



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## **Parenting24seven - Seven General Messages**

**Parenting Support Champions  
Practitioners' Resource Pack**



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## Introduction

**Tusla – Child and Family Agency** is committed to providing high-quality services to children and families at the earliest opportunity across all levels of need. Providing help to children and families at an early stage can prevent situations getting worse. We know that if we invest in early support services we can keep many children safe from harm. Working in partnership is a very important aspect of this work. We aim to work closely with families, other agencies and professionals so that we can respond quickly to the needs of children. Early identification and provision of help by all of us at community level is in children’s best interests.

The Department of Children and Youth Affairs’ ‘High Level Policy Statement on Supporting Parents and Families’ (2015) gives a policy platform for Tusla to strengthen and grow parenting and family support as an effective prevention and early intervention measure to promote best possible outcomes for children.

Principles of Prevention, Partnership and Family Support (PPFS):

- Children, young people and families will be at the heart of everything that we do. There will be a clear focus on the wishes, feeling, safety and well-being of children. Children First Guidance, 2011 and legislation will always be followed.
- Appropriate supports will be provided at the earliest point and we will concentrate on family strengths and capacities.
- Service providers will focus on improving outcomes for children and families and will track progress and results.
- A balanced approach will be struck between developing primary prevention and early intervention services whilst maintaining services at other levels of need. We will ensure that services at higher levels of need are adequately funded.
- We will be mindful of the latest research about what works well for families and what families need when we are planning, monitoring and evaluating services.
- Tusla will work in partnership with children, families, communities, child and family practitioners and other agencies – statutory, community and voluntary. Services will be cost-effective and will demonstrate value for money.
- Practitioners and services will promote human rights and social inclusion, addressing issues around ethnicity, sexuality, disability and rural and urban communities.

<b>Tusla’s Vision</b>
All children are safe and achieving their full potential.
<b>Tusla’s Mission</b>
With the child at the centre, our mission is to design and deliver supportive, coordinated and evidence-informed services that strive to ensure positive outcomes for children.

## How to Use this Resource Pack

The purpose of this resource pack and the accompanying training in Parenting24seven is to enable practitioners to share key messages with parents<sup>1</sup> about what's important for their children's wellbeing and development. This resource pack is broken into three sections:

### Section 1 – Overview and Context

Section 1 looks at the background to Parenting24seven and describes how it is one of several projects within Tusla's Parenting Support Strategy. It explains how these are not standalone projects, instead they are intended to blend with and link to one another. For example, Parenting24seven messages can be shared with parents as part of a parental participation initiative. Also, updates on the Parenting Support Champions project and Parenting24seven will be included in the series of parenting conferences.

### Section 2 – Outcomes and Wellbeing

Section 2 looks at outcomes for children and links the work of Tusla with wider national policy agendas including 'Better Outcomes, Brighter Futures'<sup>1</sup>, the national policy framework for children and young people. A definition of wellbeing is also explored in this section with a view to enabling an understanding of how awareness and knowledge of Parenting24seven, combined with timely parenting supports, can help to improve family wellbeing in the medium to long term.

### Section 3 – Parenting24seven – Seven General Messages

Section 3 explores the seven general messages within Parenting24seven. It explains how the research into best practice in parenting identified seven general messages that could be applied no matter what the age of the child. These seven messages are core to our understanding of what is important in parenting and are a helpful starting point in supporting parenting across the lifecycle.

### Section 4 – Parenting24seven – Seven General Messages – Factsheets

This section takes a look at what the evidence is telling us in relation to the seven general messages. It is a useful resource when trying to have a deeper understanding of the importance of the seven messages in supporting parenting and parents within our communities.

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<sup>1</sup> The term 'parent' includes mothers, fathers, step-parents, grandparents in a caring role, foster carers and other adults with a responsibility for caring for a child including children in residential care.

## Section 1 – Overview and Context

### 1.1. Introduction

Parenting24seven is one project within Tusla’s Parenting Support Strategy. The aim of the Parenting Support Strategy is to drive a strategic approach to how management, staff and services funded by Tusla support parenting. The ultimate goal is to achieve best possible outcomes for children and families and to maximise the return on investment from state expenditure in this area.

### 1.2. The Parenting Support Strategy

The Parenting Support Strategy has been designed in recognition of the key role that parents and parenting practice has in the realisation of better outcomes for children and families. The Parenting Support Strategy seeks to positively impact on family wellbeing and children’s outcomes by mandating for local needs analysis and commissioning of services around the specific task of supporting parents and parenting practice. It also seeks to reorientate practice within Tusla to enable practitioners to spend more time with families and in the community on promotional and preventative work. Part of this preventative work is the sharing of key messages and parenting information. **The Parenting Support Strategy will help to normalise supports for parenting within the wider context of family support services.**

The Parenting Support Strategy is called ‘Investing in Families: Supporting Parents to Improve Outcomes for Children’. You can get a copy online at [www.tusla.ie](http://www.tusla.ie).

The four main goals of the Parenting Support Strategy are as follows:

- Parenting support will be an important part of the work of Tusla and parenting supports and services will be included in all plans for children and families in all areas;
- We will use the best evidence we have about what works for parents and families when we are thinking about and delivering supports and services;
- Parenting supports and services will be available in all areas, at all stages of the life course and at all levels of need;
- Parents using the supports and services will experience them as friendly and accessible.

### 1.3. Projects within the Parenting Support Strategy

Parenting24seven is one of four main projects within the Parenting Support Strategy:

- 50 key messages on parenting including Parenting24seven;
- Parental participation;
- Parenting support champions;
- Parenting conferences.

Of particular relevance to the implementation of Parenting24seven is the parenting support champions project and this will be explored in more detail below together with an introduction to Parenting24seven.

For descriptions of the other projects within the Parenting Support Strategy see Tusla's Toolkit for Parental Participation. You can get a copy online at [www.tusla.ie/publications](http://www.tusla.ie/publications).

#### 1.3.1. Parenting Support Champions Project

Parenting support champions are existing practitioners working with children and families employed by Tusla and its partners. Parenting support champions have now been recruited in 2016 in each of the 17 Tusla management areas to help in the implementation of the Parenting Support Strategy.

The role of the parenting support champions is to:

- Promote the objectives of the Parenting Support Strategy within their area. Part of this work will be to support parental participation initiatives including the parenting learning community.
- Facilitate parents getting involved in the planning, delivery and evaluation of services in partnership with related initiatives and networks.
- Promote the 50 key evidence-based parenting support messages, including Parenting24seven to parents.
- Participate in relevant planning and networking events within their area that are related to the implementation of supports for parenting, where possible.

While it is recognised that there are many practitioners working with children and families who already have a role as parenting support champions, this project represents an opportunity to carry out that work within a national framework of integrated service provision. There will also be added benefits for practitioners in the form of participating in training and networking opportunities. This is in line with some of the key long-term objectives of Tusla including the development of a workforce that “is valued and supported within a learning organisation”<sup>3</sup>.

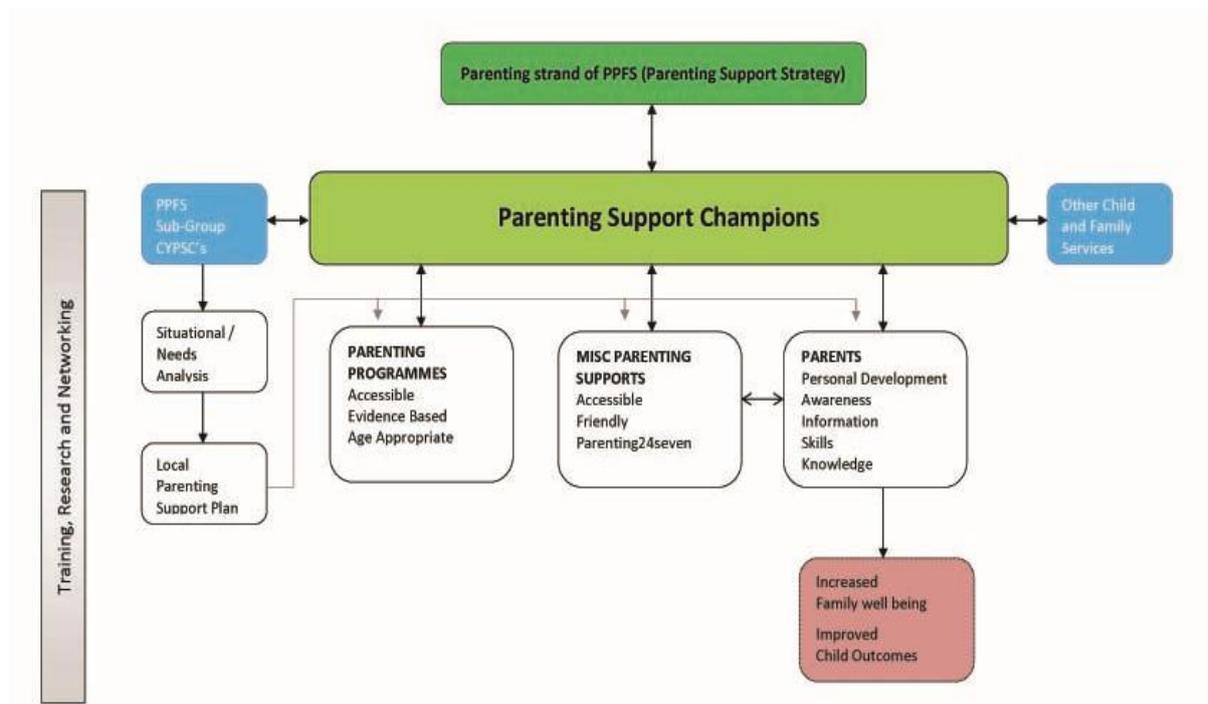


Figure 1: Parenting support champions in the parenting strand of PPFS.

Arising out of suggestions from parenting support champions themselves at the induction days and during further consultation, the following outcomes of the parenting support champions project have been identified:

Group	Outcomes
<b>Children and young people</b>	<ul style="list-style-type: none"> <li>• Receive the best support possible from those in a parenting role.</li> <li>• Engage in quality relationships with those in a parenting role.</li> <li>• Have an increased sense of connection, belonging and participation within communities.</li> <li>• Are safe and protected from harm in all aspects of their lives.</li> </ul>
<b>Parents</b>	<ul style="list-style-type: none"> <li>• Are informed of key parenting messages and know how to access these messages easily.</li> <li>• Use key parenting messages with their family and share them with others in a parenting role.</li> <li>• Avail of the parenting learning community.</li> <li>• Experience services as accessible, timely, engaging, friendly and participatory.</li> <li>• Feel empowered through participation in the process.</li> </ul>
<b>Parenting support champions</b>	<ul style="list-style-type: none"> <li>• Have knowledge of the Parenting Support Strategy and key parenting initiatives.</li> <li>• Confidently and efficiently disseminate parenting messages to key stakeholders.</li> <li>• Are participatory in practice.</li> <li>• Have access to promotional and informational tools.</li> <li>• Have integrated and sustained a culture of learning.</li> <li>• Benefit from the project through peer learning and attendance at learning events.</li> <li>• Have continued focus on a relationship based approach.</li> <li>• Have a framework in place for the practice of sharing information at national, regional and local level.</li> <li>• Have supported and facilitated the parenting support champions learning groups in establishing the parenting learning communities.</li> </ul>

### 1.3.2. Parenting24seven

Parenting24seven is an integral part of 50 key messages for supporting parents to improve outcomes for children and represents 31 (24 and seven) of the messages which are useful to parents and practitioners alike. The remaining 19 messages relate to parenting in specific contexts, such as parenting when there is a mental health problem, parenting when there is a substance misuse problem and parenting children with additional needs. These statements are meant as a guide to practitioners to provide a safe and positive pathway through the different contexts and experiences that families encounter. Each message is supported by at least one study that demonstrates the tip can be helpful.

