

First 1000 Days

Developing a Public Health Approach to Supporting Parents

Technical report

July 2022



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First 1000 Days

Developing a Public Health Approach to Supporting Parents

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This paper describes how a public health approach to supporting parents provides a route to improving outcomes in the first 1000 days and across the life-course. It presents the evidence, insights and approaches used to produce 3 outputs: a theoretical framework, a public health model of parenting support and a framework for action.

Centred on the core needs of babies and young children, the model explains the critical role parenting plays, during pregnancy and after birth, in giving children in Wales the best start in life. The model places a particular emphasis on the significant role psychosocial and structural factors play in creating an enabling environment that supports parents to thrive in their parenting role.

The paper ends by presenting implications for policy and practice in Wales as a result of the models development.

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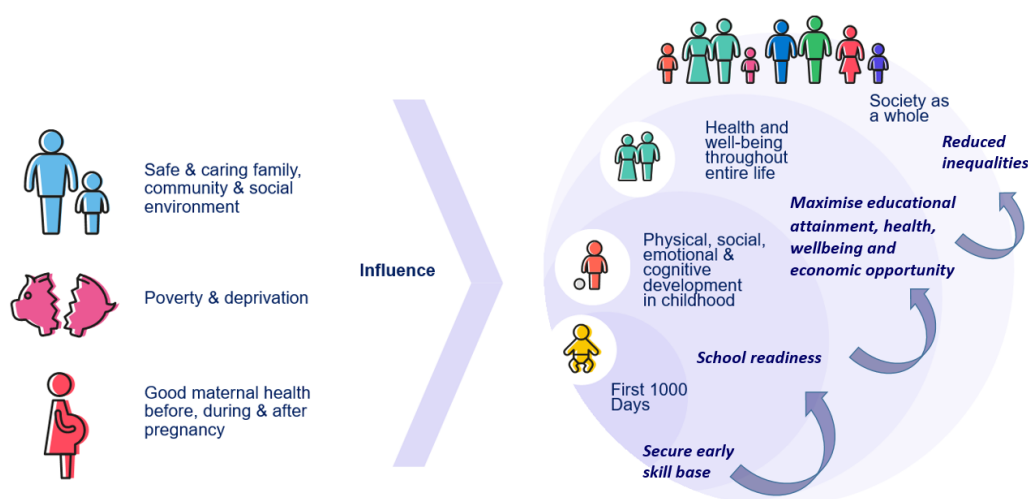
1 Background

The term 'first 1000 days' describes the time during pregnancy and up to a child's second birthday. It represents a critical period when attachments are formed with caregivers and children begin to explore and communicate with the world around them. It is during this time that we see the most rapid phase of brain growth and development and where the foundations for future health, wellbeing and prosperity are built (Center on The Developing Child, Harvard University, 2016).

Positive and protective influences during this time enable babies and young children to have happy healthy childhoods. They also have a lasting impact on outcomes across the life-course and there is strong evidence that action in the first 1000 days can reduce health inequalities. This is because our early development provides the foundation for all future physical, social, emotional and cognitive development. Building strong foundations is key for ensuring children are able to benefit fully from further opportunities and interventions later in life, such as school (Public Health Wales, 2016).

Children's early development is influenced by a broad range of factors including family circumstances, parental health and wellbeing and the wider social and economic environment in which the child grows up (Public Health Wales, 2019). When early experiences are optimised children are able to acquire a secure early skill base and are, in turn better enabled to go forward in life, gaining further skills and becoming more successful at managing and undertaking the core activities of daily life (Heckman, 2021).

Figure 1 How our childhood experiences have a lifelong impact



Source: adapted from 'Making a Difference' (Public Health Wales, 2016)

The COVID-19 pandemic has presented extreme challenges for the population of Wales, including our youngest families. While children have thankfully been largely spared from the direct health effects of COVID-19, the indirect impact of the pandemic has been significant. Parents have felt less supported by close family and friends and experienced a range of factors which could lead to stress and anxiety. In addition routine health services provided in pregnancy and the early years were not operating normally and may not have provided the same level of support or identified additional needs as effectively. Early indications are that reduced access to wider developmental opportunities and less diversity of environments negatively affected early child development. Furthermore wider financial implications of the pandemic will mean more young children are likely to be growing up in poverty (OFSTED, 2020) (Singh, Shah, Mbeledogu, & Garstang, 2021).

At this time our understanding of the specific nature and extent of these wider impacts is still developing as is our understanding of the legacy of harms they may present. However, interventions in the early years are well recognised as an effective mechanism for preventing the long term, intergenerational effects of adverse events such as the COVID-19 pandemic (UCL Institute of Health Equity, 2017).

1.1 Why supporting parents in the first 1000 days is important

During the first 1000 days a child's experiences and interactions with the environment are predominantly provided and mediated by their parents. As a result parents are the primary influence on their child's early exposures, experiences and development. Confident, resilient and positive parenting is associated with improved outcomes for children now and into their future (The Lancet, 2016). Action to support parents in their parenting role is essential to give all children the best start in life.

Ensuring effective support for parents requires an understanding of both the elements of parenting that positively impact on a child's development and the mechanisms through which parents can most effectively be supported to thrive in their parenting role.

1.2 Definitions

This technical report presents a public health model of parenting support that acknowledges the complex system of interrelated psychosocial, economic and structural factors that influence parenting and drive inequalities in outcomes. The model builds on a number of foundational

pieces of work undertaken by Public Health Wales as part of the First 1000 days programme. The report sets out the methodological approach to the models development and presents associated implications for policy and practice.

In describing the model and its development there are two commonly used descriptors set out below, that appear within the report and warrant definition in the context of the first 1000 days and a public health approach to parenting support.

Parenting: describes the way caregivers meet children's needs and support their physical, emotional and cognitive development before and after birth.

Caregivers with a parenting role may not be the child's biological parents. Throughout this document the term 'parent/s' is used to refer to the child's main caregiver/s. This may not be the child's biological parents.

Parenting support: describes the broad range of policies, programmes and services that enable and support parents in their parenting role. It is important to clarify that parenting interventions that aim to develop parents' knowledge and skills are important, but they are only one element of a comprehensive whole system approach to parenting support.

1.3 Current policy and practice

The legislative and policy context in Wales recognises the importance of reducing inequalities, improving long term outcomes for children and supporting parents in their parenting role.

Policy in Wales is underpinned by a commitment to support children's rights. In 2004, the Welsh Government formally adopted the United Nations Convention on the Rights of the Child (UNCRC) as the basis of policy making relating to children and young people. The UNCRC is an international agreement setting out the rights of children and young people aged 18 and under, to be safe, to play, to have an education, to be healthy and be happy. (Unicef, 1990)

In addition the Well-being of Future Generations (Wales) Act aims to improve the social, economic and cultural wellbeing of Wales. The act requires public bodies in Wales to take a more joined up approach, to think

long-term, to prevent problems, and to work better with people and communities. (Welsh Government, 2015).

Giving every child in Wales the best start in life is a crosscutting theme in Prosperity for All (Welsh Government, 2017) recognising the important influence of early childhood experiences on long term health, social and employment outcomes.

In January 2020, as part of its commitment to the rights of the child, Welsh Government changed the law to stop the physical punishment of children. The Children (Abolition of Defence of Reasonable Punishment) (Wales) Bill removes the defence of reasonable punishment from common and criminal law in Wales. Support for parents and parenting is a key element of the implementation plan for the Bill (Welsh Government, 2019). This has further raised the profile of parenting and support for parents in Welsh policy and practice.

Providing information and guidance is a significant focus of current action to support parents, including Welsh Government's *Parenting. Give it Time* Campaign. Parenting programmes are also a core element of Welsh Government's Flying Start Programme. Flying Start is a geographically targeted Early Years programme for families with children less than 4 years of age in some of the most deprived areas of Wales.

The need for a seamless system of support for parents is recognised in policy. Such systems are characterised by a universal level of support and assessment of risk for all families, with targeted support and intervention as needed. In 2017, Welsh Government established the Early Years Integration Transformation Programme having identified that current services were neither universally available nor proportionate to need. Several Local Authorities across Wales are engaged as pathfinder areas in the programme.

Currently, while good individual practice exists, there tends to be less focus on whole system approaches to supporting parents that recognise the socio-economic, cultural and environmental context in which families live and the impact this can have on parenting.

The public health model of parenting support developed within this paper aims to bring a public health approach to articulating the support needs of parents during the first 1000 days. Making the case for greater action on the wider structural factors at play within the system. Action on these factors represents the next key step for Wales in achieving the ambition of

reducing inequalities and improving outcomes in the first 1000 days and, as a result across the life-course.

1.4 **Why a public health approach to parenting support is needed**

Parenting is a complex, culturally dependent and sometimes sensitive concept. A shared understanding of the key components of parenting, and the scale and scope of factors that influence it, is essential to the development and delivery of effective approaches to supporting parents.

Public health approaches to improving health and wellbeing are characterised by a focus on:

- Improving outcomes for a defined population rather than an individual
- Using data and evidence to understand the root causes of a health or social problem
- Prioritising prevention and early intervention
- Taking a whole system approach to intervention, recognising the interrelated nature of risk and protective factors.

A public health perspective is particularly helpful when describing the nature and scale of a comprehensive approach to parenting support in Wales. It provides a route to understand the factors driving immediate outcomes as well as inequalities across the life course and also helps explain how these factors impact on children directly and indirectly through their impact on parents and parenting.

The model is designed to support the development of a shared understanding and language among key stakeholders, providing a common reference point from which to work and refer back. It is intended it will act as a “jumping off” point for future action.

An early iteration of the public health model of parenting support was introduced to stakeholders at the First 1000 Days Conference in December 2019. The First 1000 Days Programme was then paused in February 2020 as a result of the redeployment of Public Health Wales staff in response to the Covid-19 pandemic.

In addition to communicating the model and its implications for policy and practice to stakeholders, Public Health Wales will use the model to inform the development and prioritisation of future work within the First 1000 days programme.

