure their child has optimum life chances and health. Ways of improving services to support parenting through multi-agency work involving health services and the charitable sector are also proposed.

Improving parenting is important for implementation of the *National Service Framework for Mental Health* - Standard 1: "to promote mental health for all, working with individuals, organisations and communities".

A Children's Commissioner has been established in both England and Wales who will look at all aspects of children's lives including parenting.

## England

The public health white paper *Choosing Health: Making Healthy Choices Easier* identifies sub-optimal parenting as one of the determinants of mental and physical ill health, and positive parenting as a key determinant of emotional and social well-being. It proposes increased provision of support for parenting in conjunction with *Every Child Matters: Change for Children Agenda*. The proposed new 'Health Direct' will provide telephone/internet and digital access for parents seeking advice.

Parenting is prominent in the Green Paper *Every Child Matters*, the Government's response to problems identified in the Laming Report on the death of Victoria Climbié. It recognises the need to promote parenting on a universal basis as part of abuse prevention policy initiatives. The Department for Education and Skills is leading the Implementation under *Every Child Matters: Change for Children*.

The *Children's Bill* provides the legislative framework for implementing *Every Child Matters*. Through its *Children and Young People's Plan* it will set out a more integrated approach to children's services by health, education and social care professionals, by establishing Children's Trusts in primary care trusts, and Children's Centres in deprived areas.

The Government has established the National Families and Parenting Institute (NFPI) and supports a wide range of local and national parenting initiatives through the Parenting Fund, including a national helpline for parents.

## Wales

A new framework for children and young people has been established. The *Childcare Strategy* and Children and Youth Partnership Fund have been amalgamated with Sure Start Wales to form Cymorth - the Children and Youth Support Fund. Each local authority is also required to set up strategic subsidiary partnerships, including a Children's Partnership and a Young People's Partnership group.

The Commission for Health Improvement (which has now been superseded by the Healthcare Commission) undertook the first ever audit of child protection across Wales: *Protecting children and young people - results of a self-assessment audit of NHS organisations in Wales*.

## Scotland

*Improving Health in Scotland - the Challenge* has early years as one of its major themes. *The*

*Childcare Strategy for Scotland* also aims to improve access to good quality, affordable child care, to help families balance work and family life. Sure Start Scotland targets families with very young children, particularly vulnerable and disadvantaged families

The Starting Well Health Demonstration Project combines intensive home-based support with access to enhanced community-based resources for parents and children in two Glasgow areas. It incorporates the Triple P parenting programme. NHS Health Scotland has also run a national media campaign on parents/carers talking to their children and dealing with teenagers.

The *National Programme for Mental Health and Well-being Action Plan 2003-2006* recognises the importance of parenting for mental health and is supporting an initiative to increase access to training in infant mental health.

## Northern Ireland

The Department of Health, Social Services and Public Safety (DHSSPS) is in the early stages of developing a *Families and Parenting* strategy which will address the strategic provision of support to promote parenting on a universal basis. This will go out for consultation in late 2005. DHSSPS currently supports parenting initiatives including a free telephone helpline (run by the Parents Advice Centre). A *Safe Parenting Handbook* also provides advice to parents on a range of issues including babysitting, bullying and healthy eating.

## International

*The Declaration of the European Ministerial Conference on Mental Health and Mental Health Action Plan for Europe* identifies interventions to improve parenting in families 'at risk' as one of a range of necessary actions to prevent mental health problems and suicide. The UK is a signatory to this declaration.

**The Faculty of Public Health** is involved in range of advocacy initiatives relating to parenting, in partnership with:

- **Royal College of Paediatrics and Child Health.** The Faculty has signed a concordat with the RCPCH. ([www.rcpch.ac.uk](http://www.rcpch.ac.uk))
- **Child Health Advocacy Network.** A multi-agency group representing all professional, non-governmental and charitable organisations with an interest in child health. ([www.ncb.org.uk/networks](http://www.ncb.org.uk/networks))
- **Child Public Health Interest Group.** A joint group of the Faculty and British Association for Community Child Health members. The Faculty supports their electronic discussion group which can be accessed via the Faculty website [ww.fph.org.uk](http://ww.fph.org.uk)
- **Children are Unbeatable Alliance.** The Faculty is an active campaigning member. ([www.childrenareunbeatable.org.uk](http://www.childrenareunbeatable.org.uk))

The Faculty has also worked with colleagues expert in the field of child health, to highlight the importance of parenting in *Choosing Health*, the *NSF for Children, Young People and Maternity Care*, the *Children Act 2004* and other key consultations. This briefing statement forms part of the Faculty's continuing strategy on child health.

## Recommendations

Parenting has an important role to play in programmes to promote child and adult mental health, and to prevent suicide. It is one of a number of 'life-course' factors with an impact on physical health in adulthood. It plays a role in the adoption of healthy lifestyles. Because of parenting's impact on educational achievement, employability, anti-social behaviour, crime and violence, interventions to improve parenting play a key role in initiatives to reduce inequalities in health. The evidence-base is established for some key interventions and further research is underway in the UK.

There are a number of actions which can be carried out at local level:

- establish multi-agency approaches to parenting education and support through local strategic partnerships where these exist
- identify and support local, high-quality provision of parenting programmes in all sectors including the voluntary sector, with appropriate co-ordination and publicity for these services.

