

Helpful Parenting:
the report of a Joint Working Party initiated and hosted by the Royal College
of Paediatrics and Child Health.

1.0 *Background*

1.1 *Parenting: child and public health*

Parenting has been a focus of interest to all those concerned with the health and welfare of children for over a century. It was of particular interest to public health professionals at the turn of the last century when inadequate maternal hygiene and poor infant feeding were widely accepted as key determinants of infant mortality. During the middle part of the last century public health professionals began to focus on the public health implications of adult health related lifestyles and interest in child health and parenting waned. Child psychiatrists, developmental psychologists, social scientists and more recently neuroscientists have, however, continued to take an interest in the childhood determinants of health in adulthood and an impressive body of research has accumulated implicating parenting as a pervasive influence on health and well-being in adult life, particularly mental health. The aspects of parenting which are the focus of this body of research are the emotional and social aspects, those which define the quality of the relationship between parents and their children. The research suggests that parenting, because it is partly responsible for determining children's capacity to make mutually supportive and respectful relationships with others in adulthood, is likely to be an important determinant of social capital. The development of helpful parenting is therefore a potentially important component of both mental health promotion and community development programmes at local level.

An impressive body of literature has also accumulated, over the last few years, showing that social inequalities in childhood play a part in determining health in adult life and there is a relationship between unhelpful parenting and social inequality. Studies that have aimed to assess the independent contributions of these two factors show an independent impact on health outcomes.

1.2 *The origins and aims of the working party*

This working party was convened at the instigation of Professor David Baum the inaugural president of the Royal College of Paediatrics and Child Health who unfortunately died before the working party was established. The working party was asked to focus on the impact of parenting in the first three years of life on mental health and emotional social and intellectual development. The aim was to produce a report which was accessible to and readable by professionals, politicians and parents and which identified the scientific evidence base to support the conclusions.

1.3 *Membership of the working party*

Professor Malcolm Chiswick (Royal College of Paediatrics and Child Health. Chairman)
Ms Debbie Cowley (Parenting Education and Support Forum)
Dr Sebastian Kraemer (Royal College of Psychiatrists)
Dr David Murfin (Royal College of General Practitioners)
Dr Roddie McFaul (Department of Health. Observer)
Professor Lynn Murray (University of Reading)

Ms Chris Petford (Community Practitioners and Health Visitors Association)
Ms Maureen Robinson (RCPCH. Administrator)
Dr Neela Shabde (British Association of Community Child Health)
Dr Sarah Stewart-Brown (Faculty of Public Health Medicine)

2.0 *Executive summary of the report*

2.1 *Mental health*

Mental health is broadly defined. It includes positive mental health: - feeling confident, curious, creative, generous, being able to form mutually satisfying and supportive relationship with others, being able to learn evaluate and remember, as well as mental illness and emotional and behavioural problems.

Helpful Parenting

Helpful parenting protects children from mental health problems and disorders and promotes mental health. Genes, temperament, social deprivation and other aspects of the social environment also have an impact. Nature and nurture interact throughout life in a complex interplay to determine mental health and social outcomes. Parenting is however one of the factors which is amenable to change.

The aspects of parenting which put children at risk of sub-optimal development are lack of sensitivity and attunement, lack of warmth, lack of clear consistent age appropriate boundaries, lack of interest, intrusiveness, harsh and/or inconsistent discipline and of course frank abuse and neglect. These aspects of parenting have been shown in many studies to predict antisocial behaviour, conduct disorder, delinquency criminality violence, poor social competence unpopularity amongst peers and school failure. Many of these problems have a negative impact on others in the family or community.

2.2 *The social baby*

Babies are very social beings and their development depends on positive social interaction with a small number of adults in whom they trust. Responsive care influences the development of the infant central nervous system especially those parts of the brain which enable the regulation of emotional arousal, attention, memory and learning. Babies who frequently experience threatening environments develop exaggerated responses to stress and are less able to calm themselves when challenged.

2.3 *The wilful toddler*

Toddlers need responsive, sensitive care too, but they also need clear and consistent boundaries and the exercise of positive discipline. They need to be able to explore and converse, and they need protecting from harm as they learn to understand risks and dangers. A home learning environment - one in which parents play, read and sing with their children, and children have the opportunity to discover textures, shapes, letters and numbers and to talk with adults about their discoveries - gives children a better start when they get to school.

2.4 *Challenges facing parents*

Poverty and its concomitants – poor housing, homelessness, poor community facilities and physical environments, lack of play space, poor public transport and high traffic volumes - places great strain on parents and makes helpful parenting more difficult. Family break-up and reconstitution also create stress and strain and

frequently leads to poverty. Parental conflict, particularly domestic violence, interferes with social and emotional development.