2 Method

The development of the public health model of parenting support was informed by and builds on a number of foundational pieces of work undertaken as part of the First 1000 days programme, including:

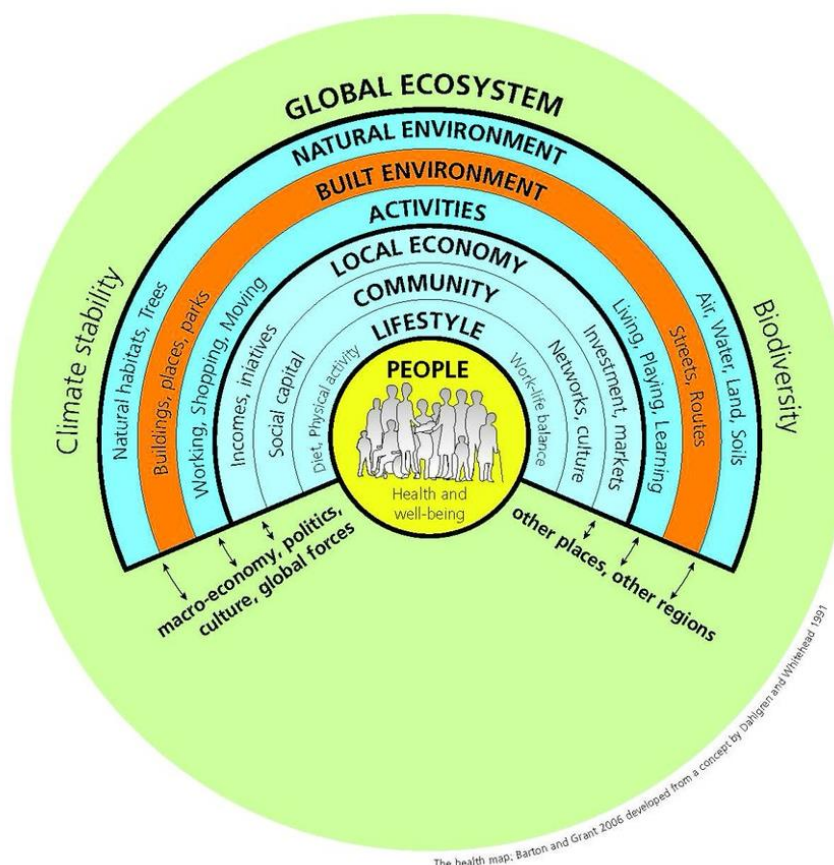
- Developing a theoretical framework
- Understanding the evidence base on the risk and protective factors influencing key outcomes for babies and young children
- Gaining insight into the experiences and views of parents and professionals.

A summary of the key findings and how each of these pieces of work informed the model and framework for action is described in more detail in sections three, four and five of this report.

3 Theoretical framework

There are a number of existing theoretical frameworks that help understand the mechanisms by which individual, relational and structural factors interact to influence short and long term outcomes for children. These models highlight that, in the first 1000 days, influencing factors impact on children's development primarily through their impact on parental health and wellbeing and parenting norms and behaviour.

Figure 2: The determinants of health and wellbeing in our neighbourhoods (Barton & Grant, 2006)



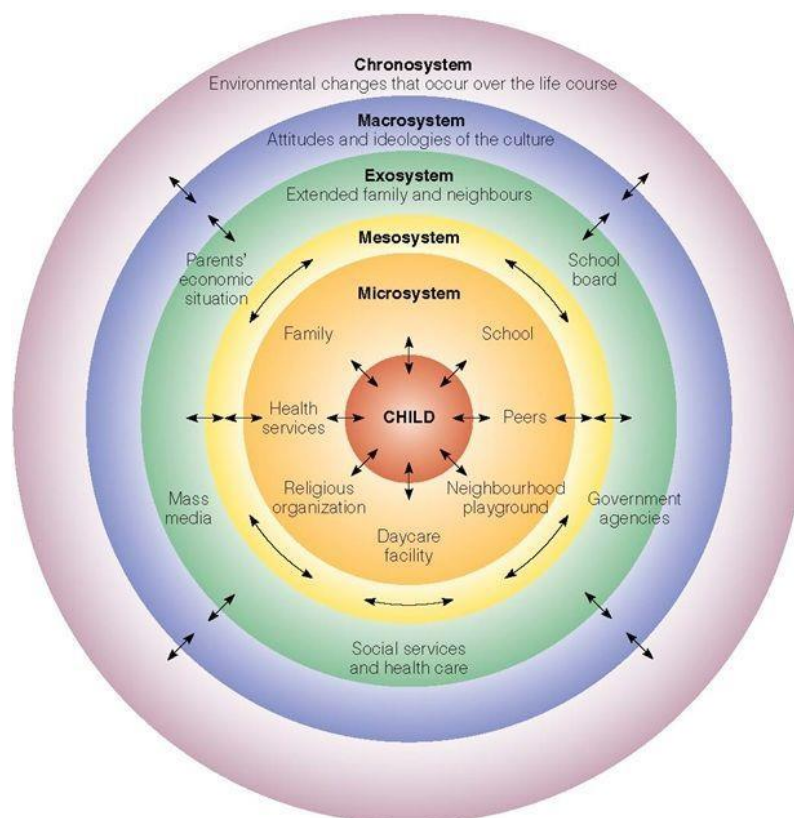
The wider determinates of health describe how the environments into which we are born, grow up and live influence health and wellbeing. The unequal distribution of these wider determinants and the ways in which this influences our environmental exposures and health behaviours drives inequalities in health outcomes (Barton & Grant, 2006). There is strong evidence that the wider determinants of health impact pregnancy and early years outcomes. Inequalities in children's development, health and wellbeing have been shown to arise early in life and frequently persist across the life-course (Marmot M. , 2010).

During the first 1000 days a child's experiences and interactions with the environment are predominantly provided and mediated by their parents. As a result children's development, health and wellbeing is also influenced by what has been described as 'an environment of relationships' that includes

(National Scientific Council on the Developing Child, 2004)
(Bronfenbrenner, 1977);

- the child's direct relationships with key individuals (for example a parent),
- the relationships and interactions that take place between individuals with whom the child has direct contact (for example a parent and their health visitor),
- the interactions between those with whom they have direct contact and the people or environments with which the child has no direct relationship (for example a parent and their workplace).

Figure 3: Bronfenbrenner's Ecological Theory of Child Development



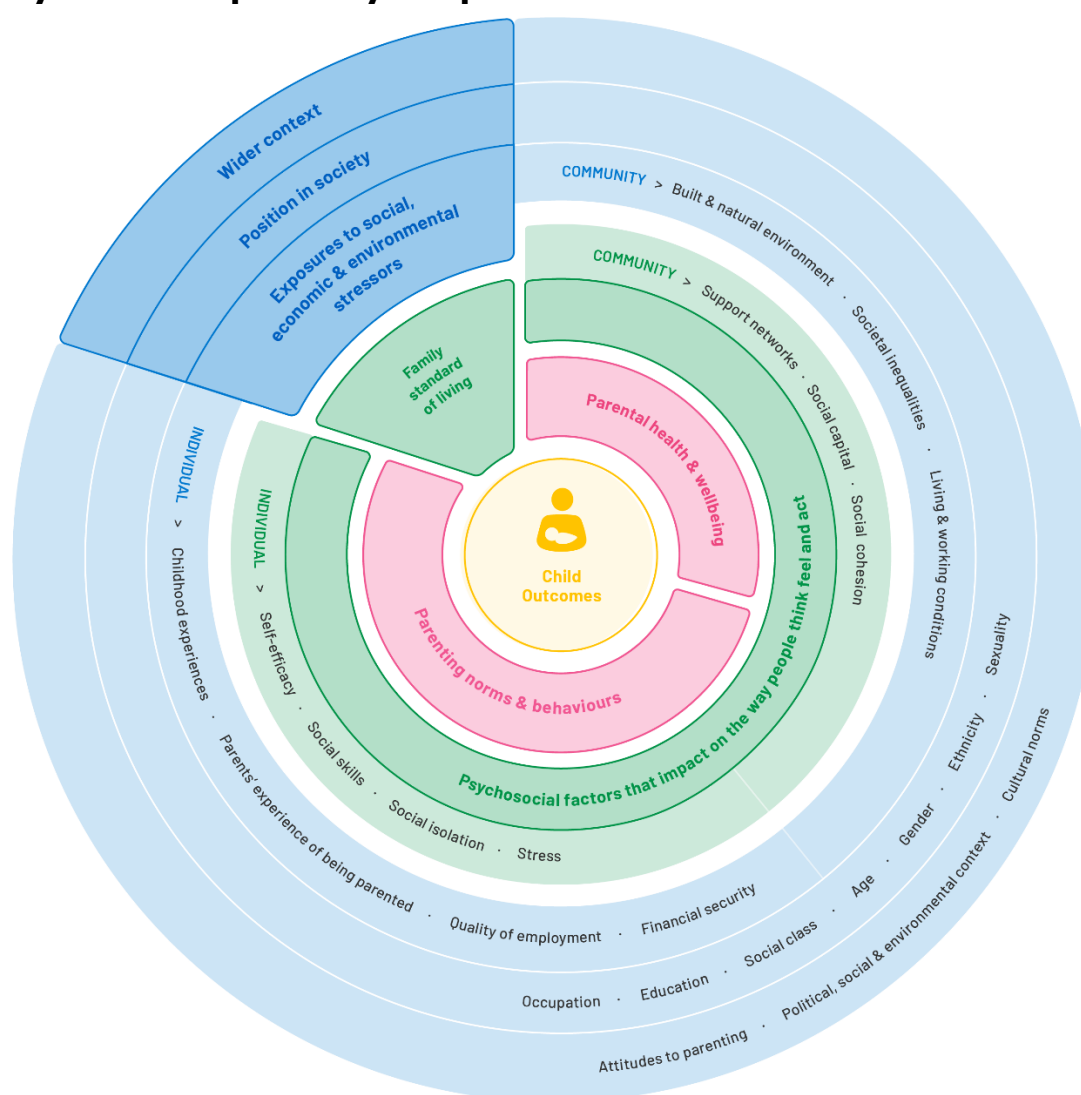
Psychosocial factors provide a mechanism to describe and explain the routes through which both this environment of relationships and the wider

determinants of health interact and influence children's experiences and development.

