

A close-up photograph of a man with short brown hair and a beard, wearing a white shirt, kissing a baby on the forehead. The baby is looking towards the camera with its hand near its mouth. The background is a warm, out-of-focus yellow.

## Postnatal depression: support for mothers and fathers

Plus all the latest news,  
training, resources and events

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## Postnatal depression: the effect on the whole family

This issue focusses on postnatal depression and the effect this can have on the relationship between mother and child and the child's development, and the relationship between the parents. It also looks at fathers and postnatal depression.

In October, 4Children launched a major report into the experience of families with postnatal depression. The report, *Suffering in Silence*, finds that as many as 35,000 women are suffering from postnatal depression each year which can have a devastating effect on their lives and their families. The report reveals a worrying lack of awareness among parents finding that 49% of women who had postnatal depression had not sought professional help. Almost a third of these women (29%) did not realise they were suffering from postnatal depression and 60% did not believe their symptoms were serious enough to warrant treatment.

The most worrying figure is that 33% said they had not told anyone about their symptoms because they were afraid of what might happen to them or their child. The report looks at the effect that postnatal depression has on families, often leading to relationship difficulties or breakdown, and critically children living with the long-term effects of poor early bonding. Our article by Adrienne Burgess from the Fatherhood Institute looks at the effect of poor bonding with the father on the child and the relationship with the mother.

4Children's report also reveals that many healthcare professionals need to do more to diagnose postnatal depression early and provide appropriate treatment. Despite NICE guidelines for the effective and timely treatment of postnatal depression which stipulates that 'talking therapy' should be offered to women with a mild or moderate diagnosis, 4Children's report shows that this is not the reality for many women: 70% of survey respondents were prescribed antidepressants by their GP compared with 41% referred to talking therapies that are more likely

to bring about long term solutions.

Research undertaken for *Suffering in Silence* reveals that postnatal depression is low on the NHS's priorities, with the majority of Primary Care Trusts not collecting data on the prevalence, severity or treatment of postnatal depression at a local level, despite the significant effect it can have on families and children's long-term outcomes. The Department of Health also admit that they do not hold national data on the prevalence or treatment of postnatal depression.

As a result of these findings, 4Children are calling for action from politicians, communities and families to ensure that women experiencing postnatal depression get the support they need, and have made the following recommendations:

- a national awareness campaign led by the Department of Health to challenge the myths and stigma attached to postnatal depression
- a more proactive role for the new army of 4,200 Health Visitors, including ante-natal screening to identify women at greater risk
- further training for other professionals working with new mothers and a new commitment from GPs to always offering psychological therapies and referring women to support groups and befriending schemes
- improved collection of data by the NHS to provide a clear picture of the diagnosis and treatment of postnatal depression to ensure consistent support across the country
- greater availability of inpatient facilities for cases of severe depression
- more emphasis on supporting the whole family though postnatal depression, with information and support for dads, and more help to strengthen family relationships and bonds.

### Postnatal depression symptoms

You can also get involved by helping to raise awareness of the symptoms of postnatal depression by sharing the Top 5 symptoms to look out for (provided by Netmums) via Facebook, Twitter, or your own website:

1. Low mood or feeling miserable for long periods of time.
2. Lack of energy, feeling constantly tired and unable to cope.
3. Difficulty in sleeping or problems with eating.
4. Feeling overwhelmed, or guilty for being a 'bad mother'.
5. Feeling very anxious or fearful, for example, you may worry a lot about the health and safety of your baby.

# Postnatal depression and the impact on child development

Written by Miriam Donaghy, Postnatal Psychotherapist

Postnatal Depression (PND) is not a new phenomenon, indeed there are references to postnatal difficulties dating back 2,500 years. What is new, though, is our increasing awareness about the devastating impact PND can have if left unaddressed, and a growing recognition of the need for more services offering appropriate support. It is estimated that PND now affects as many as 1 in 5 new mothers.<sup>1</sup> As with other depressive illnesses the symptoms of PND<sup>2</sup> may include low mood, tearfulness, insomnia, irritability, feelings of inadequacy, and anxiety, but may also include difficult feelings about the infant. These feelings can range from an obsessive preoccupation with the baby's wellbeing, to a fear of being left alone with the baby, concerns about harming the baby, or a lack of interest and an inability to bond with the baby.

Recent developments in fields such as neuroscience mean that we are now aware of the potentially long-term, adverse, consequences of these difficulties in the mother-infant relationship, and an ever growing body of research illustrates the impact of poor bonding on the child.

We know for example that healthy brain development is affected by, if not largely dependent on the baby experiencing positive interaction with their primary carer. We know too that a mother who is depressed is likely to struggle to provide as much stimulation in terms of talking, touching and looking at her baby, as she might otherwise do. Such failures in interaction are not just damaging to the baby's cognitive and linguistic abilities but may also have a detrimental effect on the baby's emotional development with repercussions for self-regulation, (ability to manage stress) and for the baby's own attachment style and ability to form securely attached relationships.<sup>3</sup> Further, such problems in the early weeks and months of life have been shown to potentially cast a very long shadow, with longitudinal studies indicating that there is a greater likelihood of mental health difficulties in adolescence, and even of difficulties managing the transition to becoming a parent.<sup>4</sup>

PND can also have significant consequences for partners and for the couple relationship. There is a greatly increased risk of relationship problems<sup>5</sup> and research has shown that as many as 24-50 % of new fathers with depressed partners are more likely to be depressed themselves.<sup>6</sup>

The increased strain of PND on a couple's relationship is perhaps to be expected but is concerning not just because it can exacerbate the mother's depression making recovery more difficult, but also because the quality of a couple's relationship will in turn also affect both parents' capacity to bond with and care for their new baby.