#### **50 Key Messages on Parenting Support: A Resource for Practitioners**

You can download a copy of '50 key messages to accompany investing in families: Supporting parents to improve outcomes for children' from the Tusla website: [http://www.tusla.ie/uploads/content/Tusla\\_50\\_Key\\_Messages\\_for\\_Parenting\\_Support.pdf](http://www.tusla.ie/uploads/content/Tusla_50_Key_Messages_for_Parenting_Support.pdf).

If you want to share some of these key messages with parents direct them to [www.parenting24seven.ie](http://www.parenting24seven.ie).

Parenting24Seven promotes 31 messages: seven general messages which apply to parenting children of all ages and 24 messages which are specific to different life stages:

- Preparing for and becoming a parent;
- Birth to five years of age;
- Six to 12 years of age;
- 13 years of age and beyond.

Achieving better outcomes for children and improving family wellbeing are key organisational goals of Tusla. The promotion of Parenting24seven messages through the Parenting Support Champions project and related initiatives is an evidence-led approach to supporting parents to improve outcomes and achieve family wellbeing. In the next section of this resource pack we will take a closer look at outcomes and wellbeing.



## Section 2 – Outcomes and Wellbeing

### 2.1. Introduction

The purpose of our work with parents and other primary caregivers, is to help improve outcomes for children and to support the improvement of family wellbeing. One of the ways we do this is by helping parents to learn about what is important in human development and relationships. It has been demonstrated that a good understanding of basic concepts in children’s development can help in the realisation of wellbeing and good family functioning<sup>i</sup>. Understanding something means being able to explain it to others, apply the learning to different situations, recognise different points of view, display empathy, and have the self-knowledge to reflect on the learning experience.<sup>iii</sup> Unlike factual information that can be exchanged by telling, understanding must be ‘earned’ by the listener.

If you want to share some of these key messages with parents, direct them to [www.parenting24seven.ie](http://www.parenting24seven.ie).

### 2.2. Outcomes

It is helpful if all organisations and practitioners working with families have an awareness of, and support the realisation of, the five national outcomes for children.

‘Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People, 2014-2020’ sets out the Government’s agenda and priorities in relation to children and young people. It integrates a whole-of-Government focus and emphasises the importance of shared responsibilities in achieving improved outcomes for children and young people. It is rooted in Ireland’s commitments under the United Nations Convention on the Rights of the Child.

‘Healthy Ireland’ (2013) and ‘Better Outcomes, Brighter Futures’ (2014) are complementary policy frameworks. ‘Healthy Ireland’ addresses the determinants of health across the population, while ‘Better Outcomes, Brighter Futures’ reflects this vision with an emphasis within and across the population of 0-24 year olds. These two policies can achieve shared goals through improved coordination and collaboration, better supports for parents, and ensuring that the Government reform agenda is implemented and that investment is made in quality early years care and education.

The Department of Children and Youth Affairs’ ‘High Level Policy Statement on Supporting Parents and Families’ (2015) envisages the development of a system parenting and family support that seeks to build on family strengths wherever possible. It values informal support networks that can readily deliver supports to children and their families, based on interagency, cross-organisational and interdisciplinary working.

**Outcomes are defined as changes that occur in a person, group or population which happen because of something else having changed or being provided, i.e. a service initiative or intervention<sup>iv</sup>.**

As a society, the five outcomes we want for all our children and young people are that they:

1. Are active and healthy, with positive physical and mental wellbeing;
2. Are achieving their full potential in all areas of learning and development;
3. Are safe and protected from harm;
4. Have economic security and opportunity;
5. Are connected, respected and contributing to their world.

### **2.2.1. Active and Healthy**

Active and healthy refers to physical health, emotional and mental health, sexual health and healthy lifestyles (for example, choosing not to smoke, choosing not to take drugs, etc.).

### **2.2.2. Achieving in Learning and Development**

Achieving in all areas of learning and development refers to children learning and developing from birth, having social and emotional wellbeing, being ready for school, school-aged children attending and enjoying school, achieving and stretching the national educational standards and personal and social development.

### **2.2.3. Safe and Protected from Harm**

Safe and protected from harm refers to the prevention of accidental injury, the prevention of bullying and discrimination, the prevention of emotional abuse or harm and the prevention of sexual abuse, violence or neglect.

### **2.2.4. Economic Security and Opportunity**

Economic security and opportunity refers to further education, employment and training, being ready for employment, living in decent homes, access to transport and material goods.

### **2.2.5. Connected, Respected and Contributing**

Connected, respected and contributing refers to children being engaged in decisions about their lives, support being available in the community and environment, law-abiding behaviour, positive relationships, choosing not to bully or discriminate, etc.

Through the implementation of the framework outlined in ‘Better Outcomes, Brighter Futures’ and supporting strategies, the Government aims to achieve the following ‘shifts’ over the seven-year period 2014-2020 to support the achievement of better outcomes for all children and young people:

1. Support parents;
2. Earlier intervention and prevention;
3. A culture that listens to and involves children and young people;
4. Quality services – outcomes-driven, effective, efficient and trusted;
5. Effective transitions;
6. Cross-Government and interagency collaboration and coordination.

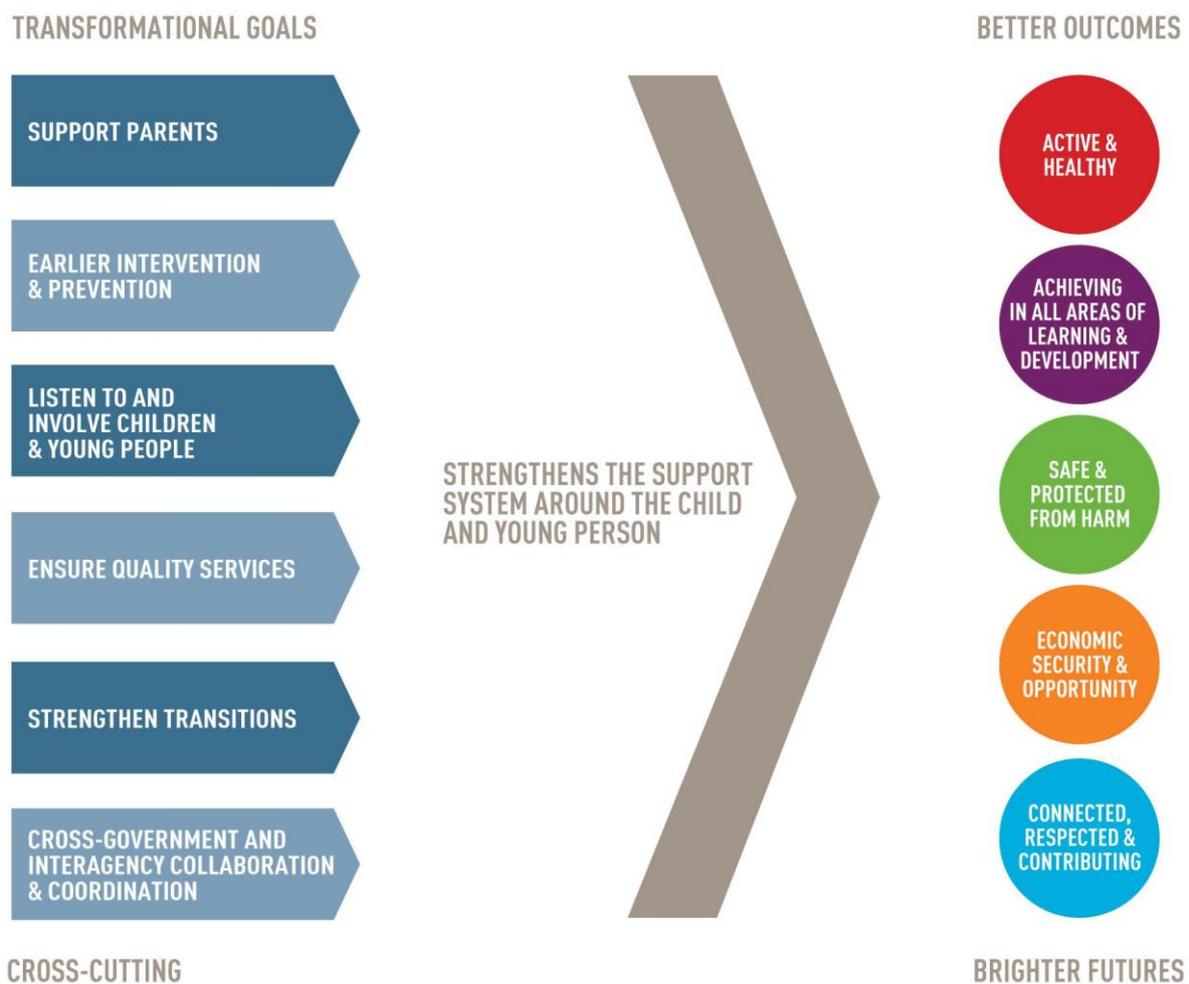


Figure 2: A policy framework for improved outcomes for children and young people. Source: ‘Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People, 2014-2020’ (Department of Children and Youth Affairs).

The Children and Young People's Services Committees (CYPSC) also have a role in improving outcomes for children and young people. CYPSC are the key structure identified by Government to plan and co-ordinate services for children and young people in every county in Ireland. Their overall purpose is to improve outcomes for children and young people, aged 0-24 years, through local and national interagency working. They provide a forum for joint planning to ensure that children, young people and their families receive improved and accessible services.

How parents raise their children and the quality of the parent/child relationship is the biggest influence on children's outcomes. The state recognises the importance of supporting parents and parenting in 'Better Outcomes, Brighter Futures' and through the development of the CYPSC system. Parenting24seven endeavours to improve outcomes by sharing with parents, through a supportive relationship, key information about what is important in parenting. The promotion and understanding of Parenting24seven will be enhanced through working with existing systems and networks of practitioners and parents and new initiatives that promote learning in relation to parenting practice.

Parenting24seven – Seven General Messages	National Outcomes for Children				
	Active and Healthy	Achieving in all areas of Learning and Development	Safe and Protected from Harm	Economic Security and Opportunity	Connected, Respected and Contributing
<b>The Parent Child Relationship is Key</b>	☺	☺	☺		☺
<b>Buy Well, Eat Well, Be Well</b>	☺	☺			
<b>A Positive Parenting Style Works</b>	☺	☺	☺		☺
<b>Child Safety Practices Reduce Injury</b>	☺		☺		
<b>Baby See, Baby Do</b>	☺	☺			☺
<b>Name it and Tame it</b>	☺		☺		
<b>Parents Need Good Social Networks</b>	☺	☺		☺	☺

Table 1: Linking the seven general messages to the national outcomes for children.

### 2.3. Wellbeing

Wellbeing is the realisation of human needs through relationships. Wellbeing is about being healthy, safe and economically secure; having access to education and positive relationships; being valued; and contributing to society. It takes into consideration objective measurement of these factors and also a person's own subjective view of their health, relationships, success and happiness.

#### Wellbeing

The satisfaction of a person's health, safety, material security, education, socialisation and their sense of being loved, valued and included.

UNICEF, 2007

A useful way to think about wellbeing is illustrated by the following equation:

**“Wellbeing = doing well, feeling good + doing good, feeling well”**

This equation enables us to consider both our own feelings of success and happiness and how we connect with our wider circle of family, friends, community and environment in a positive way. It recognises the fact that humans are essentially social beings. Human beings would not have survived and cannot continue to survive without the capacity to form rewarding, nurturing and enduring relationships. We endure because we can love and we love because we can empathise – that uniquely human attribute of being able to ‘read another person's mind’ and ‘feel another person's joy and pain’.<sup>vi</sup>

What is critical in supporting wellbeing is understanding the importance of relationships within this process – relationships within families and relationships with family, friends and the wider community. These relationships will flourish in an atmosphere of positivity, mutual respect, listening, reflection and generosity. Wellbeing happens within relationships.

A project that seeks to enhance wellbeing may itself become the means through which wellbeing can be experienced.<sup>iv</sup>

#### 2.3.1. Wellbeing and Strengths and Needs

Supporting family wellbeing through the realisation of strengths and needs is a core part of the work of Meitheal, a national practice model for all agencies working with children, young people and their families. Through the Meitheal process, parents and children, in partnership with practitioners from a variety of disciplines, consider their strengths and needs. A plan is formulated based on the perceived gaps and opportunities for collective support. Whilst these strengths and needs are presented under three themes within the ‘My World Triangle’, they can also be looked at as the realisation of human needs. This is another approach to sharing information about wellbeing with parents and families and helps to normalise the process.