Psychosocial factors are those things that influence the way people think, feel and act. They influence individual health behaviours and the quality of our relationships. Psychosocial factors can be negative, for example stressful working conditions or positive, for example supportive social networks (UCL Institute of Health Equity, 2017).

Figure 4 presents a single integrated framework which brings together the role that the wider determinants of health, the environment of relationships and psychosocial factors play in enabling parents to thrive in their parenting role, and in turn influence children's outcomes in the first 1000 days.

Figure 4: Routes of influence – how structural factors and psychosocial pathways impact outcomes in the first 1000 days



Source: adapted from (UCL Institute of Health Equity, 2017), (Barton & Grant, 2006) and (Bronfenbrenner, 1977)

This integrated framework highlights how significant the parenting role is in influencing children's experiences and development in the first 1000 days. It describes the scale and scope of factors influencing parenting and the mechanisms through which these factors act to influence parenting norms and behaviours. It illustrates how the unequal distribution of these factors drives inequalities in outcomes and how a comprehensive support offer for parents in the first 1000 days could prevent the transmission of inequalities to the next generation.

Such a framework provides a structure upon which specific risk and protective factors can be overlaid, setting out the core evidence based components of a public health model of parenting support.

4 Risk and protective factors: reviews of the evidence

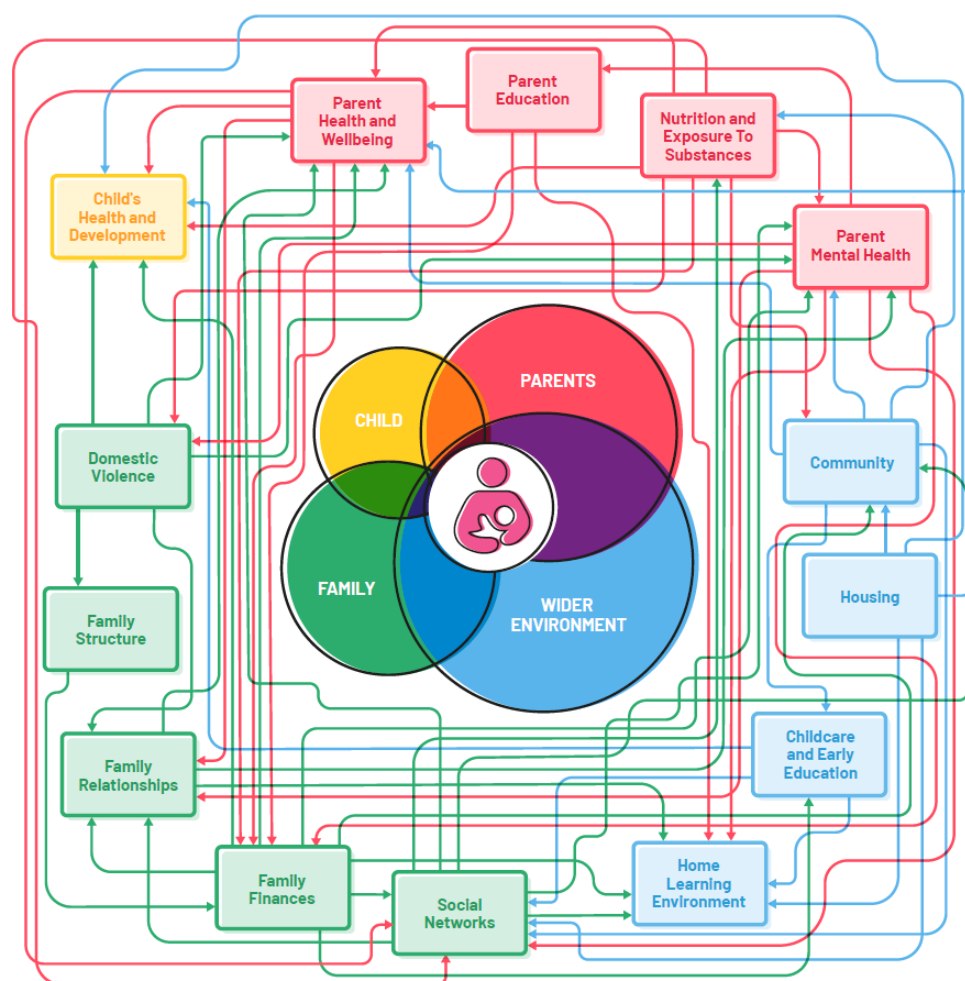
Public Health Wales undertook a series of evidence reviews to understand the specific risk and protective factors that influence outcomes for children in Wales during the first 1000 days. The topic of each of these reviews were chosen to reflect the key outcomes that support the foundations of child development and wellbeing. These reviews identified the factors influencing pregnancy outcomes (Thomson & et al, 2021), infant mental health, the achievement of developmental milestones (Public Health Wales, 2018) and the prevention of Adverse Childhood Experiences (Public Health Wales, 2017). A small technical advisory group with relevant public health expertise and experience at local and national level was established (for membership see Appendix 1). The group held a number of workshop sessions to explore and synthesise the key findings from the evidence reviews.

The reviews reinforced the presence of a link between outcomes in the first 1000 days and future health and wellbeing; identifying a strong association between adverse childhood experiences, infant mental health, the achievement of developmental milestones at age 2 and a range of future health and wellbeing outcomes.

In synthesising the most important factors identified in the literature the working group produced a system map (Figure 5) which illustrates the

complex system of interrelated factors influencing children's outcomes during the first 1000 days.

Figure 5: The First 1000 Days Complex System Map



Four groupings of risk and protective factors are described within the system map allowing for the organisation of factors into those present in either the child, parent, family or wider environment.

The First 1000 Days Complex System Map – Four groupings of factors

Child Factors: Children may be more vulnerable to developmental problems if for example, their general health is poor, if they are born prematurely or have a low birthweight.

Parental Factors: The way a parent or caregiver interacts with their child can support the child's social, emotional and cognitive development.

Family Factors: There are a number of factors that can make it easier or harder for parents and families to provide enriching experiences for their child. These include their own health and wellbeing, their level of education and their exposure to adverse childhood experiences. Stress within the family such as conflict between parents, social isolation and financial difficulty can make it harder to provide a nurturing home environment.

Wider Environmental Factors: Wider social, economic and environmental factors such as housing, employment, community and access to high quality childcare are important. They provide the foundations that families need to give their children the best start in life.

The complex system map identifies parenting as a key mechanism by which many of the risk and protective factors can influence child outcomes. Parent's access to resources directly impacts the material circumstance into which babies are born and grow up. In addition many of these factors can also indirectly influence child outcomes due to the psychosocial impact they have on parents.

The findings of the evidence reviews provide research evidence with which to test and build on the theoretical framework. These findings strengthen our understanding of the role parenting plays in influencing children's experiences and development in the first 1000 days.

5 Risk and protective factors: Parental and professional insights

The lived experience of parents and professionals provides valuable insight into how factors interact to influence outcomes, and how interventions work in practice.

A number of pieces of qualitative insight were undertaken with parents and the professionals and practitioners that work with parents. These have been essential to better understand parents lived experiences and their views on parenting and how parents can best be supported.

Summary of insight work undertaken by the First 1000 Days Programme

Focus groups and in depth interviews with 141 parents to explore parents' experiences of early parenthood, their perspectives on the support they need and how this is provided. (Public Health Wales, 2017).

Qualitative interviews with 70 midwives, health visitors and those involved in their management and training to explore their understanding of effective parenting support and how this is best provided. (Beaufort Research, 2018)

In depth interviews with 35 professionals or practitioners involved in delivering parenting support programmes to explore their understanding of effective parenting support and how they felt this is best provided. (Strategic Research and Insight, 2019)

Focus groups with 37 parents to explore what support parents felt would be useful to help them understand and improve interaction with their infant. (Public Health Wales, 2018)

An evidence summary table that details the methodology and relevant findings of each report can be found in

Appendix 2.

There were a number of common themes identified in the work.

Networks of support built on relationships: Parents and professionals described unique networks of support. These networks are unique, complex and dynamic; they may be face to face or online; they change over time; parents provide as well as receive support. The quality of the links between

people in the network is important; effective support networks are built on relationships and trust. Relationships are an important source of support and can also be a gateway to further support and resources. Family and friends are clearly the first port of call for most parents when they need support. Professionals are key contacts and provide access to other sources of support.

Supportive environments: Our insight work highlighted the influence of wider social and economic factors on parents and the way they interact with their children. The environment in which families live, their financial situation and parent's own wellbeing is a major influence on parenting behaviour. Parents and professionals told us that parenting support needs to be broader than teaching knowledge and skills. Policy and practice in the places that people live work and socialise can help create conditions families need, opportunities for people to grow their networks, and support parents in their parenting role.