Despite a recognition in the NICE guidelines<sup>7</sup> that, speedy diagnosis and treatment are essential, it seems that many mothers are not receiving the help they need when they need it. In my work with mothers experiencing PND, I find that many women do not seek help for several months and in some cases even longer. Indeed I often meet mothers, finally referred for help after the birth of a second or third child, who

then express how much they had struggled after their previous babies were born.

For some, the delay is due to not recognising their symptoms as PND. For example, those who feel a deep bond with their baby often wrongly believe that PND is characterised by the lack of a mother-baby bond, and therefore feel they don't fit the picture. For these and many other mothers the primary symptoms are ones of anxiety and panic which do not fit with the common concept of 'depression'. For those whose primary difficulties have sprung from a traumatic birth experience leaving them with PTSD<sup>8</sup> like symptoms, there can also be a lack of recognition and identification with the label of PND. For many mothers though, it is less about them being unclear about what constitutes PND, and more about the stigma and fear of being labelled as a bad mother (for some this includes a worry that their baby might be taken away) which explains the reluctance to 'open up' about their experience and to seek help.

It is important then to challenge the misconceptions about PND. Attempts to raise awareness should not be restricted to discussions of prevalence but should also include consideration of the diverse ways in which PND may present. However, it is equally important to challenge the stigma of PND and the sense of shame often felt by those who experience it. Many 'sufferers' worry that they will be judged and indeed judge themselves. They feel guilt about the negative thoughts and feelings, which seem to contradict society's expectations and thus their own, that becoming a mother should be a joyous experience. Indeed, such is the shame that some women feel, that they can even be reluctant to admit their true feelings to their partners.

If we really want to provide the 'early intervention' required (and now, much talked about) it is of course important that appropriate support for mothers is readily available, for example, specialised talking treatments with crèche provision, and services that can also accommodate and support fathers where required. However, it is also essential that we provide sufficient education to women during pregnancy, and to their healthcare professionals, about the nature of PND, and the risk factors that make women more perceptible. It is important too that we do much more to challenge the stigma still associated with PND, so that women who experience it (and their babies and partners) access the help they need.

## References

- 1 Netmums survey 2010
- 2 Not to be confused with the more transitory condition known as 'baby blues' which affects up to 80% of new mothers within the first few days after birth or the more serious Postpartum Psychosis which affects less than 1 in 1000 mums.
- 3 Smith, 2011, Huang et al 2006, Murray, L. 1992
- 4 Beardsley et al (1993) Murray, L. 2011 Barandon, T. (2010),
- 5 Kung (2000) Journal of Marital Therapy Journal 26 (1) 51-63
- 6 Goodman (2004) Journal of Advanced Nursing 4 (1) 26-35
- 7 National Institute of Clinical Excellence guidelines (2007)
- 8 Post-traumatic stress disorder



## Family Action's Perinatal Support Service – Helping Mums At Risk of Depression

Written by Lorinda Ferguson, Project Manager

Family and children practitioners will know that having a child can be extremely stressful, more so if the new mother or mother-to-be is experiencing other problems, for example money worries, housing difficulties, ill health, or being a lone parent, not to mention the trauma of going through a difficult birth. Changes in society and family structure can mean that many new parents can no longer count on the support of an extended family nearby.

That's why Family Action has developed our Perinatal Project – a service run by a trained project coordinator and delivered by volunteer befrienders to support women in pregnancy and with babies up to the age of one. The aim of this project is to provide community based support to mothers with, or at risk of perinatal depression, throughout their pregnancy and in the first year of their child's life: reducing social isolation and mental distress and promoting better attachment between the mother and her baby.

Having a child is life changing and many mothers experience loneliness and isolation. The period directly after giving birth can be the riskiest period for developing depression or exacerbating any existing mental health difficulties. The anticipated and much talked about happiness of motherhood which accompanied pregnancy may be pushed away, replaced by feelings of negativity, fear, despair, desperation and an inability to function or offer love to the child, or partner.

The additional symptoms the mother experiences may include, feeling tired but unable to sleep, loss of appetite, increased appetite, loss of weight, lack of interest in the child, feeling dejected, finding everything too hard, feeling tearful, and feeling ineffective at soothing the infant. Sometimes it takes a while to adjust to being a mother. However if any new mother is unsure how to manage her baby's care or well-being, or is concerned about their child's safety and their own mental health then they should be advised to speak to their midwife, doctor or health visitor.

Recently research and interest regarding perinatal depression has seen a shift away from purely focussing on the mother, towards recognising the potential impact of a parent's depression upon mother-child attachment and the consequences for infant development. Much scientific evidence confirms that our early parental care is crucial in forming who we are. In a 2006 study by Mind: *Out of the blue? Motherhood and Depression*, it was found that one in six women is known to be affected by mental issues and stress during pregnancy and after birth. It has been shown that these issues, if not dealt with properly, can affect the relationship between mother and child – known as attachment – and further impact on a child's long-term development and a mother's well-being (Oates, 2006). "Children whose mothers have depression [or] schizophrenia may experience developmental delays in language, motor skills and concentration" (Cooper, 1998).