## Wellbeing and the ‘My World Triangle’

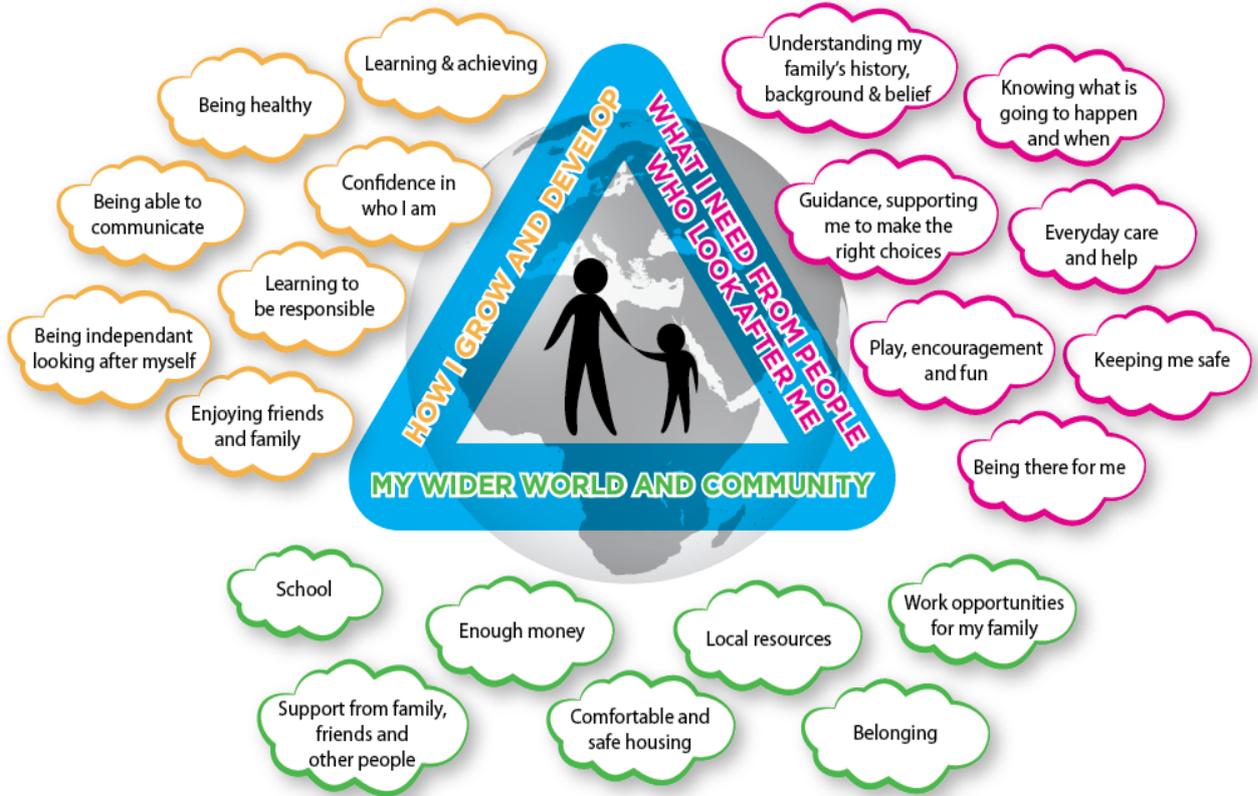
Wellbeing is the satisfaction of human needs through relationships. We achieve wellbeing when **we believe** our needs are being met.

What I need from people who look after me	How I grow and develop	My wider world and community	Human needs
Everyday care and help	Being healthy	Enough money	Bodily basics
Keeping me safe	Learning to be responsible	Comfortable and safe housing	
Being there for me	Enjoying friends and family	Support from family, friends and others	Everyday love and care
Guidance, support in making decisions	Being able to communicate	Belonging	
Understanding my family and beliefs	Learning and achieving	Local resources	Identity and belonging
Play, encouragement and fun	Confidence in who I am	School	Reaching full potential
Knowing what is going to happen and when	Being independent, looking after myself	Work opportunities for me/my family	

Table 2 Wellbeing and the ‘My World Triangle’

# MY WORLD TRIANGLE

The whole health and development of the child or your person



Acknowledgment to the Scottish Government

Figure 3: 'My World Triangle'.

## Section 3 – Parenting24seven – Seven General Messages

### 3.1. The purpose of this resource pack

The purpose of this resource pack is to enable participants to share the first seven general messages in Parenting24seven in a meaningful way with parents and other practitioners. The accompanying training session will also include a consideration of outcomes and our understanding of wellbeing in the context of supporting parenting.

One of the initiatives of the parenting element of Prevention, Partnership and Family Support (PPFS) is the promotion of 50 key messages relating to parenting. These are messages which have been distilled from international and national studies on best practice in relation to supporting parents in their parenting role. Within the 50 key messages are 31 messages that are specifically targeted at parents themselves – collectively known and promoted as Parenting24Seven. These 31 messages consist of seven general messages which apply to parenting children of all ages and 24 messages which are divided across the lifecourse – 12 messages about preparing for parenthood and four each for birth to five years of age; six to 12 years of age; and 13 to 17 years of age. This training session will focus on the seven general messages with follow-on resources on the 24 lifecourse messages and the remaining 19 messages which are context-specific.

The section is divided into seven general sessions and one introductory session which can be used in group settings for parents; they are ideal for parent and toddler or parent/school liaison groups. Each general session is presented as a one-hour module with related session plans and learning objectives for participants.

It is anticipated that the initial training initiative will be followed by subsequent sections on: preparing for parenthood; birth to five years of age; six to 12 years of age; and 13 years plus.

### **3.2. Parenting24seven – Enhancing Parental Participation**

The sharing of key messages on what matters in parenting is part of a wider approach to supporting parents and parenting. Promoting Parenting24seven can form part of parental participation initiatives. Parental participation is first and foremost about parents' participation in their own child's care and education. We can enhance that participation through sharing information on Parenting24seven with parents. This could happen through kitchen table discussions, sessions in a parent and toddler group or as part of a Siolta initiative for parental participation in early years settings. It could also happen as part of a home school liaison project. Please refer to the 'Toolkit for Parental Participation' for ideas on how to use a parental participation approach to share key messages on parenting issues.

See more ideas for encouraging parental participation and sharing key messages in Tusla's Toolkit for Parental Participation. You can get a copy on Tusla's website at [www.tusla.ie/publications](http://www.tusla.ie/publications).

### **3.3. Delivering the Sessions**

When you have organised a session or a series of sessions you can begin by introducing yourself and giving a brief outline of the Parenting24seven campaign. You can make parents aware that Parenting24seven is not a parenting programme but a framework for learning about what's important in raising children well. As such, it is an introduction to the themes within parenting, for example, relationships, healthy eating and exercise, positive parenting, etc. It can also act as an introduction to evidence-based parenting programmes that might be offered within the community. Parenting24seven can be used to whet parents' appetite in relation to learning more about parenting practice.

You can then give parents an opportunity to introduce themselves and proceed to the icebreaker. There is an icebreaker for each of the sessions, designed to link to the particular topic that is being discussed.

### **3.4. Evaluating the Sessions**

It is good practice to get feedback on any engagement with parents including the sharing of key messages on parenting. See page 52 of the 'Toolkit for Parental Participation' for suggestions in relation to evaluating sessions with parents.

### 3.5. Session Plans

#### Wellbeing (i)

Activity Reference	Description	Time
i.1	Wellbeing Kit	20 minutes

#### Relationships are Key (1)

Activity Reference	Description	Time
I & O	Introductions and Overview	10 minutes
1.1	Icebreaker – ‘Knowing me, Knowing you’	15 minutes
1.2	Relationships Quiz	20 minutes
1.3	Human Photocopier	15 minutes

#### Healthy Food and Exercise (2)

Activity Reference	Description	Time
I & O	Introductions and Overview	10 minutes
2.1	Icebreaker – ‘Hop Nosh’	15 minutes
2.2	Healthy Eating Quiz	20 minutes
2.3	Nutrition Game	15 minutes

#### Positive Parenting (3)

Activity Reference	Description	Time
I & O	Introductions and Overview	10 minutes
3.1	Icebreaker – ‘Positive vs Negative’	15 minutes
3.2	Parenting Debate	20 minutes
3.3	Parenting Styles Game	15 minutes

#### Child Safety (4)

Activity Reference	Description	Time
I & O	Introductions and Overview	10 minutes
4.1	Icebreaker – ‘House of Hazards’	10 minutes
4.2	Child Road Safety Quiz	20 minutes
4.3	Social Media Quiz	20 minutes

### **Role Modelling (5)**

<b>Activity Reference</b>	<b>Description</b>	<b>Time</b>
I & O	Introductions and Overview	10 minutes
5.1	Icebreaker – ‘Simon Says’	10 minutes
5.2	‘People I Admire’ Game	20 minutes
5.3	‘Parents as Role Models’ Quotations Game	20 minutes

### **Problem-Solving (6)**

<b>Activity Reference</b>	<b>Description</b>	<b>Time</b>
I & O	Introductions and Overview	10 minutes
6.1	Icebreaker – ‘Name it and Tame it’	10 minutes
6.2	Problem Solving Quiz	25 minutes
6.3	‘Flipping the Lid’ Demonstration	15 minutes

### **Social Networks (7)**

<b>Activity Reference</b>	<b>Description</b>	<b>Time</b>
I & O	Introductions and Overview	10 minutes
7.1	Icebreaker – Social Bingo	15 minutes
7.2	Social Connections Game	20 minutes
7.3	My Social Networks Map	15 minutes

## Wellbeing (i)



Parenting24Seven

### Wellbeing

#### Introduction

Wellbeing means taking care of yourself. Have you ever heard cabin crew asking people to place oxygen masks on themselves first before helping others around them, including their children? This is because we cannot help the other people in our lives unless we have looked after ourselves first. Parents are often so busy looking after their families it can be very easy to forget about taking care of themselves. It is really important to set aside a little time each day to do something for yourself, for example a short walk, a hot bath or five minutes of meditation. When we stay well, not only do we feel better but we also reduce stress, reduce the risk of becoming ill and generally have a more positive outlook. We are also better able to look after the ones we love.

“Wellbeing = doing well, feeling good + doing good, feeling well”<sup>iv</sup>

#### Learning Outcomes

At the end of this session, participants will be able to:

1. Explain the importance of looking after ourselves;
2. List the everyday things we can do to stay well.



### Activity i.1 Wellbeing Kit

**Time:** 20 minutes

**Materials:** Magazines, newspapers, scissors, glue, A3 paper

**Purpose:** To increase awareness of the importance of staying well and looking after ourselves.

**Objectives:** Participants will learn what they need to do to keep themselves well and also have some fun.

**Method:**

1. Place all the materials on a table in the centre of the room and ask participants to sit around the table.
2. Explain that they have to create their own 'Wellbeing Kit' by creating a collage of the everyday things they need to do to look after themselves.
3. Facilitator can also create their own collage and begin a discussion on wellbeing around the table while participants are creating their kit.
4. When they have all finished each participant shows their collage to the group and explains how the images they have chosen keep them well.

## Relationships are Key (1)



Parenting24Seven

### The Parent/Child Relationship is Key

#### Introduction

The most important relationship a child will have is their relationship with their parents. Through this relationship they will learn about themselves and the world around them. We know from research that a caring and nurturing relationship is vital for children's healthy development.

Good relationships, particularly in a child's earliest years, lay the neural foundations for long-term mental and physical wellbeing and the ability to learn, have independent lives and contribute successfully to society.

A good relationship between children and their parents helps children feel good about themselves, developing positive self-worth and self-esteem. A secure parent/child relationship will also help children when they meet new people and help them make friends and sustain long-term relationships over a lifetime. Not only does a child's relationship with their parents have a significant impact on their wellbeing, it also impacts on their future potential.