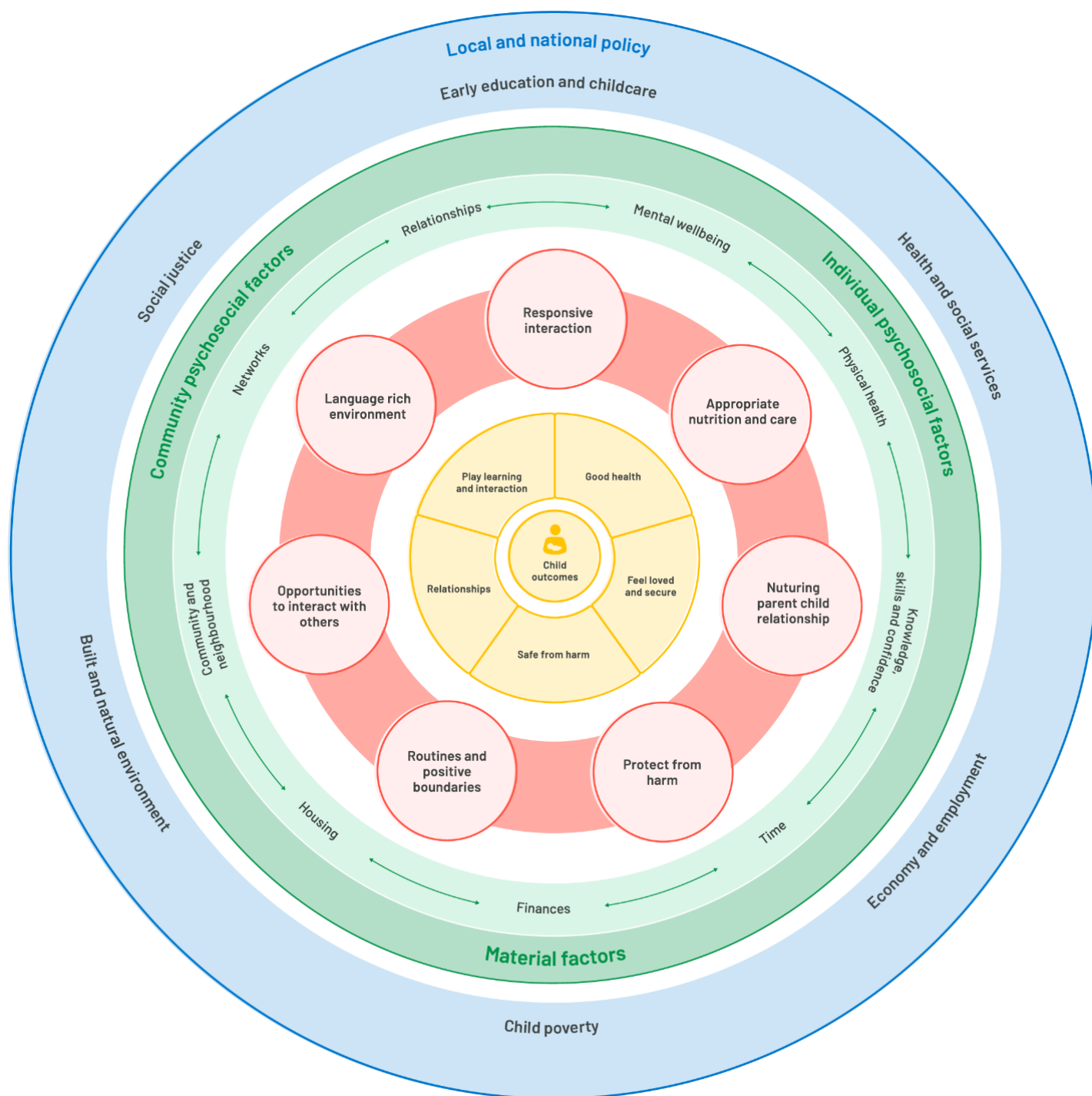
A preventative approach built on universal services: The central role of midwives and health visitors was a recurring theme in the insight work we conducted. The importance of universal services was widely recognised, to identify early where parents may need more support and to facilitate access to more specialist services. Time and continuity of care were highlighted as essential to the development of a trusting relationship between parent and professionals; a trusting relationship was identified as a key element of effective parenting support.

Areas for development: The qualitative insight work with parents and professionals found notable agreement between expert guidance, parents, professionals and practitioners about the ideal system of support for parenting. It was also clear that, although there were some inspiring examples of good work, parenting support in practice varied considerably and there were some clear opportunities for improvement. There was recognition that the antenatal period provided an important opportunity to identify need and provide support at an early stage and to help prepare for parenthood. Support for families in the antenatal period that went beyond preparing for childbirth, however, appeared to be particularly inconsistent. The insight work revealed the pressures midwives face and highlighted issues with the training and support they receive to help them prepare parents for parenthood. The insight work highlighted the importance of a coordinated system of support including informal support from family and friends. It appears that better use could be made of opportunities such as joint training, to develop links across the system and promote consistent messages and language. Flying Start areas were often highlighted as providing a good system of parenting support for families. There was a clear variation in the support available to families in Flying Start areas and those that lived outside these areas. Both families and professionals found this frustrating.

The findings of the insight work support the concepts that have been consolidated within the theoretical framework, the review evidence on risk and protective factors. Importantly they reinforce the finding's applicability within a Welsh context. There is notable alignment between people's self-reported experiences of parenting and the mediating role relational and psychosocial factors play within the theoretical framework. It is clear that it is rarely a lack of desire or knowledge that is a barrier to parents being the type of parent they want to be. Rather it is the influence of the structural and psychosocial factors described within our theoretical framework which are impacting the sufficient and equitable access to the resources parents in Wales need to thrive in their parenting role.

6 A Public Health Model of Parenting Support

The public health model of parenting support (Figure 6) places the child and their needs at its core, focussing on how outcomes in the first 1000 days can be improved and inequalities reduced. However by applying the lens of parenting it also identifies the core elements of parenting support that enable parents to thrive in their parenting role and optimise their child's experiences of, and interactions with the world during this period of the life-course.

Figure 6: The Public Health Model of Parenting Support

The models structure is informed by the theoretical framework set out in Figure 4. The specific components of the model have been identified from the outputs of both the evidence reviews and insight work described in sections four and five.

This has generated a model built around four interacting layers of factors that influence children's outcomes during the first 1000 days. Layer one describes the critical elements that come together to create a nurturing environment in which to grow and explore the world. It is the provision of this nurturing environment that babies and children need to enable them to have the best start in life.

Layer two describes the evidence based elements of parenting that support the provision of a nurturing environment in the first 1000 days. The specific nature of parenting practice related to these factors will change, however each remains a key element of positive parenting.

Layer three sets out the individual, community and material factors that can impact parent's opportunity to provide the experiences, environments and positive parenting practices described in layers 1 and 2. This layer emphasises the role that psychosocial pathways play in influencing babies and children's experiences and development during pregnancy and the earliest years.

Layer four describes the wider structural factors that influence the availability of resources to support parents in their parenting role. These include those factors that are most amenable to action through national and local policy. They often reflect the impact wider cultural attitudes to parenting and the role of parents has on families. The unequal distribution of these wider structural and societal factors drive inequalities in outcomes.

The approach taken to developing the model has allowed for the triangulation of information from theory, evidence reviews and qualitative insights. This helps corroborate the validity of the model's structure, interpretation and application to policy and practice. However any conceptual model by definition will be an oversimplification and each of the dimensions in the model are part of a complex, dynamic and overlapping set of relationships. Some dimensions and relationships may be more influential on outcomes for children than others in different individuals, in different communities and at different times.

6.1 Developing the public health model of parenting support – keeping babies and children at its heart

This public health model of parenting support places the needs of the baby and child at its core. The model maintains this critical focus on the child because it aims to describe those parenting factors which can improve outcomes in the first 1000 days.

Figure 7: Layer 1 - What children need for the best start in life

Traditionally, ensuring that children are safe and healthy has been the main focus of professionals. However there is now strong evidence that relationships; play learning and interaction; and children feeling loved and secure are equally important. These essential social and emotional components promote brain development and create the foundations for future mental wellbeing, health and learning across the life-course (The Lancet, 2016). This shift to broaden the scope of what is incorporated within a definition of the key needs of our youngest children helps us move towards a place where policy and practice can grow to consider how children are not just seen, safe and heard, but also nurtured and developing.

The recognition of the importance of 'nurturing care' in the literature, to more explicitly include these critical emotionally supportive and responsive interactions and opportunities for early learning, align closely with outcomes

chosen as the basis for the evidence reviews undertaken by Public Health Wales.

The key components of this layer of the model are:

Good health: Babies need adequate nutrition, warmth, exercise and sleep to survive, grow and develop. They need to be protected from infectious diseases and environmental hazards like cigarette smoke (Public Health Wales).

Loved and secure: The first 1000 days is a time of rapid brain development; experiences during this time shape the developing brain and influence parent-child attachment. Feeling safe and loved in infancy creates the foundations for future learning and emotional wellbeing; it enables children to learn and explore with confidence and influences the way children see and interact with the world into adulthood.

Safe from harm: This includes both physical and psychological harm. There is a growing body of evidence that adverse childhood experiences (ACEs), such as domestic violence or the misuse of alcohol or drugs, can have long-term negative impacts on health and wellbeing (Public Health Wales, 2016). Experience of severe, prolonged or repetitive stress can shape the developing brain. This can be particularly detrimental during pregnancy and infancy which is a period of rapid brain development (Center on the Developing Child at Harvard University, 2022).

Relationships: There is increasing evidence of the impact of relationships on children's wellbeing and development in the first 1000 days (Asmussen & Brims, 2018). While there is no 'perfect' family structure, the evidence suggests the relationship between the parent and child, between the child's parents and also the family's relationships with their wider family and social network are key components influencing children's wellbeing and development in the first 1000 days (Harold, Acquah, Sellars, & Chowdry, 2016). The negative impact of harmful stress can be reduced if the child has at least one supportive nurturing relationship with a trusted caregiver (Bellis, Hardcastle, Ford, & et al, 2017).

Play, learning and interaction: Evidence suggests that the foundations for future learning are built in the first 1000 days, and that opportunities to interact, play and learn are a key component (Literacy Trust/PHE, 2018).

6.2 Developing the public health model of parenting support – key elements of parenting for the best start in life

The second layer of the model focusses on what parents can do to provide their children with the best start in life. Approaches to parenting are strongly influenced by family and culture. Parents that took part in the insight work all wanted the best for their child. They were aware, however, that others might have different approaches to parenting and were concerned about being 'judged'. Although views on 'how' to parent may vary, there is more agreement about 'what' parents aim to achieve in their parenting role. This layer of the model is informed by the findings of the evidence reviews and focusses on these fundamental elements; what parents can do to support their child to have the best start in life.

Figure 8: Layer 2 - how parents give their children the best start in life.



The key components of this layer of the model are:

Responsive interaction. Young children naturally seek interaction through babbling, facial expressions, and gestures, and adults respond by smiling, talking and gesturing back. Warm responsive interaction supports emotional wellbeing; it helps build relationships, security and confidence. There is evidence that this 'serve and return' process is fundamental to brain development, especially in the earliest years (Center on The Developing Child, Harvard University, 2016).