Frank Field's 2010 report *The Foundation Years – Preventing Poor Children Becoming Poor Adults*, states that 'a healthy pregnancy and a strong emotional bond between parents and the baby in the first few months can place a child on the road to success' (Field, 2010). There is also a body of neuroscience now which is underlining the disproportionate

importance of the first two years of a child's life on its longer term development. Managing maternal depression and working towards a healthy pregnancy increases the likelihood that children will develop with fewer long-term problems. This provides opportunities for reductions in spending on health and social interventions later on in the lives of families and their children.

Perinatal depression involves adults, children, and families, and it should concern us all. Family Action's Perinatal Service is a response to the difficulties families and children with post natal depression face. Our Perinatal Service is one of the earliest forms of early intervention and potentially one of the most cost-effective and useful types of services that parenting professionals can champion. By networking into parenting and health professionals, health visitors and children's centres services our Perinatal Service is an effective multi agency resource supporting pregnant women and mothers with a child up to the age of one.

Following a successful trial of our pathfinder project in Southwark which found that our service halved the risk of onset of antenatal depression, Family Action successfully bid for funds from the Big Lottery, Henry Smith and the Monument Foundations to support the expansion of this work in four locations across England including Hackney, London, West Mansfield in Nottinghamshire, Swaffham in Norfolk and Oxford.

Volunteer befrienders, who really understand the situation facing new or expectant mothers, provide practical and emotional peer support to those women identified as vulnerable to depression. Family Action ensures a full Criminal Records Bureau check and provides befrienders with a comprehensive training programme which builds upon the existing skills of befrienders, many of whom will have experienced perinatal depression themselves. The service provides a package of emotional and practical support. It is important to resolve practical issues to be effective at supporting parenting. Our Perinatal Coordinators are not just there to listen. If a mother cannot get out of a flat because they do not have a baby buggy a co-ordinator will try to help them access a grant, if someone is unsure of their rights to medical help including giving birth in hospital because of their immigration status they advocate to assure them of that assistance.

In partnership with the University of Warwick medical school, Family Action is undertaking research into the perinatal project. At a conference to be held in London in 2012 the findings of research conducted by the School's Infant and Family Wellbeing Unit will be presented.

If you wish to make a referral or assist us in raising the profile of this essential project full details can be found on Family-Action's web site at [www.family-action.org.uk/perinatal](http://www.family-action.org.uk/perinatal). You can also sign up to our new Perinatal Newsletter for practitioners and register for more details about our Perinatal Conference online at [www.family-action.org.uk](http://www.family-action.org.uk)

## Case Study: Helping Steph

Steph was referred to our Family Action Perinatal Project by her health visitor who was concerned because she had been diagnosed with depression. Steph has three children: a two year old girl, Amy, a one year old boy Sam and baby Luke.

Steph was isolated and not getting out of the house or accessing any play activities or groups with the children. Our Project Coordinator visited Steph and carried out an initial assessment by completing the Maternal Social Support Index. The Project Coordinator also completed a Hospital Anxiety and Depression tool which indicated symptoms of anxiety and depression.

Steph said that she got a frightened sort of feeling like 'butterflies' in the stomach very often, had lost interest in her appearance and didn't take as much care as she should and that she didn't look forward with enjoyment to things less than she used to.

The following work was undertaken to support Steph and her children:

- Assessment of needs carried out by Perinatal Support Coordinator;
- Steph and Luke attended 4 weeks of a support group from January to March 2011 and the 2 older children attended the crèche;
- Arranged two year pilot place for Amy, providing 15 hours per week of free childcare
- Matched Steph with a volunteer befriender, Sue, who visited the family home on a regular basis to provide emotional support for Steph and helped create quality time with the children – Steph and Sue also had a relaxation treatment together with the aim of helping Steph to understand the importance of looking after herself and planning some 'me time'.
- Referral to children's centre family support team for support in dealing positively with her children's behaviour
- Referral for Steph to attend adult learning courses at the children's centre. The first course is make-up techniques which would provide Steph with an opportunity for 'me time' and help boost her self esteem

### Outcomes:

Following the work with Steph she reported an improvement in her emotional well being and said that she now understands the importance of looking after herself even though she still finds it hard.

Scores on the Hospital Anxiety and Depression tool have gone down significantly, particularly in relation to depression. Steph says that she feels more supported as she has a new partner and is able to get out of the house more. Her well being and relationship with Luke have also improved. Steph said: "I feel the Perinatal Coordinator and my Volunteer Befriender have been really helpful to me"

Effectively: identifying the necessary components of service provision and delivery: *Psychiatric Bulletin*, 32, pp. 131-133

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## Fathers' roles in perinatal mental health: causes, interactions and effects

By Adrienne Burgess, Head of Research, Fatherhood Institute

### Depression in new fathers

As is the case with maternal depression, estimates of paternal depression vary widely depending on the characteristics of the sample and the measure of depression used. Nevertheless, new fathers' depression rates have been found to be double the national average for men in the same age group in Denmark<sup>1</sup> and the US.<sup>2</sup>

Mild to moderate depression is most likely.<sup>3</sup> A meta-analysis including 43 studies, which adjusted for methodological discrepancies and excluded studies in which the number of cases could not be clearly determined, as well as those based on data from common databases (to ensure no duplication of data) found an average 10.4% of fathers depressed both before and after the birth.