Good communication is an important feature of parent/child relationships. The more communication there is between parents and their children, the more likely they are to share values and opinions. Good communication helps to prevent high-risk behaviours. It is helpful if practitioners working with families with multiple challenges focus on the relationship between the parent and the child, rather than focusing too much on the relationship between the parent and the practitioner.

#### Learning Outcomes

At the end of this session, participants will be able to:

1. Understand the importance of relationships in children's lives and how they impact on children's emotional development.
2. Understand how relationships link to the development of self-esteem and self-worth.
3. List good communication practices that will enhance relationships
4. Understand the importance of play in facilitating positive relationships.

## Relationships are Key (1)



### Session Plan

Activity Reference	Description	Time
I & O	Introductions and Overview	10 minutes
1.1	Icebreaker – ‘Knowing me, Knowing you’	15 minutes
1.2	Relationships Quiz	20 minutes
1.3	Human Photocopier	15 minutes



## The Parent/Child Relationship is Key

### Activity 1.1 Icebreaker – ‘Knowing me, Knowing you’

**Time:** 15 minutes

**Materials:** Paper and pens or pencils

**Purpose:** To increase awareness of the importance of giving and receiving information in relationships.

**Objectives:** Participants will get to know some new things about the people in their group and have some fun together.

**Method:**

1. Break bigger group into pairs.
2. Ask each person to come up with two statements about themselves:
  - a. One thing that is true;
  - b. One thing that is not true.(They can write the statements on a sheet of paper if they want.)
3. Participants then share these statements with their partner. Their partner must try and guess which piece of information is true and which is not true.
4. The pairs get about five minutes for this part of the activity.
5. The pairs then share their true statements in turn with the bigger group.
6. The group has to try and guess which true statement belongs to which person in the pair.



### Activity 1.2 Relationships Quiz

**Time:** 20 minutes

**Materials:** Handout – Relationships Quiz

**Purpose:** To raise awareness about the different factors that affect parent/child relationships over the lifecycle.

**Objectives:** Participants will be able to list the elements involved in building positive relationships with children and have a clearer understanding of the impact of their behaviour on their child's self esteem.

**Method:**

1. Break larger group into groups of three people.
2. Pass around the handout and read out the questions (this also helps if some participants have literacy difficulties).
3. Ask participants to fill out the questionnaire in their groups, talking amongst themselves about each of the questions.
4. Bring the larger group back together and discuss each question.

**Processing Questions**

In the large group, discuss:

1. Responding to a baby's crying:
  - a. Discuss what babies learn from being comforted when they cry and how it is linked to the beginning of a cause and effect approach to looking at the world: "When I do something, something else happens".
  - b. Discuss how it is good to wait a few seconds before responding to a baby's cry so that they get a sense of "I need something and somebody is responding".
  - c. Discuss what a baby might learn if they are not comforted when distressed or crying.
2. Taking the lead when playing with your child:
  - a. Discuss how it is important to let your child take the lead often when you are playing together as this will enable the child to be more creative and develop his/her self-confidence.
  - b. Discuss how your child will be inclined to copy what you are doing anyway.
  - c. Discuss how you can respond positively to things your child has made without overdoing it (this can lead to children not value parents' comments).

3. Influence of stress and anxieties:
  - a. Discuss how stress and anxieties that are generated by influences outside the family can have a negative impact on family relationships, emphasising that this is normal. It is important for parents to explain to children, in an age-appropriate way, why they are anxious or stressed so that they don't feel it is caused by their behaviour.
4. How relationships with friends are different:
  - a. If children have close and numerous friendships, it doesn't mean that they will value their relationship with their parents any less.
5. Giving hugs:
  - a. Discuss how most children of all ages like getting their 'hug of the day'. It's a simple gesture that can mean a lot to a child or adolescent, particularly if they are feeling a bit low.
  - b. Sometimes teenagers don't appreciate hugs in public or in front of their friends. Parents can respect their feelings by limiting hugs to inside the home.





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## The Parent/Child Relationship is Key

### Handout – Relationships Quiz

	<b>True</b>	<b>False</b>
1. You can spoil a baby if you always respond to their crying.	<input type="checkbox"/>	<input type="checkbox"/>
2. You should always take the lead when you are playing with your child so that they will learn how to use their toys in the right way.	<input type="checkbox"/>	<input type="checkbox"/>
3. If your relationship with your child is good enough it won't be affected by outside influences such as work-related stress or anxieties about money or other relationships.	<input type="checkbox"/>	<input type="checkbox"/>
4. When children are going to school and have a number of close friends, their relationship with their parents is not as important as they will have enough support from their friends.	<input type="checkbox"/>	<input type="checkbox"/>
5. It is important for parents to respect their teenagers' growing independence and to stop being overly affectionate (e.g. giving hugs), particularly in front of their friends.	<input type="checkbox"/>	<input type="checkbox"/>





### Activity 1.3 Human Photocopier

**Time:** 15 minutes

**Materials:** Picture handouts (Diagrams A and B), A4 sheets of paper, coloured markers, pencils or crayons

**Purpose:** To highlight the key skills necessary for good communication to take place.

**Objectives:** Participants will be able to understand the different elements of communicating including giving, receiving and clarifying messages.

**Method:**

*Part A*

1. Break bigger group into pairs.
2. Hand out the A4 sheets of paper and choice of coloured markers.
3. Allocate the picture handout (Diagram A) to one person in each pair, making sure that the second person does not see it.
4. Explain to the group that the person in each pair with the diagram must now explain it to their partner, who in turn has to reproduce the diagram on the A4 sheet. They are not allowed to ask any questions.

In the large group, discuss:

1. Each person can use one word to describe how the exercise felt.
2. Did they achieve the task? If not, why not?
3. The group may like to compare diagrams.

*Part B*

1. Repeat the exercise, swapping roles and using Diagram B. This time the person who is drawing the diagram can ask questions to clarify their understanding of what the reproduction should look like.
2. Let pairs show their diagrams to the bigger group.

**Processing Questions**

In the large group, discuss:

1. Each person can use one word to describe how the exercise felt. Did they achieve the task? The group may like to compare diagrams.
2. Is it important that one can ask questions and have the questions answered? Is it also important to be able to see the person's facial expression when they are communicating? How did this exercise feel different to the first one? How did this exercise have a different outcome?
3. How might you apply what you have learned about communication to parenting?
4. What are some of the barriers to good communications between parents and their children?

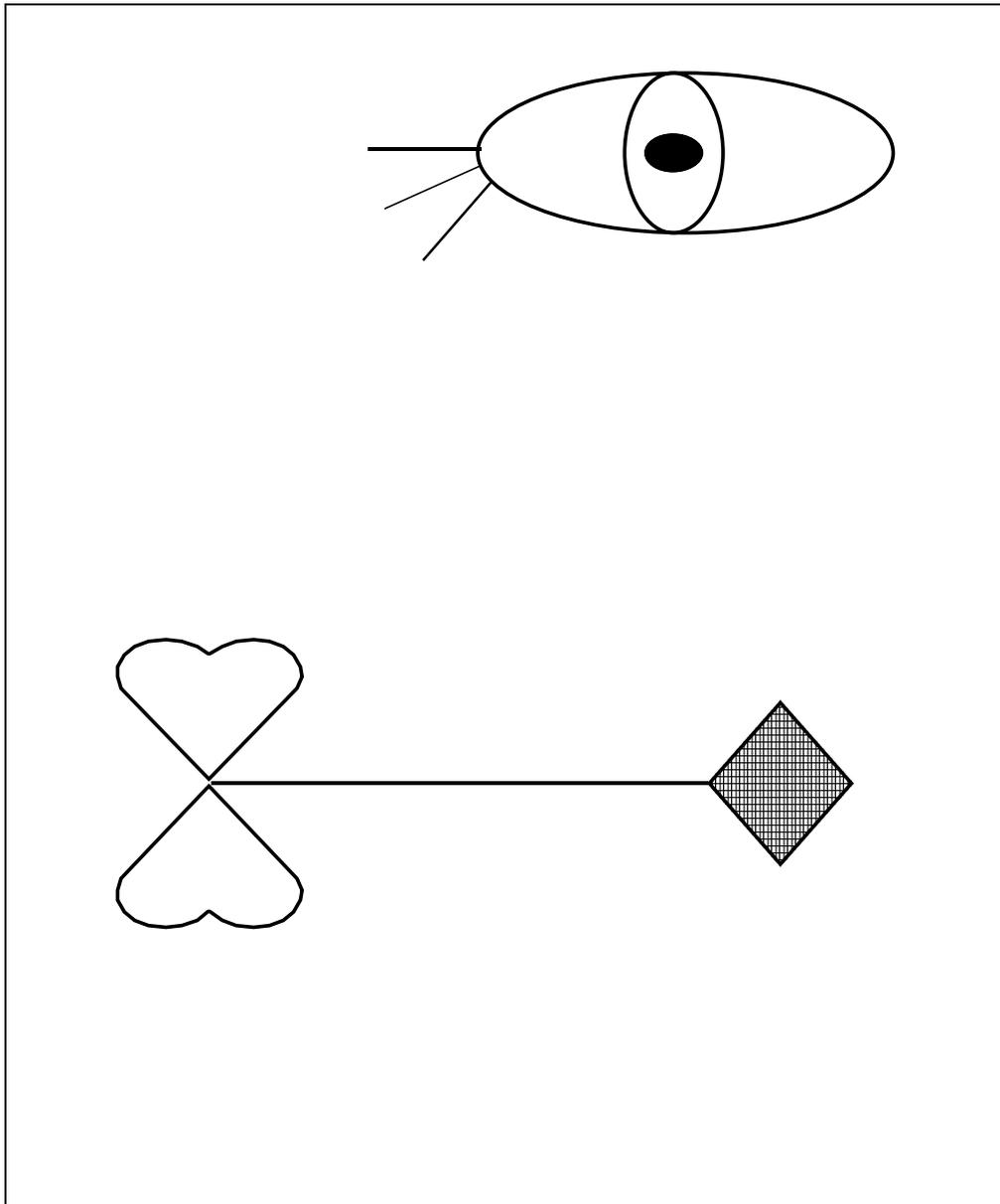




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## The Parent/Child Relationship is Key