Appropriate nutrition and care. Babies are reliant on their parents to ensure their physical needs are met. Parents need to ensure that babies have nutritious food; sufficient sleep and physical activity; that they are clean and warm; and receive medical care they need to prevent or treat illness (Public Health Wales).

Nurturing parent child relationship. There is good evidence that a nurturing parent child relationship is linked to positive outcomes for the child as it grows up (Center on The Developing Child, Harvard University, 2016). There is some evidence that a positive parent-child relationship, sometimes called secure attachment, can protect children from the negative impacts of material deprivation and adverse childhood experiences. Secure trusting attachment between parent and baby develops naturally for the vast majority of parents but it may be disrupted where, for example, there are health problems or stressful family circumstances. (Unicef, n.d.).

Protect from harm. Harm includes illness and both physical and psychological injury. Parents have a key role in ensuring that their child is well supervised, their environment is clean and safe, and they are not exposed to harmful stress. Parents must not use physical punishment and it is important that they protect their children from experiencing or witnessing violence and abuse. (Welsh Government, 2019) (Clair, 2019)

Routines and positive boundaries. From an early age parents have an important role in helping children make sense of their world. This includes creating familiar routines and promoting positive communication and choices, as well as providing clear and consistent guidance. A positive parenting style which provides emotional support and encouragement as well as setting clear boundaries is associated with better outcomes for children (Utting, 2007).

Opportunities to interact. Parents have a key role in supporting their child to play and engage with the wider world. Positive experiences with a variety of people, places and objects helps learning and development as well as building confidence (Literacy Trust/PHE, 2018).

Language rich environment. Regular opportunities to experience and engage with spoken and written language are important for early language development. This includes chatting with the child about daily activities, family conversations, singing, reading out loud, and playing with books. Language development at age 2 is strongly associated with later school readiness (Roulstone, 2011).

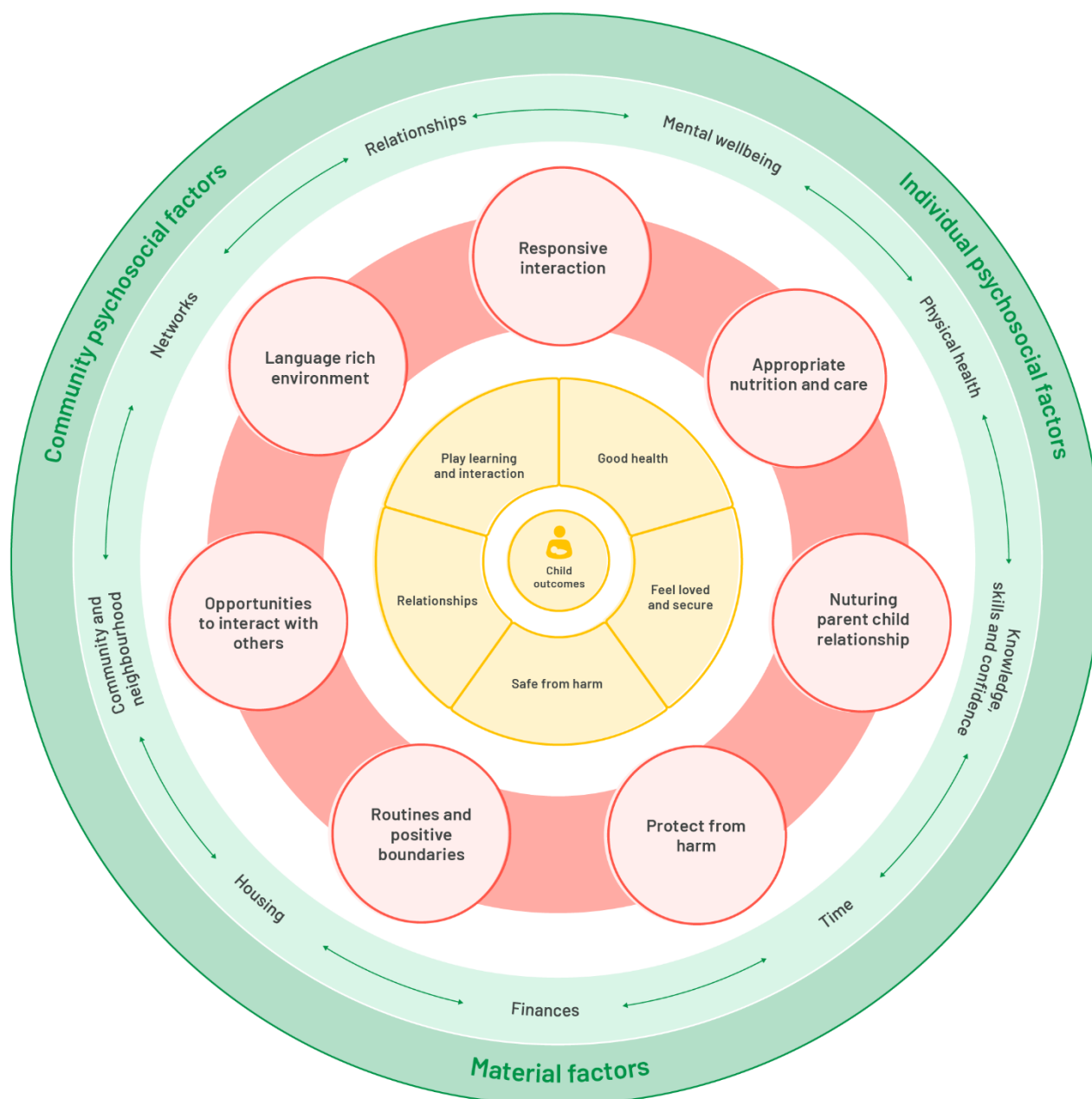
6.3 Developing the public health model of parenting support – optimising positive psychosocial pathways

The third layer of the model describes the psychosocial and material factors that have a direct influence on the way parents think, feel and act. These factors influence parenting norms and behaviours, which in turn influence their child's early exposures, experiences and development.

The specific components identified in this layer include a range of personal, financial, environmental and social resources as well as the knowledge, skills and confidence that tends to be the focus of traditional parenting support. Each component has been drawn from insight work with parents and professionals in Wales and evidence reviews.

It is important to recognise that there is often a complex relationship between these factors and that they often cluster together; parents that are struggling financially, for example, are more likely to have health and housing issues. However, parents most in need of family support services are often the least likely to access them (Utting, 2007).

Figure 9: Layer 3 – supporting parents by optimising positive psychosocial pathways



The key components of this layer of the model are:

Mental Wellbeing. First 1000 days insight work with parents highlighted that becoming a parent is a significant life change, bringing responsibilities and experiences that challenge the emotional resilience of parents. Parents who are struggling with their own mental health may find the demands of parenting more challenging. There is evidence that parental mental illness, particularly in the mother is associated with poor birth outcomes, insecure

attachment between parent and child, and in the longer term problems with behaviour and learning (Wave Trust and the Department for Education, 2013). The antenatal period is an opportunity to support parents to prepare for becoming a parent and to identify parents with pre-existing or developing mental health needs that may benefit from additional support.

Physical Health. During pregnancy the health of a baby is directly affected by the health and wellbeing of the mother (Marmot M. , 2010). Babies born with low birth weight are more likely to have poorer long term health and educational outcomes. Physical and emotional health are closely linked. Parenting can be more difficult if the parent's own physical health is poor.

Knowledge, skills and confidence. Parents generally learn how to parent from watching family and friends and their own experience of being parented as a child. Parent information is often the main focus of parenting interventions. Parental insight work told us that parents can find the amount of parenting information and advice overwhelming and that they valued a face to face conversation with someone they trusted. Managing life, work and parenting effectively requires a core set of skills including planning, awareness, self-control and flexibility. Stress and adversity can compromise the ability of parents to use these skills effectively (Center on the Developing Child, Harvard University, 2021).

Time. Parents told us that they need to balance competing demands for their time; to look after their own needs, to provide for their family and to parent their children. Wider caring responsibilities, the need to work long hours or spend time travelling can directly impact the time parents have to perform their parenting role. It can also indirectly impact parenting norms and behaviours through the stress associated with juggling multiple competing commitments (Public Health Wales, 2017)

Finances. Families need sufficient income to provide a clean, warm home, nutritious food, clothing, activities and equipment. Financial concerns and the demands of work can also impact family time and relationships. In contributing to parental stress and poor mental health financial pressures can lead to disrupted parenting and to poorer long-term outcomes for children (Utting, 2007).

Housing. Babies and young children are particularly vulnerable to health issues related to damp, cold or unsafe homes. Housing issues, including housing insecurity can be stressful for parents and make daily childcare activities more difficult. Housing and planning policies are important mechanisms for improving living conditions for families with young children (Clair, 2019)

Community and neighbourhoods. Neighbourhood characteristics are important when raising children. The communities and local environments in which families live can influence parents' own health and wellbeing, their