The men's depression was found to peak three to six months postpartum, although so few studies followed the men beyond three months that this interesting finding should be treated with caution.<sup>4</sup> Most studies are of first-time fathers and there is no study that reliably compares depression rates between first-time and other fathers.

It appears that the more tenuous the relationship with the mother, the more likely it is that the father will be depressed. Rates of paternal depression in one recent US study were 6.6% (married fathers), 8.7% (cohabiting), 11.9% (romantically involved but not living together); and, among the fathers who were described as 'not involved' with the mother, 19.9% were depressed.<sup>5</sup> Interacting factors (multiple stressors) and selection effects (some of the most disadvantaged fathers being found among the 'not involved' group) would seem to

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Oates, M (2008) *Managing Perinatal Mental Health Disorders*

explain this in part, so causality cannot be inferred, but the circumstances of the pregnancy are also likely to be relevant:

Pre-natal depression is not always correlated with depression postnatally. For example, Ramchandani et al found only half the men who were depressed before the birth were also depressed eight weeks afterwards.<sup>6</sup> Two studies have examined both stress and depression and found stress to be, on average, higher than depression in men prenatally, with the reverse true postnatally.<sup>5,7</sup> This finding may be associated with expectant fathers' well documented concerns about the safety of their partner and baby during pregnancy and birth.

Many studies of perinatal depression in men are dogged by methodological limitations (small sample sizes, cross-sectional designs, varied measures of depression etc.). However, two factors stand out as particularly relevant from the literature.<sup>8,9,2</sup> The first is a clear association between the father's poor mental health antenatally and postnatally and low couple relationship satisfaction, which is associated with 'disagreement about the pregnancy' (meaning that the man did not want to become a father at this time) and perceived lack of supportiveness from the mother.<sup>10,11,5,12,13</sup>

The second factor is a moderate but clear correlation between a father's depression and the presence of depression in his partner, with direction of influences not known. One study not only recorded more depressive symptoms among men whose partners were depressed but also more aggression and non-specific psychological impairment, as well as higher rates of depressive disorder, non-specific psychological problems and problem fatigue.

### Key points

- Severe depression in new fathers is estimated at 10.4% – double the whole population rate for same-age men, but with no evidence of increase in other severe mental disorders.
- Predictors of new fathers' depression include being young, on a low income, having a depressed partner and being unsatisfied with the couple-relationship or timing of the pregnancy.
- New fathers' severe depression impacts even on very young children and can affect them negatively (particularly boys) through to age seven.
- Depressed fathers may present more as anxious or angry than sad and symptoms of their depression may go unrecognised.
- Antenatal education that models infant care as a shared activity, addresses couple-relationships and sensitises men to the demands for women of having a new baby is correlated with better mental health outcomes for both women and men postpartum.
- Rather than providing support groups for depressed fathers or men whose partners are depressed, routinely drawing fathers into perinatal education, care and as a 'parenting partner' at home, while assessing their needs where indicated, is recommended.

### Fathers' role in mothers' depression

The father's functioning as a partner, a father and a support person is central to the lives of the mother and the baby. A father can contribute significantly to their well-being, even under the most difficult circumstances, and if his support is not forthcoming this represents a significant deficit for the family.

The Millennium Cohort study, which has been following babies born in the year 2000, found only 4.4% of mothers saying they were 'not in a relationship' with their baby's father at the time of the birth. Not only are the fathers overwhelmingly present but depressed new mothers are more likely to turn to and receive support from their partner than from any other individual, including medical staff.<sup>30</sup> One recent UK survey of 3,000 mothers and 2,000 grandmothers suggests that today, 70% of new mothers turn to their partners for emotional support, compared with only 47% in the 1960s. Cox et al found perceived support by the baby's father in a sample of young and highly disadvantaged mothers strongly correlated with lower rates of depression.<sup>31</sup> And a shorter length of hospital stay among women with pre/postpartum psychiatric disorders was found to be strongly and positively correlated with supportiveness by their (male) partner.<sup>28</sup>

### The impact of fathers' depression on infants and children

As with mothers, fathers' depression has been linked with infant-related difficulties<sup>12</sup> including sleeping and crying problems.<sup>32</sup> A direction-of-effects from infant to father has often been implied. However, a pilot study to assess the relationship between paternal mood and infant temperament found direction-of-effects seemingly flowing from father to child. Higher paternal depression scores, more traditional attitudes towards fathering and increased recent negative life events experienced by the father were related to higher infant 'fussiness' scores – i.e., a healthy infant being chronically unsettled and inconsolable.<sup>14</sup>

There is now clear evidence that fathers' depression around the time of birth can be associated with negative outcomes for their children in the longer term. A substantial, UK/US study, which controlled for mothers' depression and for fathers' education levels, found severe postnatal depression in fathers associated with high levels of emotional and behavioural problems in their children (particularly boys) at age 3.5 years<sup>15</sup> and at age 7.<sup>16</sup> Pre-natal depression, when it existed on its own, had a lesser effect than postnatal depression,<sup>6</sup> suggesting father to child direction-of-effects. However, in another study, which did not measure postnatal depression, pre-natal depressive symptoms in fathers were correlated with excessive infant crying ('colic').<sup>17</sup>

Some of the worst effects for children have been found when fathers are depressed both pre- and post-natally,<sup>6</sup> and measurable effects often last longer than the period of depression as is the case with maternal depression.<sup>18</sup> The mechanisms through which negative effects on babies and children operate are not fully understood. Both direct and indirect effects seem likely.