### Handout – Human Photocopier Diagram A

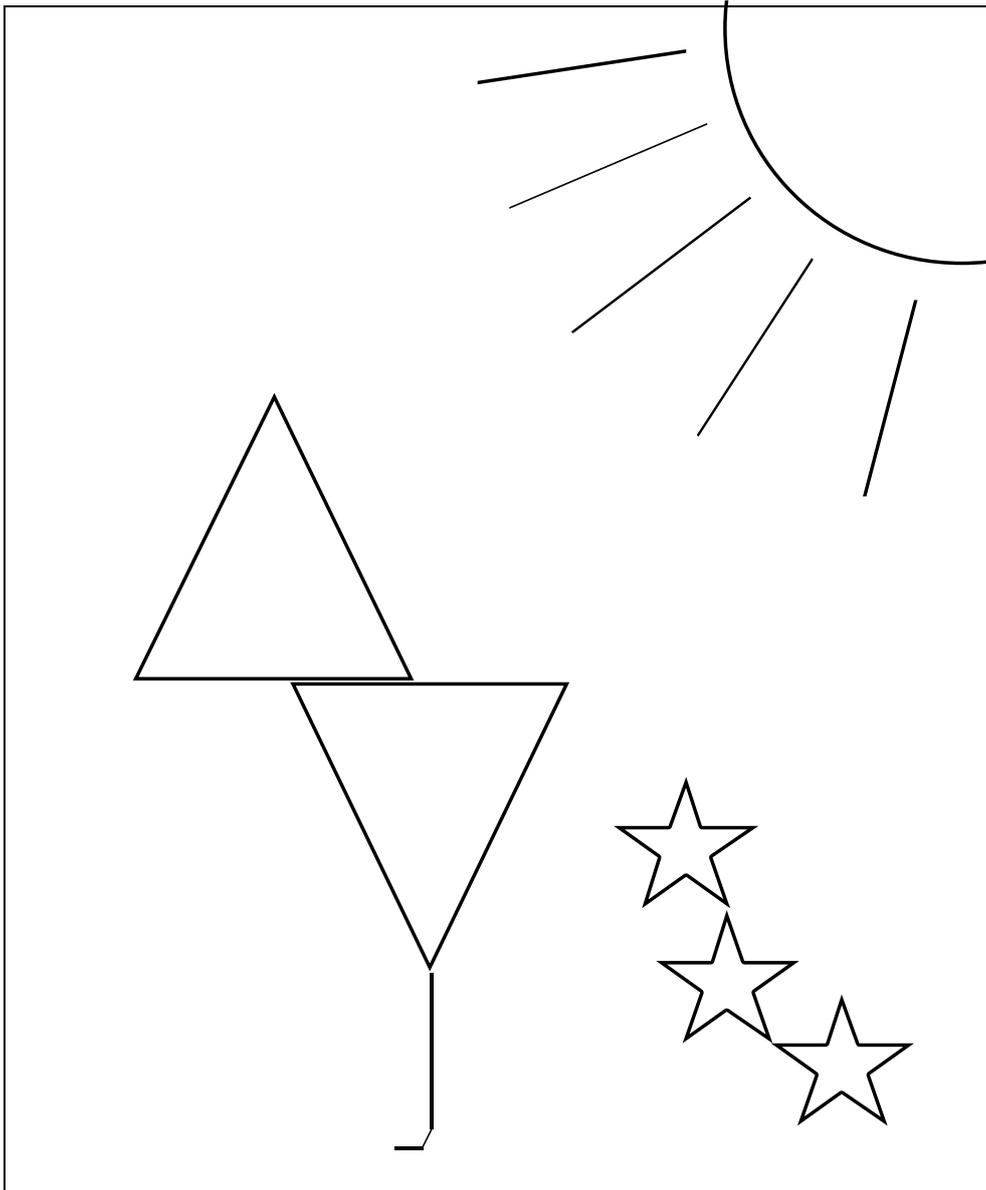




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## The Parent/Child Relationship is Key

### Handout – Human Photocopier Diagram B



## Healthy Food and Exercise (2)



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### Buy Well, Eat Well, Be Well

#### Introduction

This session looks at the underlying factors that influence parents' decisions about buying food. It also looks at what strategies are in place in relation to planning meals, mealtime routines and family rules around eating together.

We know that giving parents information about good food options alone is often not enough to change purchasing habits. Exploring the reasons why parents buy certain foods will have a bigger impact on family food choices.

We also know that children's diet has a significant impact on their physical and mental development. The session introduces parents to the food pyramid and shares basic information about the importance of nutritious food for growth and development.

This session also considers how parents feel about physical exercise and what amounts and what types of physical exercise are appropriate for children of different ages.

#### Learning Outcomes

At the end of this session, participants will be able to:

1. Name the main food groups and know two or three foods in each category.
2. Understand how the different food categories contribute to the mind and body's healthy development.
3. Explore the reasons behind certain food purchases.
4. Understand the importance of routines around eating and mealtimes.
5. Be able to list suitable physical exercise for children of different ages.

## Healthy Food and Exercise (2)



Parenting24Seven

### Buy Well, Eat Well, Be Well

#### Session Plan

Activity Reference	Description	Time
I &O	Introductions and Overview	10 minutes
2.1	Icebreaker – ‘Hop Nosh’	15 minutes
2.2	Healthy Eating Quiz	20 minutes
2.3	Nutrition Game	15 minutes



## Activity 2.1 Icebreaker – ‘Hop Nosh’

**Time:** 15 minutes

**Materials:** Masking tape, ‘Hop Nosh’ grid, Handout – Questions and Answers Sheet, item to be thrown – ‘can’

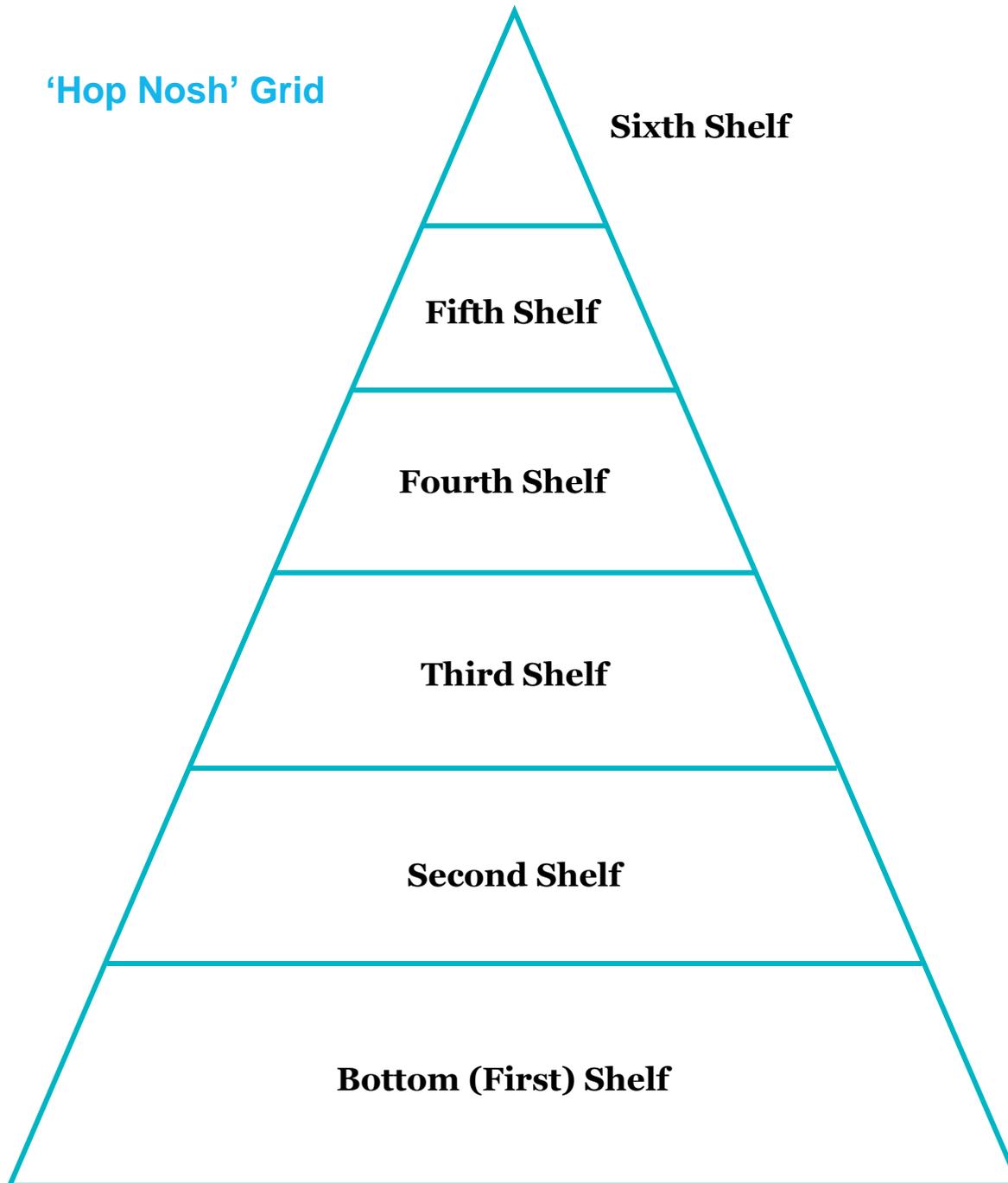
**Purpose:** To raise awareness about the importance of exercise and fun for learning and to introduce participants to the food pyramid.

**Objectives:** Participants will see how exercise and novelty can help our memory by making them aware of the different food groups through play.

**Method:**

1. Mark out two ‘Hop Nosh’ grids on the ground using masking tape (see 2E1 diagram below). Make sure you have enough space between them – about six feet.
2. Divide the group into two teams.
3. Explain how they take turns, in their teams, to throw the ‘can’ on to the rows – first row first, then the second row, etc.
4. One person on the team, who is not ‘hopping’ has to hold the ‘Questions and Answers’ Sheet.
5. If the ‘hopper’ manages to throw their ‘can’ into the space, they then have to answer a question from that level correctly. If they don’t know the answer or get it wrong, they have to pass the can to the next team member who has to try and throw the can again into the same space and answer the question correctly.
6. The ‘hopper’ continues by trying to throw their ‘can’ onto the next row – if they throw it outside or on a line the ‘can’ passes to the next person in the team.
7. The first team to hop back from the sixth row – representing the ‘high in fat or sugar’ group – wins.

## 'Hop Nosh' Grid



### **Sixth Shelf**

Salt, saturated fat, sugar:

- Biscuits, cake, chocolate, crisps, sugary drinks
- Zero to one serving a day

### **Fifth Shelf**

Essential fats providers:

- Oils, spreads
- Two servings a day

### **Fourth Shelf**

Protein providers:

- Beans, eggs, fish, meat, nuts, poultry
- Two servings a day

### **Third Shelf**

Calcium providers:

- Cheese, milk, yoghurts
- Three servings a day

### **Second Shelf**

Fibre, vitamins, mineral providers:

- Fruit and vegetables
- Five servings a day

### **Bottom (First) Shelf**

Energy providers:

- Bread, cereal, pasta, potatoes, rice
- Six servings a day



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## Buy Well, Eat Well, Be Well

### Handout – ‘Hop Nosh’ Questions and Answers Sheet

Shelf	Question	Answer
First (bottom)	1. What does the body get from eating foods on the first shelf?	Energy
	2. Name one type of food from the ‘bottom’ shelf?	Bread, cereal, pasta, potatoes, rice
	3. Name a different type of food from the ‘bottom’ shelf?	See above
	4. How many servings of food from the first shelf should you try and eat per day?	Six
Second	1. How many servings of food from the second shelf should you try and eat per day?	Five
	2. Name one type of food from the second shelf?	Any fruit or vegetable
	3. Name a different type of food from the second shelf?	See above
	4. What does the body get from eating foods on the second shelf?	Fibre, vitamins, minerals
Third	1. Name one type of food from the third shelf?	Cheese, milk, yoghurt
	2. Name a different type of food from the third shelf?	See above
	3. What does the body get from eating foods on the third shelf?	Calcium
	4. How many servings of food from the third shelf should you try and eat per day?	Three

Fourth	<p>What does the body get from eating foods on the fourth shelf?</p> <p>Name one type of food from the fourth shelf?</p> <p>Name a different type of food from the fourth shelf?</p> <p>How many servings of food from the fourth shelf should you try and eat per day?</p>	<p>Protein</p> <p>Beans, eggs, fish, meat, nuts, poultry</p> <p>See above</p> <p>Two</p>
Fifth	<p>How many servings of food from the fifth shelf should you try and eat per day?</p> <p>Name one type of food from the fifth shelf?</p> <p>Name a different type of food from the fifth shelf?</p> <p>What does the body get from eating foods on the fifth shelf?</p>	<p>Two</p> <p>Oils, low-fat spreads</p> <p>See above</p> <p>Essential fats</p>
Sixth	<p>Name one type of food from the sixth shelf?</p> <p>Name a different type of food from the sixth shelf?</p> <p>What does the body get from eating foods on the sixth shelf?</p> <p>How many servings of food from the sixth shelf should you try and eat per day?</p>	<p>Biscuits, cake, chocolate, crisps, sugary drinks</p> <p>See above</p> <p>Nothing essential for health</p> <p>Zero to one</p>



### Activity 2.2 Healthy Eating Quiz

**Time:** 20 minutes

**Materials:** Handout – Healthy Eating Quiz

**Purpose:** To increase awareness of the different factors that affect parents' decisions when purchasing food.

**Objectives:** Participants will be more aware of the factors that impact on the choices that they make when buying food and drinks for their family.