Also ensure provision of a range of parenting programmes in a range of settings

- train more people to facilitate group-based programmes and to provide infant mental health services; the Parenting Education and Support Forum has produced *National Occupational Standards for Work with Parents* (see *References & Publications* p.7-8)
- provide appropriate clinical supervision for facilitators and infant mental health professionals
- provide infant mental health programmes to families who are likely to experience major problems with parenting, identified by midwives, health visitors, social workers or psychiatrists (both child psychiatrists caring for other children and adult psychiatrists caring for parents)
- develop ante-natal and post-natal parent-craft classes so that they provide parents with insight into the emotional and social needs of their baby
- enable access to services such as Relate for parents experiencing conflict; develop services for families experiencing domestic violence
- develop and support parent-friendly employment practices in local workplaces
- support policy initiatives, at local and national level, that make parenting easier, such as the abolition of childhood poverty, parent-friendly employment legislation, reduction of teenage pregnancy, provision of good quality childcare, abolition of smacking
- programmes for which a strong evidence base does not exist need to be evaluated in controlled trials. All programmes should be evaluated in terms of their perceived value to parents attending. The Parenting Education and Support Forum has produced an 'evaluation toolkit' to help with this (see *References & Publications* p7-8).

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## Publications

### Children's Bill (2004)

The UK Parliament  
w: [www.publications.parliament.co.uk](http://www.publications.parliament.co.uk)

### Children and Young People's Plan (2004)

Department for Education and Skills  
w: [www.dfes.gov.uk](http://www.dfes.gov.uk)

### Choosing Health: Making Healthy Choices Easier (2004)

**National Service Frameworks for Children, Young People and Maternity Services (2004)**  
**National Service Framework for Mental Health (1999)**  
Department of Health (England)  
w: [www.dh.gov.uk](http://www.dh.gov.uk)

### Every Child Matters (2004)

[www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)  
Also available from Department for Education and Skills  
w: [www.dfes.org.uk](http://www.dfes.org.uk)

### Improving Health in Scotland - the Challenge (2003)

**Meeting the Childcare Challenge: a Childcare Strategy for Scotland (1998)**

**National Programme for Mental Health and Wellbeing Action Plan 2003-2006 (2003)**

Scottish Executive  
[www.scotland.gov.uk](http://www.scotland.gov.uk)

### Laming Report (2003)

The Victoria Climbié Inquiry  
w: [www.victoria-climbié-inquiry.org.uk](http://www.victoria-climbié-inquiry.org.uk)

### Mental Health Declaration and Action Plan for Europe (2005)

World Health Organization  
Regional Office for Europe  
w: [www.euro.who.int](http://www.euro.who.int)

### Protecting children and young people - results of a self-assessment audit of NHS organisations in Wales (2003)

Commission for Health Improvement  
Available from NHS Wales  
w: [www.wales.nhs.uk](http://www.wales.nhs.uk)

### Safe Parenting Handbook (2005)

Department of Health, Social Services and Public Safety  
w: [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

### Too serious a thing: the Carlisle review of safeguards for children and young people treated and cared for by the NHS in Wales (2002)

Welsh Assembly Government  
w: [www.wales.gov.uk](http://www.wales.gov.uk)

## Useful organisations

### Home Start

**Information Line:** 08000 686 368  
w: [www.home-start.org.uk](http://www.home-start.org.uk)

### National Family and Parenting Institute

t: 020 7424 3460  
e: [info@nfpi.org](mailto:info@nfpi.org)  
w: [www.nfpi.org](http://www.nfpi.org)

### National Society for the Prevention of Cruelty to Children

t: 020 7825 2500  
w: [www.nspcc.org.uk](http://www.nspcc.org.uk)

### Parent's Advice Centre (Northern Ireland)

**Helpline:** 0808 8010 722  
e: [parents@pachelp.org](mailto:parents@pachelp.org)  
w: [www.pachelp.org](http://www.pachelp.org)

### Parenting Education & Support Forum

t: 020 7284 8370  
e: [pesf@dial.pipex.com](mailto:pesf@dial.pipex.com)  
w: [www.parenting-forum.org](http://www.parenting-forum.org)

### Parentline Plus

**Helpline:** 0808 800 2222  
w: [www.parentlineplus.org.uk](http://www.parentlineplus.org.uk)

### Relate

w: [www.relate.org.uk](http://www.relate.org.uk)

### Starting Well Health Demonstration Project

w: [www.show.scot.nhs.uk](http://www.show.scot.nhs.uk)

**Sure Start** (includes links Scotland, Wales, Northern Ireland)  
w: [www.surestart.gov.uk](http://www.surestart.gov.uk)

### Young Minds

t: 020 7336 8445  
w: [www.youngminds.org.uk](http://www.youngminds.org.uk)

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## Summary

**This briefing provides an overview of new research and existing knowledge on the public health impact of parent-child relationships.**

**It is not intended as an exhaustive resource but as a signpost to key issues including the health impact of parenting, the role of parenting inequalities, the determinants of parenting, and the role of fathers.**

**It describes a number of evidence-based interventions and makes recommendations for future action.**

**Key publications and organisations are listed as a next step to understanding this complex issue.**