Fathers' depression puts at risk the quality of the relationship between the parents<sup>19</sup> and is likely connected with increased couple conflict, which, in turn, may be linked with children's adjustment problems.<sup>20</sup> Depressed fathers may be less involved with their babies,<sup>21</sup> less attached to them<sup>22</sup> and/or feel and behave more negatively towards



them<sup>23</sup> with decreased warmth, sensitivity and responsiveness, and increased hostility, intrusiveness and disengagement.<sup>24</sup> Some studies have found fathers' depression impacting more negatively than mothers' on their parenting behaviour.<sup>24</sup> Wanless et al found depressed fathers using a flatter tone of voice with their infants;<sup>25</sup> and Paulson et al found nine-month-olds with depressed fathers using 1.5 fewer words at age two than the children of depressed mothers, possibly because the depressed fathers (but not the depressed mothers) were found to read 9% less often to their infants and be less likely to sing and tell stories.<sup>2</sup> However, Field and colleagues found depressed fathers interacting as positively with their infants as other fathers;<sup>33</sup> and McElwain & Volling found them less intrusive.<sup>26</sup> While this sounds like a 'positive, it may be indicative of disengagement.<sup>24</sup>

Depression in both parents has been found to have a 'double whammy' effect. When both parents are depressed they are least likely to follow good-health guidelines with their babies – e.g. putting them to sleep on their back, breastfeeding, not putting them to bed with a bottle.<sup>2</sup> When both parents are depressed and the depressed father spends medium/high amounts of time caring for his infant, his depression can exacerbate the negative effects of mothers' depression.<sup>27</sup> Only 30% of the partners of women hospitalised for postpartum psychiatric disorders are categorized by the researchers as supportive.<sup>28</sup> In many cases, this will be due to their own depression and parenting stress.<sup>29</sup>

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## Parenting UK part of consortium to evaluate major new UK programme for vulnerable families

The Big Lottery Fund programme has awarded a five-year Evaluation and Learning contract to a consortium led by Ecorys, with Parenting UK, the University of Nottingham and IPSOS Mori.

Improving Futures is a flagship Big Lottery Fund programme, aiming to transform the lives of children in families with multiple and complex needs across the UK. Some 26 projects have been awarded £20m in grant funding to test new models of tailored and joined-up support for families. The evaluation will aim to assess the impact and outcomes from the programme, and to capture and share learning between the projects.

The partnership is also coordinating a programme of dissemination to UK policymakers and practitioners, which will include policy workshops, case studies, newsletters and social media.

## Training Together: ESCAPE and Parallel Lines

The evidence-based parenting skills programme 'ESCAPE & Parallel Lines' will continue to be available through Training Together following the closure of Young People in Focus.

Carole Pickburn, author of ESCAPE & Parallel Lines and a co-founder of Training Together is delighted to be welcoming the programme home after a long and successful period in the portfolio of Young People in Focus.

Training Together is a long standing collaboration of highly skilled and experienced social care professionals who have enjoyed a sustained relationship with ESCAPE & Parallel Lines contributing to its continued development, the evidence base, the accreditation of the training programme, and the development of facilitators.

Training Together can offer:

- ESCAPE & Parallel Lines accredited facilitator training
- Group Work Facilitation Skills
- Consultancy on Parenting Strategy, service planning, implementation
- Coaching and mentoring for facilitators
- Working With Parents

If you think we can help your organisation develop work with parents or would like more information about our learning and development offer please contact us. If you are an existing ESCAPE & Parallel Lines practitioner and want advice support and guidance don't hesitate to contact us. We would also like to invite you to register with us to ensure you are able to access our new website. Please email [chris\\_kent@btinternet.com](mailto:chris_kent@btinternet.com)

## Early intervention could be key theme of next spending review, Cameron indicates

During a recent Prime Minister's Questions, Graham Allen, early intervention champion and Labour MP for Nottingham North, called on the government to make "early intervention in the lives of babies, children and young people a theme for all departments in the next comprehensive spending review."

Allen, who has produced two reports for the government on early intervention, said prioritising the issue in the next spending review was crucial to "reduce the massive costs of failure, including educational underachievement, 120,000 dysfunctional families, summers of discontent and many, many lifetimes wasted on benefits."

Allen's recommendations have included the creation of social impact bonds, whereby the private sector can invest in social projects and receive a return on investment if their project effectively turns around the lives of disadvantaged families. The cost would be offset by the savings made in cutting crime, unemployment and health improvements. In September the government announced the model would be piloted in four council areas: Hammersmith & Fulham, Westminster, Birmingham and Leicestershire.

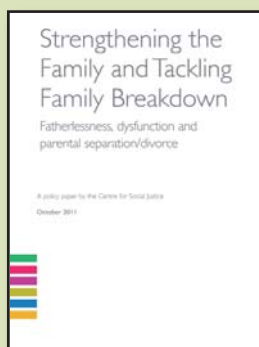
## Fear of isolation prevents neediest parents from accessing early years groups

New research from the University of Bristol (funded by the ESRC and Barnardo's) has found that nearly a quarter of mothers' first-time visits to an early years group were so off-putting that they did not return to that group. One in five mothers then became afraid of attending any group.