**Method:**

1. Break larger group into groups of three people.
2. Pass around the handout and read out the questions (this also helps if some participants have literacy difficulties).
3. Ask participants to fill out the questionnaire in their groups of three, talking among themselves about each of the questions.
4. Bring larger group back together and discuss each question.

**Processing Questions:**

In the large group, discuss:

1. Food Supplements  
There is no need for food supplements if family members are eating a balanced diet. The one exception to this is women who are planning to become or are pregnant. All women of child-bearing age who could become pregnant should take a supplement of 400 micrograms of folic acid each day. If a woman does become pregnant, she should continue to take the supplement during the first 12 weeks of pregnancy (see [www.safefood.eu](http://www.safefood.eu) for more information).
2. Obesity  
Discuss the prevalence of overweight and obesity in children (one in four seven-year-olds are obese). Discuss the importance of keeping active and exercising and how playing games together involving physical exercise can be great fun and contribute to healthy living (see [www.safefood.eu](http://www.safefood.eu) for suggestions).

3. Drinking Water

- a. The recommendation for adults is eight to 10 glasses of water a day.
- b. Discuss the importance of children not drinking too many sugary drinks. Discuss how milk is a good source of calcium when children's bones are still growing.
- c. Discuss the importance of watering down fruit juices for younger children (one part juice to four parts water).
- d. Discuss the importance of drinking fruit juices at mealtimes and brushing teeth properly to maintain good oral hygiene.

4. Food Buying Decisions

Encourage a discussion about the factors that affect decisions to buy certain types of food over others.

5. Eating Together

Encourage a discussion on the positive aspects of families eating together. These include less time watching television and other activities in isolation. Talk about how human beings are social in nature and how eating together, when it's a positive experience, helps us feel better.



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## Buy Well, Eat Well, Be Well

### Handout – Healthy Eating Quiz

- |   | <b>True</b>              | <b>False</b>             |
|---|--------------------------|--------------------------|
| 1. If you eat a varied and balanced diet there is no need for food supplements. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. One in four seven-year-old children are either overweight or obese.          | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Adults need about four to five glasses of water a day.                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. How do you feel about buying fruit and vegetables (circle whichever applies) |                          |                          |
| a. They are good for you and they taste good                                    |                          |                          |
| b. They go off too quickly  |                          |                          |
| c. They are too expensive   |                          |                          |
| d. They take too long to prepare  |                          |                          |
| e. Other _____  |                          |                          |
| 5. What does eating together as a family promote? (circle whichever applies)    |                          |                          |
| a. Helps to build relationships   |                          |                          |
| b. Helps to develop communication skills  |                          |                          |
| c. Helps to develop turn taking and empathy                                     |                          |                          |
| d. All of the above   |                          |                          |

See [www.safefood.eu](http://www.safefood.eu) for more information.





## Activity 2.3 Nutrition Game

**Time:** 15 minutes

**Materials:** Handout – Nutrition Game, paper plates with four quarters marked out

**Purpose:** To increase awareness of the different calorie counts of foods and the level of exercise required to burn those calories.

**Objective:** Participants will be more aware of the link between food, exercise and weight gain and weight loss.

**Method:**

1. Break the group into pairs and give each pair a copy of the handout and two paper plates.
2. Ask each couple to put on one plate the healthiest food combination and on the other plate an unhealthy combination.
3. Each pair, in turn, presents their plates with the larger group.
4. You can then hand out the pages with the calorie count of each of the food items and each couple works out the overall calorie count for their meals.
5. Each pair is then asked to estimate how many calories growing children need in their diets for healthy development, how many extra calories they have above this on their plates and estimate how long a child would need to cycle/run/skip etc. in order to burn off the extra calories.
6. Have a conversation about the different activities and the amount of calories they use up.

**Processing Questions:**

In the large group, discuss:

1. How do your selections tie in with the food pyramid? Does your selection include the recommended amounts from each of the levels of the pyramid?
2. Would any of these products be expensive to purchase and if so are there cheaper alternatives?
3. Are the serving sizes similar to what you would eat at home? Is there a big difference between the serving sizes listed and serving sizes that you use at home?
4. Can you think of a healthier alternative to any of the higher calorie foods?
5. Talk about the amount of calories used up in different activities over one hour (see tables overleaf).

Activity	Calories used
Football / soccer	400
Tennis	400
Cycling	200
Tag / chasing	300
Skipping	600

Recommended average daily calorie intake		
Age	Boy	Girl
2 years old	1,000	1,000
8 years old	1,500	1,500
12 years old	1,800	1,700
16 years old	2,600	2,300

For more information see: [www.hse.ie](http://www.hse.ie), [www.safefood.eu](http://www.safefood.eu) and [www.nhs.uk](http://www.nhs.uk).



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## Buy Well, Eat Well, Be Well

### Handout – Nutrition Game

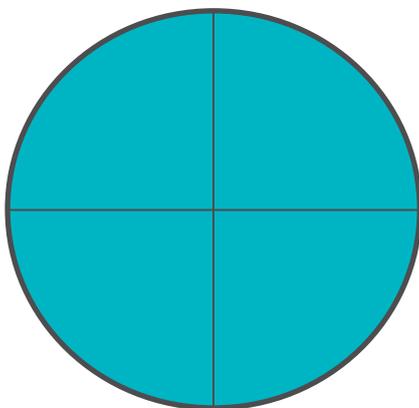
The following list of foods is representative of typical dinners and desserts served in homes across Ireland. Please put together two meals, one on each of your plates, picking four different foods from the list below. One meal should be a healthy option and the other meal should be a not so healthy option.

Place the number of your selected foods in each segment of the paper plates.

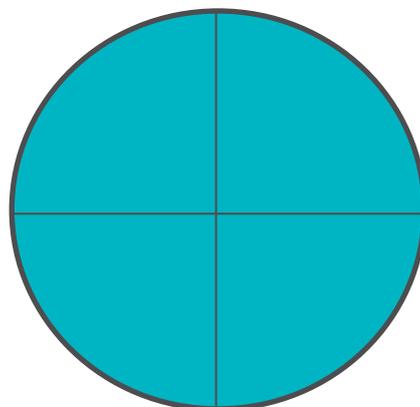
#### Food Items

No.	Name	No.	Name
1	Chips	9	Salmon fillet
2	Beans	10	Egg noodles
3	Deep-fried chicken gougons	11	Peas
4	Sausage (fried)	12	Sweetcorn
5	Potatoes mashed with butter	13	Ice-cream
6	Basmati rice	14	Slice of chocolate cake
7	Chicken breast (grilled)	15	Grapes
8	Carrots	16	Mini yoghurt

#### Healthy meal



#### Not so healthy meal





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## Buy Well, Eat Well, Be Well

### Handout – Nutrition Game

The table below has the approximate calorie count for one serving of each of the foods listed.

#### Food Items

No.	Name	Calories	No.	Name	Calories
1	Oven chips (100g)	138	9	Salmon fillet (135g)	274
2	Beans (120g)	108	10	Egg noodles (160g)	221
3	Deep-fried chicken gougons (65g)	166	11	Peas (80g)	62
4	Sausage (fried) (48 g)	200	12	Sweetcorn (154g)	124
5	Potatoes mashed with butter (210g)	237	13	Ice-cream (72g)	145
6	Basmati rice (100g)	180	14	Slice of chocolate cake(64g)	235
7	Chicken breast (grilled)(86g)	141	15	Grapes (92g)	62
8	Carrots (61 g)	25	16	Low-fat yoghurt (150g)	80

Roughly how many calories do you have on each of your plates?

Healthy meal  
\_\_\_\_\_ calories

Not so healthy meal  
\_\_\_\_\_ calories

#### Family-friendly exercises

The following list outlines a number of exercises that a family might be involved in. In the ‘Nutrition Game’ you made two dinners and you are now aware of the calorie count of each. How long do you think a typical 10-year-old would have to play the following activities to burn off those meals?

Activity	Length of time	Healthy meal	Not so healthy meal
Football / soccer	Answer:		
Tennis	Answer:		
Cycling	Answer:		
Tag / chasing	Answer:		
Skipping	Answer:		

## Positive Parenting (3)



Parenting24Seven

### A Positive Parenting Style Works

#### Introduction

Positive parenting is about having a positive approach to the day-to-day care and education of children. This session looks at the area of positive parenting and how a positive approach to raising children will have a good impact on their wellbeing.

The style of parenting used by parents is important and has a significant impact on children's development and how they feel about themselves and the world around them. It can be as important to their long-term wellbeing as nutrition and physical exercise!

Research tells us that adopting a positive parenting style results in children being happier, healthier, able to make friends and enjoying their learning.

#### Learning Outcomes

At the end of this session, participants will:

1. Be aware of the key features of being a positive parent
2. Understand how parenting styles link to positive parenting
3. Understand how bossy parenting results in worse outcomes for children than positive parenting.

## Positive Parenting (3)



Parenting24Seven

### A Positive Parenting Style Works

#### Session Plan

Activity Reference	Description	Time
I & O	Introductions and Overview	10 minutes
3.1	Icebreaker – ‘Positive vs Negative’	15 minutes
3.2	Parenting Debate	20 minutes
3.3	Parenting Styles Game	15 minutes



### Activity 3.1 Icebreaker – ‘Positive vs Negative’

**Time:** 15 minutes

**Materials:** Paper and pens/pencils

**Purpose:** To raise awareness about the importance of being positive in our relationships and in the benefits of receiving positive feedback.

**Objective:** Participants will experience the effects of receiving negative feedback and understand how that makes them feel and be able to compare it to receiving positive feedback.

**Method:**

1. Hand out paper and pens/pencils.
2. Break group into pairs.
3. Ask everyone to draw a picture (if participants look for directions about what to draw you can ask them to draw a picture of ‘a place they like’ or ‘a thing they like’ or choose something else). When they have finished they are to give their picture to their partners.
4. Each partner has a look at the other picture and makes a negative comment about the picture.
5. Ask participants to take a note of how they felt when they got the negative feedback.
6. Ask participants to draw something else they like. Then get the couples to each give a positive comment and again take note of how they felt.
7. Share the feelings/thoughts from both negative and positive feedback with the group.



### Activity 3.2 Parenting Debate

**Time:** 20 minutes

**Materials:** List of scenarios, flipchart paper, Blu-Tac and markers

**Purpose:** To distinguish between the different parenting styles that can be used when responding to children.

To focus parents on positive strategies when parenting and the impact of these on their child's behaviour.

**Objective:** Participants will be more aware of how their parenting impacts on their child's behaviour.

**Method:**

1. Have prepared flipcharts scattered around the room with either A,B, C or D clearly marked on top of each.
2. Read out each scenario with each possible parental response marked by the letters A, B, C and D.
3. Ask the parents to stand beside the response they feel is most appropriate.
4. Facilitate a discussion about why the parents choose to respond in a particular way.



### Handout – Parenting Scenarios

#### Scenario 1

As you approach the checkout in the supermarket, your three-year-old sees a large bag of sweets and demands you buy them. When you say no, they proceed to scream and throw themselves on the ground. Do you...?

- Buy the sweets.
- Explain why you will not be buying sweets today. Ignore the behaviour and continue to unload your shopping.
- Say that you will get them the next day.
- Pick him up and leave the supermarket.

#### Scenario 2

Your 10-year-old refuses to clean up the mess after having a friend of theirs in to play. Do you...?

- Tidy it up yourself and say okay.
- Tidy it up yourself and put a consequence in place.
- Stop play dates or friends from visiting.
- Come to a compromise and agree to tidy up together.

#### Scenario 3

Your teenager is not home 20 minutes after the agreed curfew. Do you...?

- Ring them and order them to come home.
- Go out and find them and confront them in the presence of their friends.
- Text them to remind them of the curfew time you had agreed and follow up with a call if you receive no response.
- Ignore the situation and see what happens.

#### Scenario 4

Your 15-year-old arrives home tired and hungry after a football match and becomes annoyed with a younger sibling for asking him/her questions. Do you...?

- Tell them both to stay quiet.
- Recognise that the older child had a long day, is tired and needs time to take a breath. Suggest they go have a shower while dinner is heating.
- Let them fight it out themselves.
- Ignore the situation.