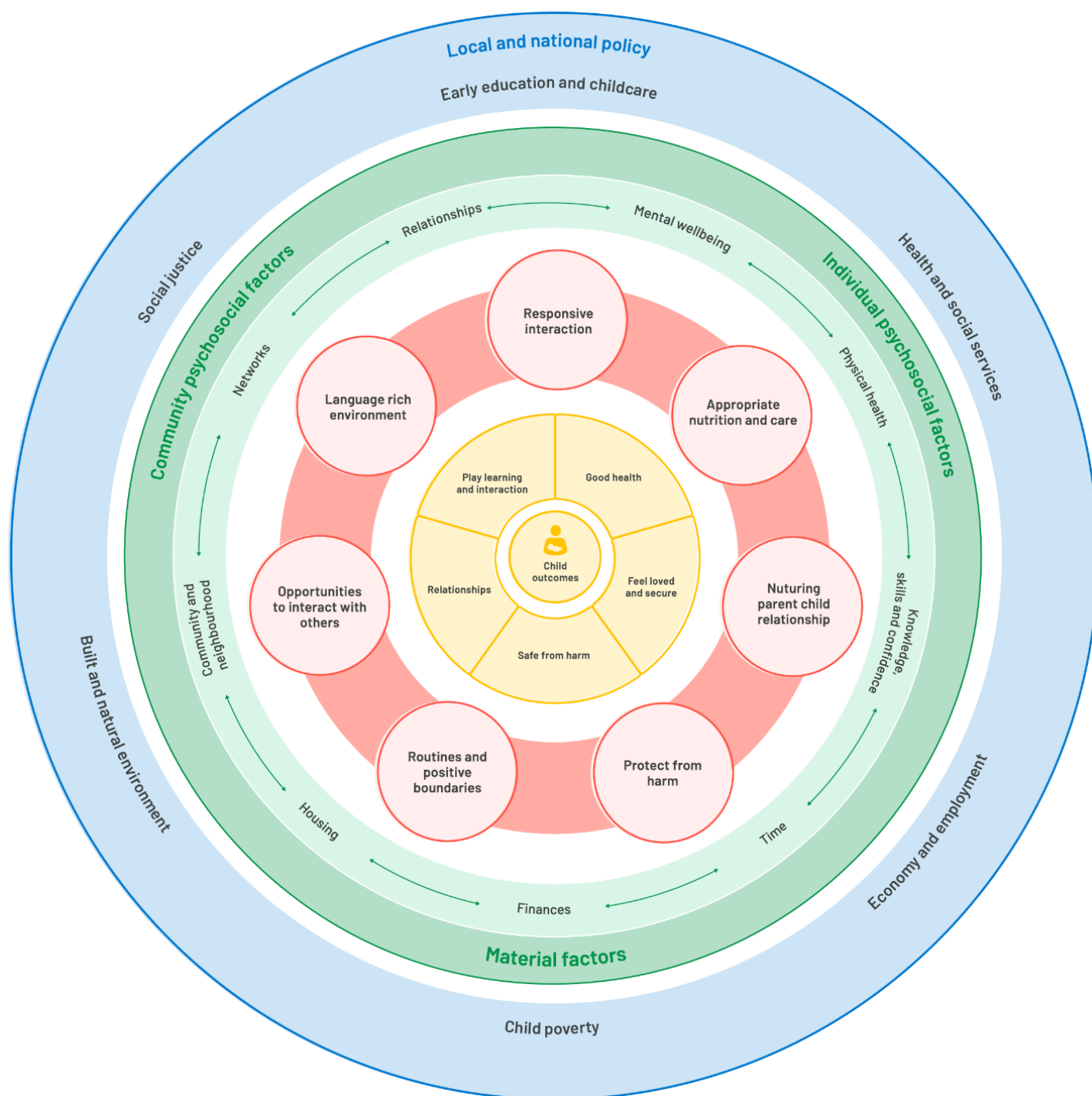
parenting norms and behaviours and their ability to access support. There is growing evidence that social cohesion is part of the causal chain between environmental and built characteristics of a neighbourhood and health (Kress, Razum, & Zolitschka, 2020). The social infrastructure of neighbourhoods can reduce social isolation and promote social cohesion through everyday opportunities for positive social interaction.

Relationships and networks. Relationships between parents, the wider family and with professionals are an important influence on parenting (Early Intervention Foundation, 2016). It has been estimated that 40-70% of couples experience a decline in relationship quality in their first year of parenthood. Disturbed sleep and exhaustion can have an impact on relationships as couples negotiate a fundamental shift in roles and responsibilities. Not all conflict is damaging, but where conflict between parents is frequent, intense and poorly resolved, it can harm children's outcomes, regardless of whether violence is involved or whether the parents are together or separated. Constructive conflict where there continues to be respect and emotional control, and conflict is resolved or explained is linked to lower risks of child distress. Wider networks are also important; family, friends and professionals provide emotional support, advice, and practical help with the responsibilities of raising a child. Interventions and services for families can be designed to support the development of informal social networks.

6.4 Developing the public health model of parenting support – creating equitable and enabling environments

The fourth layer of the model describes the wider structural factors that influence parent's norms, behaviours and ability to meet their child's material and developmental needs. This layer includes those factors identified that require action at a national and local policy level.

Action on these factors can lead to more equitable and enabling environments for families and reduce reliance on positive psychosocial factors to buffer the impact of negative experiences or environments.

Figure 10: Layer 4 – Societal, economic and environmental

The key components of this layer of the model are:

Child Poverty. Children growing up in poverty experience many disadvantages which accumulate across the life-course. Poverty has multiple, negative impacts on children's outcomes leading to inequalities in health, cognitive development, social and emotional development and educational attainment (Treanor, 2014). Poverty impacts parenting through

multiple routes. It directly impacts a parent's ability to provide material goods to support their child's development. It also indirectly influences early experiences through the additional stress living in poverty places on parents, which in turn influences parenting norms and behaviours (Cooper & Stewart, 2017).

Economy and Employment. Employment and workplace policies directly affect parent's health and wellbeing. Being in good employment is protective of health. However jobs need to be of good quality because adverse working conditions can damage health. This means employment must offer a decent living wage, but also opportunities for in-work development and the flexibility to balance work and family life (Marmot M. , 2010).

Health and Social Services. While there is strong evidence for the role the wider determinants of health play in influencing health and wellbeing outcomes, health services make a significant contribution to overall levels of good health (Local Government Association , 2020). Health services available in the first 1000 days have a key preventative, public health role to play in supporting families at this critical part of the life-course.

Early Childhood Education & Childcare. High quality early childhood education and childcare (ECEC) stands to benefit all children, especially those from disadvantaged backgrounds. A growing body of research recognises that quality ECEC can help offset weak home learning environments for children living in poverty whose parents and other caregivers may struggle to find the time, emotional energy and confidence to create positive early learning opportunities. (G20 Education Working Group, 2020).

Social Justice. When a society is thriving its inhabitant's health tends to improve (Marmot, Allen, Boyce, Goldblatt, & Morrison, 2020). However, when a society has large social and economic inequalities there are often similar inequalities in population health and wellbeing. More unequal societies have been shown to experience an increased prevalence of a range of poor health and wellbeing outcomes. These include outcomes associated with the first 1000 days, including the level of child mortality, low birth weight and teenage pregnancy (K E Pickett, 2009) (S Hawkes, 2022). Unequal societies influence population level outcomes through a number of potential mechanisms including the role income plays in enabling access to goods that benefit health and the role inequalities play in impeding social cohesion and social capital (K E Pickett, 2009).

Built and Natural Environment. The built environment includes several material determinants of health including housing, neighbourhood conditions and transport routes. These environmental factors have lasting impacts by shaping people's daily actions, behaviours, perceptions and

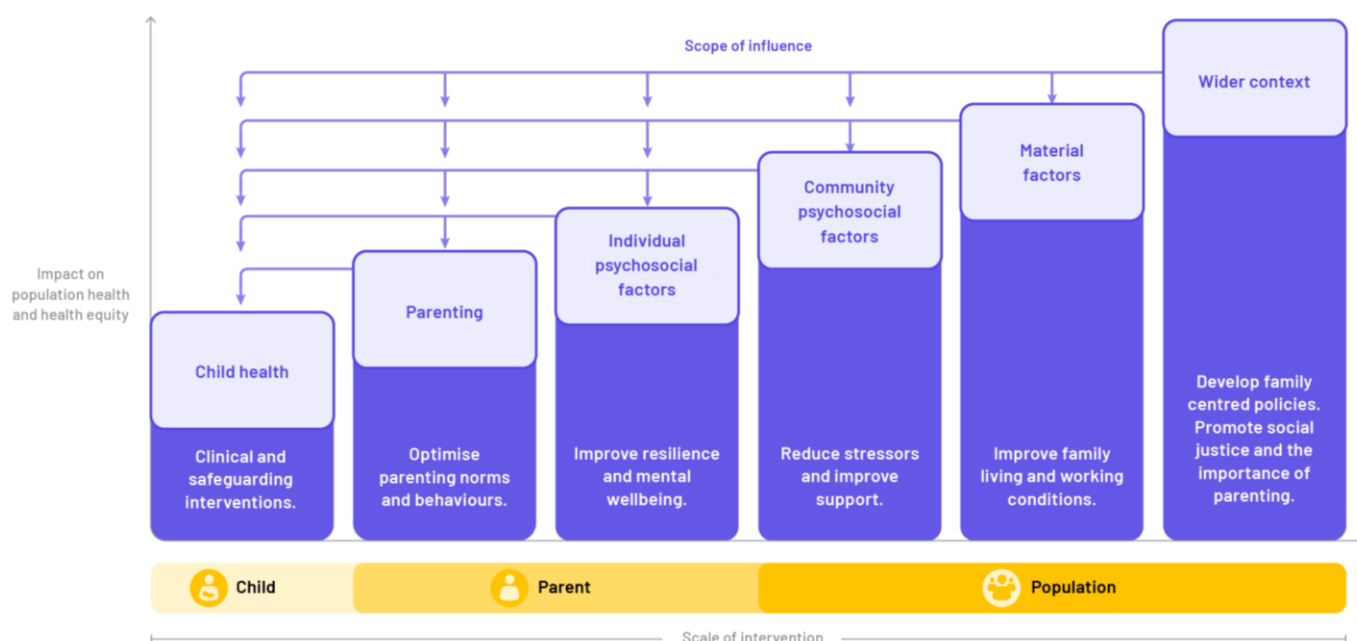
feelings in a variety of ways that influence both physical and mental health. Wider neighbourhood characteristics and the natural environment also impact on health, wellbeing and social cohesion (Glasgow Centre for Population Health, 2013).

7 Mechanisms for action in enhancing support for parents

This technical report has described parent's critical role in providing the early experiences that support babies and children to flourish while also helping to create the foundations of children's future health, wellbeing and prosperity. By taking a public health approach to understanding the role of parenting and parents support needs, it has presented a model that describes the interrelated psychosocial and structural factors influencing parent's opportunity to thrive in their parenting role.

The constituent elements within the framework for action (Figure 11) have been drawn from the public health model of parenting support and represent both the interrelated layers of the model, and the relative impact action at each level has the potential to make.