The study interviewed thirty parents from a Sure Start area to identify the factors behind why some parents use early years groups regularly and others not at all. The study's key findings include:

- Nearly one in four first-time visits to early years groups were so off-putting (due to peer factors such as knowing no-one there, finding it cliquey, or not the 'right' social class) that mothers did not return to that group;
- One in five mothers interviewed were identified as group-'phobic' — strongly afraid of attending all groups after one or two bad experiences;
- Peer factors were also important for children - finding other children in the groups friendly was an attraction, finding them 'rough' was a barrier;
- Mothers were ten times more likely to go to a group more than once if told about it by a friend or relative than if they just saw a poster or leaflet.
- Far fewer Sure Start groups were described as 'cliquey' (5 per cent) compared to other early years groups (24 per cent), possibly reflecting that Sure Start groups were run by paid staff, had designated 'welcomers', and some were short-term which stopped cliques from forming.





### Strengthening the Family and Tackling Family Breakdown

This summer's rioting exposed, over less than a week, the brokenness in many parts of our society which the Centre for Social Justice (CSJ) has highlighted in all of its policy work since 2004. Although poverty is its most visible hallmark, this brokenness is not simply about lack of money. It is driven by five common factors: family breakdown, educational failure,

intergenerational worklessness and welfare dependency, drug and alcohol addiction and severe personal debt.

**Published:** Centre for Social Justice, October 2011



### Where now for parenting? Perspective on parenting, policy and practice

The Family and Parenting Institute invited a range of commentators and organisations to consider the pressures on modern parenting, what can be learnt from the reaction to the riots and what these developments might mean for parenting policy. The collection presented here highlight a number of challenges that we – as policymakers,

charities, and families – need to consider as we attempt to build more nuanced policy solutions to supporting families.

**Published:** Family and Parenting Institute, October 2011



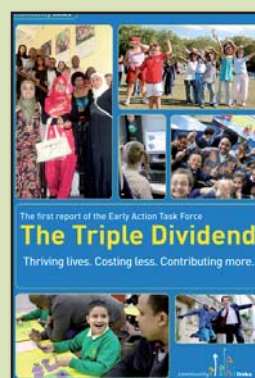
### Following Fathers: The lived experience of teenage parenting

By Bren Neale and Carmen Lau Clayton

As part of the Young Lives and Times project within Timescapes (University of Leeds) the Following Fathers study is following a group of twelve teenage fathers over time. The study explores early fatherhood as part of the life journeys of the young men who become fathers

during their teenage years: their histories, family backgrounds and aspirations. The aim is to produce in-depth knowledge about the life chances of young fathers and their children for professional practice and policy by using qualitative longitudinal research methods.

[www.timescapes.leeds.ac.uk](http://www.timescapes.leeds.ac.uk)



### The Triple Dividend: The first report of the Early Action Taskforce

Early action is sometimes used as shorthand for services for under-fives. This report is not just about them. Their needs are very important, but forestalling problems, rather than coping with the consequences, is socially and financially a smart thing to do from cradle to grave. Nor are we only interested in theory or in perfect

worlds. Community Links wrestles with the reality of troubled lives day-in, day-out. This report reflects that experience.

**Published:** Community Links, 2011



### Completing the Revolution: Transforming mental health and tackling poverty

This report focusses on the high prevalence of mental ill-health in the poorest communities and the compounding effect that it has on people and families already battling to live amongst challenging circumstances. This review was undertaken to find out why this was the case and found that the 'pathways

to poverty' are heavily implicated in the development of poor mental health. This report does not call for a huge increase in spending on mental health but argues that if effective and evaluated grassroots services were properly integrated into care pathways, through mechanisms provided by current health reforms, they would be far more sustainable and available to those people who need them.

**Published:** Centre for Social Justice, October 2011

### The influence of parents, places and poverty on educational attitudes and aspirations

What is the relationship between young people's aspirations and how they are formed? Based on longitudinal research in three locations in the UK, this study investigates aspirations and empirical evidence.

There is a high degree of interest among politicians and policymakers in aspirations, driven by two concerns: raising the education and skills of the UK population, and tackling social and economic inequality. High aspirations are often seen as one way to address these concerns, but how aspirations contribute to strong work and educational outcomes is not well understood.

**Published:** Joseph Rowntree Foundation, 2011

### Parentchannel.tv DVDs now available

You can now order DVDs featuring a selection of Parentchannel.tv videos. There are three different DVDs available, one for each age category: 5-9 yrs; 9-14 yrs; and 14-19 yrs. They cost £8 each or you can buy all three for £20. Please see [www.parentinguk.org](http://www.parentinguk.org) for details on how to order.

## Brief Therapy

[www.brief-therapy-uk.com](http://www.brief-therapy-uk.com)

### Helping Individuals & Families Achieve Change

Providing real tools and experiential exercises - this training day includes the language of the Solution Focused model (deShazer '85), the visuals and structure of the Examine, Repair & Move On Approach (Murphy '93) and the Optima Communication Skills - providing engaging and courteous approaches when connecting and communicating.