Employment may prevent poverty but places its own burdens on parents. Being at home does not of itself promote healthy development or secure attachment; the emotional health of the parent matters too. Enabling mothers to be at home with their babies at least during early infancy, however, offers biological, emotional and social benefits. Enabling them to make an informed and real choice about employment in the second and third years of life is important. Fathers are important too. Children who are brought up by parents who share child rearing tasks are more confident and outgoing and have fewer preconceptions about the roles of men and women in society. British fathers work the longest hours in Europe, but there is no evidence that British workplaces are more productive. Enabling social and fiscal policies are necessary to allow all parents the opportunity to parent helpfully. Changes to both the physical and social environment are necessary to turn the UK into a child friendly society. Offering support for parents who are separating or divorcing would protect children from some of their damaging effects.

2.5 *Non parental care*

Non parental care can support optimum social and emotional development, but only does so if that care is provided by a small number of people with whom the baby or toddler can develop attachment, and also provides secure boundaries and learning opportunities. Much non parental care in the UK today falls short of this and there are an insufficient number of places to meet demand.

2.6 *Postnatal depression*

Post natal depression is another important interrupter of responsive and attuned parenting. Post natal depression can be treated effectively with home based psychological support, but 50% of cases go undetected and case finding only effective if applied sensitively with sufficient time by trained health professionals.

2.7 *Child Abuse and neglect*

Physical, emotional, sexual abuse and neglect are extreme forms of unhelpful parenting which is very damaging to children's development . Abusive parenting is much more common amongst parents who have themselves been abused, or experienced non parental care, and amongst very young parents. Such parents can be helped to develop more positive parenting styles, but they may require intensive support to do so.

2.8 *Solutions*

Parents can be helped to develop positive parenting, and parent education and support is available in the UK in a variety of guises from support groups and drop in centres, to group parenting programmes, home visiting services, telephone advice lines, television programmes, websites, one to one counselling, family learning activities and family therapy. Current provision however varies greatly from one part of the country to another, both in quality and availability. Even in areas where good services are available not all parents are aware of what is provided. There is more provision for parents of preschool children than for parents of infants. Many of the services are provided by non government organisations and operate on a very insecure financial footing. Services are also provided by health visitors, school nurses, social workers, psychologists and psychiatrists. Child and adolescent mental health services are, at present, inadequate in the UK.

Two different approaches to parent education and support have been subjected to randomised controlled trials and have been shown to be effective. For some, there is evidence of long term effectiveness and positive health economic outcomes. These two approaches are:- infant mental health programmes usually, but not always provided on a one to one basis in the home, which enable, amongst other things, high risk parents to develop sensitivity and responsiveness to their babies needs; and group based parenting programmes delivered in community settings. The evidence is stronger for programmes delivered to clinical populations, but there are some trials showing effectiveness using a preventive approach and there is a body of qualitative research showing that parents appreciate these services and that they can identify improvements both in their parenting and in their own mental health as a result.

A key factor in the effectiveness of services for parents is the quality of the relationship the helper develops with the parent(s). Parents sometimes report being talked down to and not listened to. Such services are not helpful, nor are those that offer parents what professionals think they need rather than those that are actually useful. There are good reasons to suggest that universally available services would be more effective in improving population mental health than targeted or secondary preventive services alone, and such services would compliment intensive provision for families at high risk of parenting difficulties.

3.0 Summary of the report's Recommendations

- Intensify policies to abolish childhood poverty
- Develop a range of social, fiscal and workplace policies - for example paid parental leave, financial support for those who chose to stay at home, and a culture in which long working hours are regarded as undesirable – which enable parents to make an informed choice about employment.
- Make a choice of affordable, high quality child care available to all parents
- Develop policies which make the UK more child centred and family friendly
- Provide universally available and accessible services to all parents to support them, and to enable the development of the skills and insight of helpful parenting. Provision should cover a range of services as detailed above. Increased provision could be achieved through a number of statutory organisations – Primary Care Trusts, schools, nurseries, day care centres and family centres – as well as by NGOs in the community. NGOs will need financial support from the statutory sector to increase provision. The expansion will require additional training for key professionals particularly health visitors.
- Provide intensive support in the form of infant mental health programmes, starting where possible before birth, to parents who are facing particular challenges – social deprivation, postnatal depression, very young parents and those who, as children, experienced abuse or non parental care.

- Provide services to parents who are experiencing conflict, domestic violence or marital breakdown to support them and minimise harmful impact on children
- Increase provision of child and adolescent mental health services.

4.0 *Action*

The Faculty of Public Health Medicine Policy Committee is asked:-

- to consider the contents of the report and recommend that the Executive Committee and the Board endorse the recommendations as policy of the Faculty of Public Health Medicine.
- to advise on methods of dissemination of the contents of the report to members of the Faculty.
- to consider wider dissemination, in conjunction with the other parent bodies, for example to the Academy of Medical Colleges and the UKPHA.
- to consider ways in which the Faculty might advocate adoption of the recommendations by Government and support dissemination of the contents to parents.