Figure 11: A public health approach to parenting support: framework for action



The framework identifies three potential target groups for intervention, each with an increasing scale and scope of influence; the child, parent and population. Traditionally, approaches to improving outcomes in the first 1000 days have primarily focussed on the child or parent directly.

Improving population outcomes and reducing inequalities, however, requires action at scale across each of the domains of influence within the model. Without preventative interventions at a population level, action will lack the required scale to significantly improve outcomes and reduce inequalities.

Approaches to delivering interventions to support parents can be broadly categorised as indicated, targeted or universal. Universal interventions are delivered to all, targeted interventions are delivered to higher risk groups and indicated interventions are delivered to individuals identified as having a specific need.

There is strong evidence that action to effectively tackle health inequalities must be delivered through strategies that provide universal support and assessment of risk for all, with targeted support and indicated intervention of increasing scale and intensity proportionate to the level of disadvantage (Marmot M. , 2010).

Interventions benefiting entire populations universally have the advantage of having scale built into them intrinsically. Universal interventions also provide a base from which to optimally identify risk and target further interventions for those at greater need. Intensive interventions when used in isolation may be very effective in changing outcomes for individual families but are unlikely to reach sufficient people to significantly impact population level outcomes. Without careful targeting they may also increase inequalities due to underlying patterns of health seeking behaviour.

To successfully build a comprehensive parenting support offer that creates a more enabling parenting environment it will therefore be essential to engage stakeholders that can influence change at multiple layers of the model. Adopting such a 'systems approach' ensures the collective impact of our activity and resources are amplified and we are acting at a sufficient scale to improve outcomes at a population level (Rutter, 2017).

It is also important to recognise that interventions are likely to have broader, potentially unintended, impacts. These may be positive or negative. For this reason actively engaging a broad range of people in the planning and development of policy and interventions is useful to help identify and limit unintended consequences.

Table 1 describes in more detail the types of interventions that can be deployed within each level of the framework to build a comprehensive approach to parenting support in Wales.

Table 1: A public health approach to parenting support: Level, mode and type of intervention available

		Mode of intervention	Type of intervention
Level of intervention	Child	Interventions with the child	These types of interventions can include universal healthcare services such as health visiting as well as targeted or indicated support, for example speech and language services, safeguarding and looked after child interventions. Intensive and individually tailored interventions are important where there is an identified need. However, used in isolation they are unlikely to reach enough people to have the desired impact on population outcomes or inequalities. For this reason, and to enable effective identification of children requiring additional support a level of universal support covering all children, for example through a universal health visiting service offer, is essential to improve outcomes and reduce inequalities.
	Parent	Interventions with the parent	These types of interventions may seek to optimise parenting knowledge and behaviour and include parent education, social marketing, and parenting programmes. They may be universal or targeted at groups or individuals identified as higher need. The public health model of parenting support highlights the importance of avoiding an over reliance upon information provision. Promoting positive individual psychosocial factors and improving material circumstances can play an important enabling role in increasing parenting capacity. Advocacy based interventions recognise the role services can play enabling access to wider advice and support. Interventions need to be carefully designed in order to be accessible, trusted and non-judgemental to ensure they are both effective and avoid increasing inequalities. Families in greatest need are least likely to independently access or engage with interventions and more likely to face significant barriers to change. For this reason delivery of a universal level support directly aimed at parents through midwifery and health visiting services provides the foundation for building trusted relationships and enabling effective intervention at this level of the framework.
	Population	Interventions in the parenting environment	These types of interventions include those which aim to address structural factors that influence parenting capacity, community psychosocial factors and the material circumstances in which families live. This includes action to enhance the parenting environment through policy and legislation, creating supportive settings (e.g workplaces and healthcare) and community development. These interventions support positive parenting norms and behaviours through the creation of enabling environments, addressing barriers and creating supportive conditions for parenting. In doing so interventions at this level have a trickle-down effect, mediated through their influence on families material circumstances and psychosocial factors. It is action at this level that has the greatest potential to reduce inequalities.

8 Implications for policy and practice

The description of the key role structural and psychosocial factors play in effecting parent's opportunity to thrive in their parenting role has significant implications for future action to improve outcomes for children during the first 1000 days in Wales.

The model makes clear that if we are to effectively support parents and reduce inequalities the system must move beyond a focus on education based approaches to act at scale on structural and psychosocial factors. A whole system approach to supporting parents that recognise the context in which families live and the impact this can have on parenting norms and behaviours is key to success.

8.1 Key messages for policy and strategy development

- Reducing inequalities in outcomes in the first 1000 days matters for children's current and future health and wellbeing
- Action to improve outcomes in the first 1000 days and reduce child poverty should be a strategic priority across the system in Wales.
- Adopt inclusive, family centred approaches to local and national policy development to identify and minimise any negative impacts for families.
- A common set of system wide indicators are required to better evidence and understand the impact of adopting a public health approach to supporting parents.
- Health visiting and midwifery services, as the universal support services in the first 1000 days, are uniquely placed to systematically assess families' needs and facilitate early access to a broad range of support
- Continuity of care is critical to the development of trusting relationships necessary for effective family support.
- Consistent, high quality, evidence based parenting information and guidance should be available to all families, with targeted support available where additional needs are identified.

- Identify and address gaps in the provision of support to help families manage common family stressors such as relationship problems, debt and housing.

8.2 **Key messages for service development and delivery**

- Support midwifery, health visiting and those working with families to understand and act on the psychosocial and structural factors that influence parent's opportunity to thrive in their parenting role.
- Work in partnership with families to develop and evaluate services to prevent unintended psychosocial and structural consequences.
- Ensure parental confidence and wellbeing are included as outcome measures in the evaluation of interventions in the first 1000 days.
- Create opportunities to build and strengthen networks between practitioners across the breadth of workforces that support families in the first 1000 days.
- Design and deliver services for families that better enable the development of trusting relationships between parents and professionals.
- Provide families with high quality, consistent and supportive advice and information about common family stressors.
- Maximise opportunities for families to build and strengthen informal support networks.

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Appendix 1: Technical group membership

Dr Julie Bishop	Director of Health Improvement
Amy McNaughton	Consultant in Public Health leading on the First 1000 Days Programme
Sue Wing	Principal Health Promotion Practitioner with a focus on the First 1000 Days Programme
Dafydd Gwynne	Principal Health Promotion Practitioner with a focus on the First 1000 Days Programme
Siobhan Adams	Consultant in Public Health (Local Public Health Team)
Mererid Bowley	Consultant in Public Health (Local Public Health Team)
Alisha Davies	Head of Research and Development
Dr Teri Knight	Consultant in Public Health (Research)
Genevieve Riley	Senior Researcher

Appendix 2: Insight evidence summary

Table 2: First 1000 Days insight – evidence summaries

Study details <i>Author, Year, Citation</i>	Research Parameters <i>Research question/s Theoretical approach. How data was collected – methods</i>	Population and sample selection <i>Population sample was selected from, how they were recruited, how many participants, inclusion/ exclusion criteria</i>	Outcomes and methods of analysis. Results <i>Brief description of method and process of analysis Key themes relevant to this review (with illustrative quotes if available)</i>	Notes <i>Limitations, evidence gaps,</i>
The First 1000 Days Parental insights report, Public Health Wales, 2017 published online	Qualitative Focus groups, in-depth paired interviews and individual in-depth interviews conducted by Beaufort Research and Barnardos Cymru. Explore parents' experiences of early parenthood,	141 parents One cohort of 56 parents from lower socio-economic groups predominately accessing universal services; and a second cohort of 85 parents who were in contact with specialist support services for parents with experience of domestic abuse, mental health, substance misuse, parenting and/or relationship issues or involvement in the criminal justice system.	Methods of analysis are not discussed. Results are presented as a narrative with key themes. Parents want to give their children the best start in life. Parents talked about wanting to ensure their baby was safe, healthy, happy and meeting their developmental milestones. Parents are concerned about the impact of wider issues on their ability to do the best for their baby. Parents described concerns about work, suitable housing and finances. A small number of parents were anxious about the impact on the child of being brought up in a deprived neighbourhood. Some parents reported a struggle to pay bills and that the cost of transport made it difficult to access services. <i>'I couldn't afford to get to midwife appointments as it's £5.40 return on a bus.'</i> Family, friends, and community are important sources of support for parents. Parents described how they sometimes feel alone, tired, and worried. They talked about wanting to be a good parent, the fear of being judged and how difficult it can	Limited detail about methodology in the report.

	their perspectives on the support they need and how this is provided	No details of recruitment strategy or inclusion/exclusion criteria	<p>be to ask for help. <i>I struggled with being on my own with her (daughter)... when I was out and about with her – being a young Mum drew a lot of negative looks and comments.</i>” Parents turned to family and friends because they could trust them. Parents talked about the value of their support network and highlighted the importance of a supportive community and the availability of group activities such as parent and toddler groups.</p> <p>Parents value the expert information, advice and signposting provided by key professionals. They described seeking information online and from trusted professionals, family and friends. They said that they sometimes receive conflicting advice and information. <i>‘The older generation kept telling me what to do – sometimes they would contradict what the Health Visitor and Midwife said. The Health Visitor and Midwife said I was doing ok but older relatives kept telling me I was doing things wrong.’</i> Mother. A number of parents reported that antenatal classes were not available and the lack of resources targeted at fathers was also highlighted.</p> <p>A trusting relationship between parents and professionals is important. Some parents described their experience of mental and physical health issues, violence, bereavement and substance use. Parents reported that they may not discuss concerns or disclose problems for fear of being judged. <i>‘I’d palm it off with, ‘I’m okay’ [to the health visitor]. It scares you being judged and I don’t know... I just wanted to be, ‘I’m a strong mother, I can do this sort of situation. But really I couldn’t.’</i> Mother, 20-25, Torfaen. Parents reported mixed experiences with midwives and health visitors. Time, continuity of care and a non-judgemental approach were seen as important factors in building this relationship.</p>	
Professional insight – Parenting Support	Qualitative – A combination	70 participants from five Health Boards in Wales,	<p>Analysis – inductive thematic analysis.</p> <p>Professionals’ perceptions of parenting support are broad and varied. <i>‘It’s such a broad range of things that I think it</i></p>	The report presents individuals views and