This training includes a framework that provides delegates with a reminder that it is our curiosity that is most useful when working with clients - curiosity about what works for the client; what doesn't work for the client; what attracts; what repels and what the client's preferred future looks like. We can then ensure that we use our expertise in collaboration with the expertise of the client - the real expert on how they live their life.

The three models that make up the framework of this course are not just tools for "therapeutic interventions" but are practical, empowering, strength-based approaches that can be harnessed by workers across all fields for "conversations" that help adults, young people and families to achieve better

**12 January, London (9.30- 4.30)**

To book a place email [info@brief-therapy-uk.com](mailto:info@brief-therapy-uk.com) or call us on 020 8947 8093.

**£130 +VAT**

(£100 +VAT for Parenting UK members)

**LUNCH INCLUDED**

## Tavistock Centre for Couple Relationships

New course

[www.tccr.org.uk](http://www.tccr.org.uk)

### Contemporary Perspectives on Attachment, Psychoanalysis and the Couple Relationship

This new reading seminar run by Christopher Clulow and Amita Sehgal is a weekly programme run over two terms, intended for those working with couples and parents. It will be of particular interest to individual and couple counsellors and psychotherapists, social workers, and psychologists who work with adult couples, parents and

families. The course will comprise two programmes: Term 1 'Attachment Informed Psychotherapy with Couples; and Term 2 'Relational Psychoanalysis, Neuroscience and Couple Psychotherapy'.

**Tuesdays, 3.45pm -5.15pm; 2 terms of 9 weeks each. Extra time is needed for reading.**

**Cost: £800**

**Contact: [jbending@tccr.ac.uk](mailto:jbending@tccr.ac.uk)**

## Care for the Family

[www.careforthefamily.org.uk](http://www.careforthefamily.org.uk)

### Facilitating Groups 2 day non residential training module

Those attending will gain an understanding of the key theories and skills, and will be confident, to work with adult groups in formal or informal settings. Module content:

- Understand the principles and theories of group formation, stage and dynamics
- Understand how to negotiate and agree the scope and basis of group work
- Understand how to select strategies and materials to meet the needs of the group
- Understand the effective working of the group
- Understand how adults learn

**£295.00 inc VAT (Voluntary/individual: £225.00 inc VAT)**

**11 and 12 January, Reading**

**17 and 18 January, Birmingham**

**25 and 26 January, Cardiff**

**26 and 27 January, Leeds**

**31 Jan, 1 Feb, Glasgow**

### Working with Parents 2 day non residential training module

Those attending will gain an understanding of the importance of the parent/child relationship, including attachment theory, parenting styles and managing behaviour. They will also understand key principles of working with parents either in groups or in a one to one supportive role. Module content:

- Understand the value of a reflective approach for supporting parents and developing professionally
- Understand how to support parents to meet their children's and their own needs
- Understand the range of

environmental influences on the ability to parent

- Understand the specific developmental needs of individual children
- Understand the influence of all aspects of parenting on the child and family
- Understand the value of parents taking a positive approach to managing child behavior

**Statutory rate: £350.00 inc VAT**

**Voluntary/individual: £275.00 inc VAT**

**OCN accreditation fee (optional) £95.00**

**7 and 8 February, Birmingham**

**9 and 10 February, Leeds**

**21 and 22 February, Reading**

**Feb 29 and 1 March, Cardiff**

## Fatherhood Institute

[www.fatherhoodinstitute.org](http://www.fatherhoodinstitute.org)

### Working with young fathers

A two-day training course to help managers, front-line workers and volunteers in a variety of settings (including Children's Centres and other early years services, maternity services, Connexions, teenage pregnancy and youth offending teams):

- develop the confidence, knowledge and skills to work effectively with young dads
- explore and develop strategies to engage with young dads
- think about how to create a 'whole team' approach to engaging young dads
- plan needs-led approaches to engaging with and supporting young dads
- consider how to use networks to support young dads.

**Contact Katherine Jones:**

**[k.jones@fatherhoodinstitute.org](mailto:k.jones@fatherhoodinstitute.org)**

Entries are provided by individuals/ organisations offering the training. Inclusion here does not imply endorsement by Parenting UK.

## Capital Community Foundation

A variety of grant schemes to non-profit groups for community benefit in areas of London. Areas of support include neighbourhood renewal, healthy communities, children and young people, education, community relations, housing, environment and community safety.  
Website: [www.capitalcf.org.uk](http://www.capitalcf.org.uk)

## Quartet Community Foundation

Community Foundations manage and distribute funding on behalf of individuals, companies, charitable trusts and statutory agencies to meet the needs of local people. The grants administered by this Community Foundation are awarded to local groups and charities in Bristol and the West of England.  
Website: [www.quartetcf.org.uk](http://www.quartetcf.org.uk)

## Nottinghamshire Community Foundation

Grants to voluntary and community groups within Nottinghamshire for a wide range of community-based projects including: children and young people; deprived communities; sport; and community empowerment.  
Website: [www.nottscf.org.uk](http://www.nottscf.org.uk)

## Northamptonshire Community Foundation

Grants to voluntary and community groups operating within Northamptonshire, for a wide range of community-based projects including: children and young people; deprived communities; education and training; environmental sustainability; healthy lifestyles; safer communities and sport.  
Website: [www.ncf.uk.com](http://www.ncf.uk.com)

## Introduction to sustainable funding workshop

**NCVO, London NI 9RL**  
**17 January 2011, 2-5pm**

Start the New Year off with NCVO's popular workshop and uncover the full range of funding options available to you. This half-day workshop explores the ideas and concepts of sustainable funding from income diversification to developing organisational skills for sustainability.  
Prices: £24.50 for NCVO members and £35 for non-members.