### Scenario 5

Your seven-year-old is struggling with an activity and you observe them becoming frustrated and angry. Do you?

- a. Ignore the situation.
- b. State that s/he is doing a good job staying calm and that it can be a difficult task and offer some assistance.
- c. Tell s/he to take their time and have patience.
- d. Tell s/he that their older brother/sister never had a problem with such activities.



### Activity 3.3 Parenting Styles

**Time:** 15 minutes

**Materials:** Laminated words of parenting styles, laminated pictures of parenting styles, masking tape, Handout – Parenting Styles

**Purpose:** To help the group understand different styles of parenting

**Objective:** Participants will know about the different parenting strategies and reflect on their own parents' parenting style.

**Method:**

1. Create a large cross-shaped grid on the floor with the masking tape.
2. In a large group introduce the four different parenting styles using the laminated words:
  - a. Bossy
  - b. Easy-going
  - c. Distant
  - d. Positive

Place the four laminated words on the floor. Explain how we can use different types of parenting styles at different times, for example, bossy when we are tired, easy-going on a Friday afternoon, etc.

3. Break the larger group into four smaller groups. Pass out the four laminated pictures of the different parenting styles, one to each group. Ask each group to think about the people in the picture in terms of what they might be feeling. Draw the group's attention to the laminated words of parenting styles on the floor. Ask the groups to take a guess as to which parenting style each picture relates to. They can then 'grab' the style they think relates to their particular picture.
4. In the larger group, ask if anybody would like to share some of their discussions. Did they guess the parenting styles correctly?
5. Using the diagram on the flipchart, or masking tape on the floor, discuss how parenting styles can be understood using various degrees of: (1) setting boundaries/supervision and (2) love/nurturing. If using masking tape on the floor, then you can ask the groups to try and place their picture in the correct position.
6. Pass out the handout.

**Processing Questions:**

In the large group, discuss some or all of the following:

1. How do you feel you were parented?
2. Do you parent the same way or in a different way?
3. Do you feel certain ways of parenting are good/not so good?

Source: Lifestart Foundation

## Flipchart Drawing

(You can draw the words and the lines in advance on a flip chart page)

### Parenting Styles

Setting Boundaries/  
Supervision

High

Positive



Bossy



Love / Nurturing

High



Easy-going

Low



Distant

Low





### Handout – Parenting Styles

Name	Features
<p><b>Bossy (Authoritarian)</b></p>	<p>This type of parent:</p> <ul style="list-style-type: none"> <li>• Has expectations for a child that are too high</li> <li>• Does not enable a child to make his/her own choices</li> <li>• Often insults and belittles a child</li> <li>• Often ignores good behaviour and excessively punishes a child</li> </ul>
<p><b>Distant (Neglectful / rejecting / disengaged)</b></p>	<p>This type of parent:</p> <ul style="list-style-type: none"> <li>• Does not have a close relationship with a child</li> <li>• Allows a child to do what they want</li> <li>• Shows little interest in a child's behaviour or aspirations</li> <li>• Does not supervise a child or arrange adequate supervision when needed</li> </ul>
<p><b>Easy-going (Laissez-faire)</b></p>	<p>This type of parent:</p> <ul style="list-style-type: none"> <li>• Lets a child do what he/she wants</li> <li>• Does not establish any rules for a child</li> <li>• Will give in to a child having tantrums</li> <li>• Provides no structure for a child</li> </ul>
<p><b>Positive (Authoritative)</b></p>	<p>This type of parent:</p> <ul style="list-style-type: none"> <li>• Enables a child to make his/her own choices</li> <li>• Makes clear rules and enforces them</li> <li>• Rewards children's positive behaviour</li> <li>• Is involved in their child's daily life where possible</li> </ul>



## Child Safety (4)



Parenting24Seven

### Child Safety Practices Reduce Injury

#### Introduction

The purpose of this session is to raise awareness about child safety issues, in particular about potential hazards that might be present both in the home environment and also when families are 'out and about'. We know from research that 90% of accidents that happen in early childhood are preventable.

The safety of children and young people is everybody's concern and there are many Government initiatives that seek to ensure the safety and wellbeing of children in today's modern society. These include the Office for Internet Safety ([www.internetsafety.ie](http://www.internetsafety.ie)), an initiative of the Department of Justice and Equality; the HSE's Child Safety Awareness Programme ([www.hse.ie/eng/health/child/childsafety/CSAP.html](http://www.hse.ie/eng/health/child/childsafety/CSAP.html)), Irish Water Safety ([www.iws.ie](http://www.iws.ie)) and the Road Safety Authority ([www.rsa.ie](http://www.rsa.ie)).

For more information about and links to safety initiatives, see [www.tusla.ie/parenting-24-seven](http://www.tusla.ie/parenting-24-seven).

Some of the issues that are of particular concern to parents today include safe use of the internet and social media, road safety, safety in and around water, bullying, sexual health, mental health and self-harm.

#### Learning Outcomes

At the end of this session, participants will:

1. Know where to go for more information on keeping children and young people safe.
2. Be aware of the importance of being vigilant in relation to spotting and eliminating hazards in the home and the wider environment.
3. Take action to prevent accidents and incidents that might put children at risk.
4. Be aware of some statistics in relation to childhood accidents.
5. Be aware of some safety issues relating to the use of social media.

## Child Safety (4)



Parenting24Seven

### Child Safety Practices Reduce Injury

#### Session Plan

Activity Reference	Description	Time
I & O	Introductions and Overview	10 minutes
4.1	Icebreaker – ‘House of Hazards’	10 minutes
4.2	Child Road Safety Quiz	20 minutes
4.3	Social Media Quiz	20 minutes



## Child Safety Practices Reduce Injury

### Activity 4.1 Icebreaker – ‘House of Hazards’

**Time:** 10 minutes

**Materials:** Handout – House of Hazards and pens / pencils

**Purpose:** To enable the participants to have an increased awareness about child safety issues in and about the home.

**Objectives:** The participants will be able to list hazards inside and outside the home.

**Method:**

1. Participants are divided into pairs.
2. Pass around the handout.
3. In pairs, the participants must try and list as many hazards as they can for the different places in the home.
4. Inform the group that they have five minutes exactly to do this exercise.
5. Ask the groups to share with the larger group how many hazards in total they listed and declare the winner!

**Processing Questions**

In the large group, discuss some or all of the following:

1. Are some rooms in the house more ‘hazardous’ than others?
2. Are there any extra dangers associated with the garden? If yes, what are they? “Unintentional injuries are the most common cause of death and injury in children between the ages of one and 14 years”. Do you think this statement is true? “Baby-walkers have no proven benefit to babies but are associated with unsafe practices”. Do you think this statement is true?





## Handout – House of Hazards

### Kitchen

No.	Hazard

### Bathroom

No.	Hazard

### Bedroom

No.	Hazard

### Sitting Room

No.	Hazard





### Activity 4.2 Child Road Safety Quiz

Recommended for use with parents of children aged from birth to 12 years

**Time:** 20 minutes

**Materials:** Handout – Child Road Safety Quiz and pens / pencils

**Purpose:** To enable the participants to have an increased awareness about road safety issues

**Objective:** The participants will be able to recognise potential hazards associated with road usage and driving.

**Method:**

1. Participants are divided into threes.
2. Pass around the handout.
3. Ask the participants to complete the quiz.

**Processing Questions**

In the large group, discuss the answers to each of the six questions and any issues relating to them that might arise.

Answers:

1. 85%
2. One in five
3. One in three
4. b. False
5. c. 11 years of age
6. a. True





## Child Safety Practices Reduce Injury

### Handout – Child Road Safety Quiz

1. By what percentage can a cycle helmet reduce the risk of a head injury?
  - a. 25%
  - b. 45%
  - c. 85%
2. How many child cyclists wear a cycle helmet?
  - a. One in five
  - b. Two in five
  - c. Three in five
3. How many children injured while crossing a road admit they did not stop before they stepped off the kerb?
  - a. One in nine
  - b. One in six
  - c. One in three
4. Wearing a seatbelt and holding a baby on your lap at the same time is safe.  
True  
False
5. Up to what age is it recommended that a child use a booster seat or booster cushion together with their seatbelt?
  - a. Five years of age
  - b. Seven years of age
  - c. 11 years of age
6. It is dangerous to use a rear-facing baby seat in the front seat if the car has a front passenger airbag.
  - a. True
  - b. False





## Child Safety Practices Reduce Injury

### Activity 4.3 Social Media Quiz

Recommended for use with parents of children aged from 10 to 17 years

**Time:** 20 minutes

**Materials:** Handout – Social Media Quiz and pens / pencils

**Purpose:** To increase awareness of safety issues relating to the use of the internet and social media.

**Objective:** The participants will have increased awareness of safety issues relating to using the internet and social media.

**Method:**

1. Participants are divided into threes.
2. Pass around the handout.
3. Ask the participants to complete the quiz.

**Processing Questions**

In the large group, discuss the answers to each of the six questions and any issues relating to them that might arise.

Answers:

1. 13 years plus.  
The minimum age to have a Facebook or Snapchat account is 13. It is important that parents are aware of their child's social networking interests and activities. It is helpful if parents have a working knowledge of social media applications so that they can advise their children on appropriate use, for example, Facebook accounts should be set up as private, meaning that only the user's Facebook friends can view their information.
2. Yes or no – depends on age of child and family rules.  
This can be encouraged but families will have different views. Sometimes families have 'parents as friends' as an essential element if younger children are setting up social media accounts. However, younger teens are less comfortable about their parents being their friends online than older teens or young adults. Parents who are friends with their children online should respect their children's privacy –monitor, but don't get inappropriately involved.

3. Yes.  
This is a good way to be informed and to start a conversation about social media safety! Less than half of parents have searched for their child's name online, so you can let parents know they are ahead of the posse. Encourage parents to know what's out there in terms of their child's profile, have a conversation about this with their child and help them set privacy settings accordingly.
4. c. Five hours or more a day
5. What social media applications do the following images represent?

Question	Image	Question	Image
a.		d.	
Answer	Instagram	Answer	Snapchat
b.		e.	
Answer	Pinterest	Answer	Yik Yak
c.		f.	
Answer	Whatsapp	Answer	Tinder

For more information about these answers see:  
[http://ie.reachout.com/parents/technology/sites-and-apps/?gclid=CL2d5J2Vns8CFced7Qod\\_UwCJA](http://ie.reachout.com/parents/technology/sites-and-apps/?gclid=CL2d5J2Vns8CFced7Qod_UwCJA)

6. What do the following terms mean in social media?
  - a. Hashtag: A hashtag is a word or phrase preceded by a hash sign (#). It is used on social media sites such as Twitter to identify messages on a specific topic.
  - b. RT and MT: RT stands for Retweet or Real Time and MT stands for Modified Tweet in the social media application Twitter.
  - c. Emoji: An emoji is a digital image used to express emotions.
  - d. Fandom: A community or subculture of fans of films, music, celebrities, sports etc.
  - e. Meme: A meme is a funny photo or cartoon with a caption.
  - f. Gif: A gif is an animated picture or character which you can send through social media.

For more information on social media and internet safety see:

- <http://www.tusla.ie/parenting-24-seven/13plus-years/child-s/teenagers-and-social-media>
- <http://spunout.ie/life/article/sexting?gclid=CNecwtTznc8CFE-17QodQ2QCGA>
- <http://b4udecide.ie/relationships/sexting-online-profiles/sexting/>
- [https://issuu.com/theusi/docs/cyber\\_bullying\\_guide\\_2](https://issuu.com/theusi/docs/cyber_bullying_guide_2)
- <http://www.internetsafety.ie/website/ois/oisweb.nsf/page/safety-guideparents-en>
- <http://www.webwise.ie/>



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**Child Safety Practices Reduce Injury**

**Handout – Social Media Quiz**

1. At what age do you think it is okay for children to be on social networking sites?
  - a. Under 10
  - b. 10 to 13 years
  - c. 13 years plus
  
2. Should parents be friends with their children on social networking sites?
  - a. Yes
  - b. No
  - c. Don't know
  
3. Should parents Google their child's name?
  - a. Yes
  - b. No
  - c. Don't know
  
4. How much time does the average teenager spend online or on the phone every day?
  - a. One to two hours
  - b. Three to four hours
  - c. Five hours or more
  
5. What social media applications do the following images represent?

Question	Images	Question	Images
a.		d.	
b.		e.	
c.		f.	