<p>Study, Beaufort Research, 2018. Unpublished, available on request from Public Health Wales.</p>	<p>of semi structured focus groups and phone interviews from late January to mid-March 2019.</p> <p>Explore key professionals' understanding of effective parenting support and how they felt this is best provided</p>	<p>Purposive recruitment strategy – urban/ rural, across Wales, Flying start/ non-Flying Start areas.</p> <p>Public Health Wales sent introductory letter to heads of service. Research team selected health board area. Individuals nominated by service leads.</p> <p>37 Health Visitors (line managers/ non-line managers, Flying Start /non-Flying Start areas)</p> <p>25 Midwives (line managers/ non line managers).</p> <p>8 university staff involved in professional training for midwives and (4 for Health Visiting, 4 for Midwifery)</p>	<p><i>means different things to different people. (Health Visitor)</i> Attachment, cognitive development and positive management of behaviour were identified as essential topics.</p> <p>Issues that directly impact on parents can indirectly impact on parenting. Professionals felt that where a parent might need support, with for example mental health, housing or financial problems, this could ultimately affect their parenting. <i>'Everything is connected so you have got to look at the bigger picture. It's not just one problem, everything is connected'. (Health Visitor)</i>. Health Visitors said that they sometimes had limited options to refer on for additional support and recognised access to local services as a barrier for parents. Professionals felt that organisations could work together better to make the best use of resources</p> <p>Parenting support should empower and enable parents. <i>'We use the word 'empowered' a lot, but I think it's about raising their confidence in their parenting.</i> Professionals talked about the importance of building parents confidence. They recognised that becoming a parent is a big life change and talked about the importance of emotional wellbeing and the need to consider Dads and other carers or family members that are also involved in parenting.</p> <p>Family and social support networks were seen as important. Although conflicting advice provided by families and friends was identified as a challenge. Some of the professionals talked about a decline in 'community spirit' and concern for vulnerable families without a strong informal support network.</p> <p>Professionals identified a need to improve support for parents in the antenatal period to help them prepare for parenthood. There is an important opportunity during pregnancy to identify factors such as relationship problems, substance use and mental health issues that might impact on future parent/ child attachment. Professionals report a great</p>	<p>opinions. These may not be accurate or representative .</p>
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			<p>deal of variation in the quality and effectiveness of existing parenting programmes. Antenatal classes, to support parents to prepare for parenthood were identified by Midwives as an area for review and further development. <i>'we just wing it a bit don't we?'</i> (Midwife)</p> <p>Support should be universal but limited resources mean that professionals, particularly those outside of Flying Start Areas have to focus on those most in need. Professionals recognised the importance of building relationships with pregnant women and parents in providing effective and culturally sensitive support. Those in most need of support were often least likely to engage and take up referrals. Time, training, and continuity of care were felt to be essential to providing effective support. <i>'If you can't build a relationship with a family, you're not going to be able to offer them that support.'</i> (Health Visitor)</p>	
<p>Professional insight – Delivery of Parenting Support, 2019. Strategic Research and Insight. Unpublished, available on request from Public Health Wales.</p>	<p>Qualitative</p> <p>In depth interviews</p> <p>Explore key professionals' understanding of effective parenting support and how they felt this is best provided</p>	<p>35 participants</p> <p>Professionals or practitioners involved in delivering universal and targeted parenting support programmes (antenatal to age 7)</p> <p>Purposive sampling to include urban and rural areas and represent all regions of Wales.</p> <p>Local Authority Family Information Service or parenting team leads</p>	<p>Thematic analysis</p> <p>A range of universal and targeted, group and individual, parent support programmes are available across Wales. Practitioners reported that parenting programmes tend to be group and/or one to one support although there is considerable variation across Wales. More specialist support tends to be more tailored to the needs of the family. Gaps in provision were identified particularly for preventative and antenatal programmes.</p> <p>Effective support needs to consider the broader issues that impact on parents. Parenting practitioners describe how practical issues such as cost, transport and childcare, prevent parents accessing support. They highlighted suitable venues and facilities as an issue in many areas.</p>	<ul style="list-style-type: none"> •

		<p>nominated practitioners. Additional practitioners were identified through the National Parenting & Family Support Strategic Leads Network managed by Children in Wales.</p> <p>Semi-structured, in depth interviews</p>	<p>Practitioners highlighted the importance of nurturing relationships and peer support networks that develop in a group setting. Parenting practitioners describe the importance of a sympathetic, welcoming and nurturing approach to ensure parents feel valued and cared for. They talk about providing food and allowing time for informal chat. Practitioners highlighted the importance of group dynamics. They talk about the broader benefits of developing confidence, giving examples of parents continuing to meet and support each other, and parents that have gone on to further learning or employment.</p> <p>Parents, particularly those referred to a parenting programme, are not all 'programme ready'. Parenting practitioners report that parents are sometimes referred to parenting programmes as by social services or the courts as part of action to address identified issues. They report that in these cases it can be more challenging to engage and develop a relationship with the parent. Practitioners emphasised that there is often a need to build relationships and confidence before they are ready to join a formal group.</p> <p>Parenting support programmes are most effective when delivered as part of a broader multi agency network of support. Practitioners describe how bureaucratic processes often hinders the provision of comprehensive and timely support. The importance of ensuring all professionals working with families provide consistent messaging was highlighted.</p>	
Promoting 'serve and return' interaction in the first 1000 days,	Qualitative 6 Focus groups, 3 English and 3 in Welsh	<p>37 participants</p> <p>Parents of children aged 0-2</p>	<p>Inductive thematic analysis</p> <p>Not all mothers were familiar with the concept of 'serve and return' but all could describe this type of interaction with their children and felt that it was important. Some felt that it was innate and did not see the need for intervention.</p>	<ul style="list-style-type: none"> •

Public Health Wales, 2018. Unpublished, available on request from Public Health Wales.	language Nov/Dec 2017 Explore what support parents felt would be useful to help them understand and improve interaction with their infant.	Recruitment strategy – existing parenting groups/ networks/early years settings. Researchers were unsuccessful in setting up a focus group for fathers.	<p>Some didn't think that the 'serve and return' terminology used was very helpful.</p> <p>Most participants were interested in practical advice on improving interactions. They said the amount of information can be overwhelming and they preferred a face-to-face conversation to written materials. Participants who were not living in Flying Start areas or receiving specialist support reported that their health visitor or midwife had not discussed this with them <i>"It would have been lovely to have a conversation with a professional about interactions, possibly when pregnant. No-one prepares you for the reality of life with a baby in this way, the classes and appointments are just about pain, nappies..." Mam, 30-39, Cardiff</i></p> <p>Parents highlighted the influence of friends and family as a source of support. The importance of a trusting relationship with key professionals was highlighted. Some reported that they received conflicting messages <i>"Family feel that responding to cries straight away is spoiling her, I say I'm not going to leave her to cry, I'm going to build their brain connections."</i> Mam, 20-29, Swansea.</p>	
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Appendix 3

Strategy	Description and examples	Rationale
Build healthy public policy	<p>Policy and legislation at local and national level that influences the environment, community planning, public services, transport, finance, employment.</p> <p>Minimum wage, paid paternity leave, child poverty strategies, global trends, and climate change.</p>	<p>Policy and legislation has the potential to have large scale impact improving conditions for the whole population or targeting at risk populations</p> <p>Influence wider context and structural factors. Investment in the early years to influence health equity.</p>
Create supportive environments	<p>Policy and practice in organisations and services that influence the conditions in which people live and work.</p> <p>Healthy workplaces, Flexible working, social housing policy, community facilities, Trauma informed services. Warm safe housing.</p>	<p>Improving the conditions in which people live and work, especially those experienced by the most disadvantaged groups, can reduce the stressors faced by parents. This has a direct impact on physical and mental health of parents and children. Parenting behaviour is influenced by parents' health and wellbeing as such will indirectly influence on parenting behaviour</p> <p>Direct influence on standard of living and psychosocial factors.</p>
Strengthen community action	<p>Support for communities to enhance social and peer support and facilitate effective participation in planning and decision making.</p> <p>Community development, peer support groups, volunteering, engagement in planning and decision making to improve the built, natural and social environment.</p>	<p>Impacts on community psychosocial factors – increase positive protective factors and reduce adverse factors.</p> <p>Engagement in planning contributes to the development of more appropriate, family friendly settings and services.</p> <p>A sense of belonging, empowerment and control enhance health and wellbeing. The quality and quantity of social relationships influences health and wellbeing, health behaviour and provides a buffer against stress.</p>

Appendix 3

Strategy	Description and examples	Rationale
Develop personal skills	<p>Support personal and social development by providing information and opportunities to develop skills.</p> <p>Includes broader population interventions such as education, lifelong learning and parent information as well as more targeted programmes.</p> <p>Examples: Parent education, interventions designed to promote parents mental wellbeing (social and emotional skills, self-efficacy, resilience), family relationship interventions, Citizens advice services.</p>	<p>Directly influences behavioural factors.</p> <p>More advantaged groups in society are usually in a better position to make positive changes. There is a risk, therefore, that strategies that focus on behaviour change without considering the wider context may inadvertently increase inequalities. It is important that interventions are informed by appropriate theory (e.g. COMBI).</p>
Reorient health services	<p>Holistic approach to health care. Focus on prevention and early intervention.</p> <p>Universal services delivered with proportionate enhanced support based on need.</p> <p>Workforce development. Maternity services that support mother child attachment. Effective multiagency working, trauma informed care to identify and support at the earliest stage parents with maternal mental health problems, or where there is substance misuse or violence.</p>	<p>Directly support the health and wellbeing of parent and child. Individual and community psychosocial factors.</p> <p>Prevent adverse childhood experiences creating long term vulnerabilities</p> <p>Toxic stress caused by exposure to adverse experiences in early childhood has a long term impact on the health and wellbeing of children and in turn on their own parenting behaviour. Effective safeguarding and intervention at the earliest stage is important. This relies on midwives and health visitors having the time and resources to develop supportive relationships with families and the ability to draw in appropriate services.</p>