Find out more and book your place on the NCVO website.  
[www.ncvo-vol.org.uk](http://www.ncvo-vol.org.uk)

## Trading: Grow your own income

**CVS South Gloucestershire, Kingswood, South Gloucestershire, BS15 8DB**  
**25 January 2012, 10am-5pm**

Trading is a great way to build organisational independence and sustainability. Get the technical and cultural aspects right and social enterprise will drive growth.

Participants will explore the key issues through games, discussion and activities drawing on examples and case studies from across the voluntary sector.

Key topics covered on the day:

- How trading will fit with your organisation
- The key role of business planning and finance
- Your budget and pricing strategy
- Legal issues and organisational structure
- Developing the right products
- Marketing your products

Contact CVS South Gloucestershires on 01454 865205, or email [info@cvs-sg.org.uk](mailto:info@cvs-sg.org.uk) to register your interest in this event

## Where to find funding

You can find further information about funding on the Parenting UK website. The following provide general guidance and information on funding:

Association of Charitable Foundations – [www.acf.org.uk](http://www.acf.org.uk)  
Charities Aid Foundation – [www.cafonline.org](http://www.cafonline.org)  
Charities Information Bureau – [www.fit4funding.org.uk](http://www.fit4funding.org.uk)  
Directory of Social Change – [www.dsc.org.uk](http://www.dsc.org.uk)  
Funderfinder – [www.funderfinder.org.uk](http://www.funderfinder.org.uk)  
Grants 4 Funding Portals – [www.grants4.info/portal/index.asp](http://www.grants4.info/portal/index.asp)



## January

### Supporting parents of teenagers

Parenting UK and WAVE Trust

24 January, London (Museum of London)

As young people change and develop, explore and define their individuality, understanding and coping with their behaviour can become more challenging for parents. Whether it's learning to communicate more effectively with teenagers, or coping with more serious anti-social behaviour, this seminar looks at different types of support and the examples of current programmes to help you in your work with parents.

[www.parentinguk.org](http://www.parentinguk.org)

### Early Years: Shaping the Futures of Children and Young People

Inside Government

25 January, Central London

On 30 March 2011, the Early Years Foundations Stage Review (conducted by Dame Tickell), was published and recommended that the Early Years Foundation Stage be radically slimmed down to make it easier to understand, less burdensome and more focused on making sure children start school ready to learn. The Tickell Review places a strong emphasis on working with parents, the importance of early identification, the professionalisation of early year's practitioners, and clarity in the inspection process.

[www.insidegovernment.co.uk](http://www.insidegovernment.co.uk)

### Contemporary Perspectives on Attachment, Psychoanalysis and the Couple Relationship

Tavistock Centre for Couple Relationships

Tuesdays Throughout January

This new reading seminar run by Christopher Clulow and Amita Sehgal is a weekly programme run over two terms, intended for those working with couples and parents. It will be of particular interest to individual and couple counsellors and psychotherapists, social workers, and psychologists who work with adult couples, parents and families.

Email [jbending@tccr.ac.uk](mailto:jbending@tccr.ac.uk) for more information

## February

### Working in Partnership to Improve the Outcomes for Families with Multiple Problems

Inside Government

9 February, Central London,

The coalition government has set out its ambition to try to turn around the lives of every troubled family in the country, and create a better future for their children. There are around 120,000 families in England who have complex social, health and economic problems.

[www.insidegovernment.co.uk](http://www.insidegovernment.co.uk)

### Relationships Education Conference

The Relationships Foundation

9 February, One Wimpole Street London W1G 0AE

Happy and healthy family relationships benefit the young and old alike. While most adults want lasting love, this is a dream unfulfilled for many. Millions of children have their life chances damaged by poorly handled parental conflict and by changes to their family structure - changes such as their parents splitting up, or the parent they live with cycling through numerous romantic attachments.

[www.relationshipsfoundation.org](http://www.relationshipsfoundation.org)

### SAVE THE DATE

#### International Best Practice Parenting Approaches

Parenting UK and WAVE Trust

Thursday 23 February, London

A look at different evidence-based international parenting approaches. Speakers to be confirmed.

[www.parentinguk.org](http://www.parentinguk.org)

## March

### Supporting Fathers from the Start

Children in Scotland

14 March, Edinburgh

This free event will provide a forum for practitioners from different backgrounds to share their experiences of working with fathers and male carers, and learn about new and developing approaches being used when providing support to families.

[www.childreninscotland.org.uk](http://www.childreninscotland.org.uk)

## May

### Joined-up thinking: supporting brain development in the early years

Children in Scotland

1 May, Edinburgh

A one-day training seminar facilitated by Dr Suzanne Zeedyk, Honorary Senior Lecturer, School of Psychology, University of Dundee. This session will explore what we now know about children's brain development, focusing in particular on the impact of social interactions.

[www.childreninscotland.org](http://www.childreninscotland.org)

We welcome your comments on and contributions to our News Bulletin. Please address any correspondence to [rtonkin@parentinguk.org](mailto:rtonkin@parentinguk.org)

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