6. What do the following terms mean in social media?
 

a. Hashtag	d. Fandom
b. RT and MT	e. Meme
c. Emoji	f. Gif



## Role Modelling (5)



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### Baby see, Baby do

#### Introduction

From the earliest moments following birth, babies are tuning in to other human beings. They are particularly drawn to people whose voices they have become familiar with from hearing them in the last few weeks prior to birth. Studies have demonstrated that young babies will copy certain facial expressions, for example, sticking out their tongues in response to a carer sticking out their tongue. This mirroring of gestures facilitates the bonding process.

Young children will start imitating the adults around them from a young age. This mimicking process is an important part of learning. Imitation follows a four step sequence:

1. Watching and listening;
2. Processing the information;
3. Attempting to copy the behaviour;
4. Fine-tuning the behaviour through practice.

We know from research that there is a part of the brain that specialises in interpreting actions of intent from other people. The neurons involved in this process are called mirror neurons. It would appear that how we understand each other is more about feelings than about thinking. Mirror neurons let us simulate not just other people's actions, but the intentions and emotions behind those actions. When we see someone smile, for example, our mirror neurons for smiling fire up too, creating a sensation in our own mind of the feeling associated with smiling. We don't have to think about what the other person means by smiling, we experience the meaning immediately and effortlessly.

Awareness about the tendency of children and young people to imitate others is an important consideration for parents. Children will often copy tone of voice, posture and gestures. Not only does the imitation process give children behaviours to emulate it also helps the bonding process. Having a secure emotional bond in childhood helps children's emotional and intellectual development and facilitates the formation of positive relationships throughout childhood and into adulthood. Parents should be aware that role modelling can be both a positive and a negative experience, for example, when there is peer pressure to conform to group behaviour that is hurtful, damaging and/or not respectful.

## Learning Outcomes

At the end of this session, participants will:

1. Understand how imitation and role modelling helps the bonding process.
2. Understand why imitation is important for children's learning.
3. Understand the role that imitation plays in managing behaviour.
4. Be aware of how young children can be influenced by older children and how this can be both a positive and negative experience.

## Role Modelling (5)



Parenting24Seven

### Baby see, Baby do

#### Session Plan

Activity Reference	Description	Time
I & O	Introductions and Overview	10 minutes
5.1	Icebreaker – ‘Simon Says’	10 minutes
5.2	‘People I Admire’ Game	20 minutes
5.3	‘Parents as Role Models’ Quotations Game	20 minutes



## Activity 5.1 Icebreaker – ‘Simon Says’

**Time:** 10 minutes

**Materials:** None required

**Purpose:** To raise awareness about how people like to copy other people and the importance of listening to instructions.

**Objective:** Participants will get an opportunity to become aware of how we copy one another and have some fun.

**Method:**

1. Ask participants to stand up in a space clear of obstacles.
2. Tell them that you are going to play ‘Simon Says’.
3. Advise them that they have to listen to you and every time you say “Simon Says” they have to follow your instructions and copy what you are doing.
4. If you don’t say “Simon Says” before a new action and they still copy you, they are out of the game and have to stand to one side.
5. The last person left in the game is the winner.



### Activity 5.2 Game – People I Admire

**Time:** 20 minutes

**Materials:** 'People I Admire' category list

**Purpose:** To raise awareness about the influence of role models and people that we admire in our lives.

**Objectives:** Participants will get an opportunity to explore some of the reasons why they admire certain people and gain an understanding of the influence of mirror neurons on our behaviour.

**Method:**

1. Divide participants into pairs and get each person to randomly pick a category from the 'people I admire' list. (You can cut up the list beforehand and get people to choose a category from a container).
2. Give everyone about five minutes to think about a person that they admire from their category.
3. Invite them to share this with their partner and have a discussion on what they like about this person and why. Allocate about 10 minutes for this.
4. Ask each pair to share their thoughts with the larger group.

**Processing Questions:**

In the large group, discuss the influence of other people on our behaviour.





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**Baby see, Baby do**

## Handout – ‘People I Admire’ Category List

Actors / Actresses
Politicians
Historical Figures
Sportspeople
Musicians / Singers / Bands
People in my Community
Family Members
Friends





## Activity 5.3 Quotations Game – Parents as Role Models

**Time:** 20 minutes

**Materials:** ‘Parents as Role Models’ quotations list

**Purpose:** To raise awareness of the influence of parents as role models in their children’s lives.

**Objective:** Participants will have a better understanding of how what they do and say affects their children’s behaviour.

**Method:**

1. Divide participants into groups of three and get each group to randomly pick a quotation from the ‘Parents as Role Models’ list. You can cut up the list beforehand and get people to choose a quotation from a container.
2. Give each group about 10 minutes to talk about their quotation and to answer the question:
  - Do you like this quotation?
  - If yes, why
  - If no, why
3. Ask each group to share their thoughts with the larger group.

**Processing Questions:**

In the large group:

1. Discuss how children are born with limited social skills and will imitate others (learning phase). Give example of a newborn copying his/her parent sticking out their tongue at them.
2. Discuss how young children will test out their learning (social trials) and will develop patterns of behaviour and understanding based on the results of these social trials.
3. Discuss how this affects the way they see and understand the world (schema); how they think about themselves (self-confidence); their ability to do things (self-efficacy); and how they think about what others think about them (self-esteem).
4. Discuss what are the positive things about ourselves that we would like our children to copy?
5. What are the negative things about ourselves that we don’t want our children to copy?





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**Baby see, Baby do**

## **Handout – Parents as Role Models Quotations List**

“Even if society dictates that men and women should behave in certain ways, it is fathers and mothers who teach those ways to children - not just in the words they say, but in the lives they lead.”

**Augustus Y Napier, clinical psychologist**

“That anger can be expressed through words and non-destructive activities; that promises are intended to be kept; that cleanliness and good eating habits are aspects of self-esteem; that compassion is an attribute to be prized – all these lessons are ones children can learn far more readily through the living example of their parents than they ever can through formal instruction.”

**Fred Rogers, children’s entertainer**

“You can never really live anyone else's life, not even your child's. The influence you exert is through your own life, and what you've become yourself.”

**Eleanor Roosevelt, activist and former chair of the UN Commission of Human Rights**

“The best way to teach a child restraint and generosity is to be a model of those qualities yourself. If your child sees that you want a particular item but refrain from buying it, either because it isn't practical or because you can't afford it, he will begin to understand restraint. Likewise, if you donate books or clothing to charity, take him with you to distribute the items to teach him about generosity.”

**Lawrence Balter, psychologist and parenting expert**

“As a parent, you will often serve as an inadvertent example to your child. A child will model himself after you in many areas: how you deal with frustration, settle disagreements and cope with not being able to have the things that you want, to name just three.”

**Lawrence Balter, psychologist and parenting expert**

“You don't hit a child when you want him to stop hitting. You don't yell at a child to get them to stop yelling. Or spit at a child to indicate that he should not spit. Of course, you want children to know how to sympathise with others and to "know how it feels," but you have to show them how to act – not how not to act.”

**Jeannette W. Galambos, early childhood education specialist**

“When things turn out pretty much as expected, parents give little thought to how much they have influenced the outcome. When things don't turn out as expected, parents give a great deal of thought to the role they play.”

**Arlene Harder, family therapist**

“One of the most important things we adults can do for young children is to model the kind of person we would like them to be.”

**Carol B. Hillman, author and former adjunct professor of early childhood education, Westchester Community College**

“There must be a profound recognition that parents are the first teachers and that education begins before formal schooling and is deeply rooted in the values, traditions, and norms of family and culture.”

**Sara Lawrence Lightfoot, Emily Hargroves Fisher Professor of Education, Harvard University**

“Everything our children hear, see and feel is recorded onto a cassette. Guess who is the big star in their movie? You are. What you say and, more important, what you do is recorded there for them to replay over and over again. We all have videocassettes. Adults just have larger libraries of tapes available.”

**Stephanie Martson, stress/work-life expert**

## Problem-Solving (6)



Parenting24Seven

### Name it and Tame it

#### Introduction

How parents cope with stress will have an impact on their child's wellbeing. How they cope with problem solving will affect their ability to deal with both positive and negative life events themselves. We know that when parents can solve problems without getting overly anxious it means a better environment for children.

The human brain is divided into two hemispheres – the left and right brain. The left brain is logical, ordered, linguistic and loves lists. The right brain is holistic, non-verbal, intuitive and processes raw emotions. It is more directly influenced by messages from the body and lower brain areas including those responsible for the 'Triple F' responses 'flight, fight or freeze'. The front part of the brain is responsible for our higher order functions, for example, planning for our day and more long-term plans, empathy and the managing of all the other parts of our brain. The front part of the brain is fully mature at around 25 years of age.

When parents and children are able to name their feelings, they are activating the language area of the brain, linking them with their left brain which is more responsive and logical and is more removed from the more reactive right brain.

It is important to connect with children emotionally before trying to solve a problem together – connect and then re-direct. We call this emotional connection – attunement. It can be done through physical touch, empathic facial expressions, a nurturing tone of voice and non-judgemental listening. Remember that younger children (under three years of age) are very much right brain dominant. They haven't mastered their language skills sufficiently to use words to express their feelings. They live completely in the moment. That is why it is particularly important to connect before re-directing with young children.

#### Learning Outcomes

At the end of this session, participants will:

1. Be aware of the big six emotions
2. Name a number of other emotions beyond the big six
3. Understand what happens when we flip the lid
4. Use a number of strategies in order to avoid flipping the lid

## Problem-Solving (6)



Parenting24Seven

### Name it and Tame it

#### Session Plan

Activity Reference	Description	Time
I & O	Introductions and Overview	10 minutes
6.1	Icebreaker – ‘Name it and Tame it’	10 minutes
6.2	Problem Solving Quiz	25 minutes
6.3	‘Flipping the Lid’ Demonstration	15 minutes



### Activity 6.1 Icebreaker – ‘Name it and Tame it’

**Time:** 10 minutes

**Materials:** Emotions pictures

**Purpose:** To raise awareness of the different types of emotions that people express.

**Objectives:** Participants will be able to recognise and name different emotions and have some fun.

**Method:**

1. Mark out a separate area in the room (you can use masking tape or a number of chairs).
2. Ask participants to stand around in a circle.
3. Ask one participant to close their eyes and then show an emotions picture to the rest of the group. The participant then opens their eyes and the rest of the group must portray the emotion on their faces. The participant has to guess the emotion and if they get it right they move into the marked out area.
4. Continue counter-clockwise until the entire group is in the marked area.



## Emotions Pictures



Afraid



Happy



Angry



Sad



Disgusted



Surprised





### Activity 6.3 Demonstration – ‘Flipping Your Lid’

**Time:** 15 minutes

**Materials:** Your hand!

**Purpose:** To raise awareness about how we can get overwhelmed by our emotions and ‘flip our lids’.

**Objective:** Participants will have a better understanding of why we lose control sometimes and ‘flip our lid’ and how we can support children to regulate their emotions

#### Brain in the palm of your hand

Dr Dan Siegel developed a simple demonstration to help parents understand where children’s outbursts come from so that parents can respond more effectively.

#### Method:

1. Tell the participants that there is a model of the human brain underneath their chairs. Ask them to put one hand under the chair and then pull it out again. Explain that their own hand can make a really cool model of a brain.
2. Make a fist with your thumb and fold it inside your fingers. You can tell the participants to think of this model as your brain. Your hand is the brain and your wrist and your forearm are the spinal cord. Your thumb which is tucked up in the middle is your midbrain, the place where your emotions and memories are made and processed. This is also where the ‘fight, flight, freeze’ reflex is triggered. The midbrain is also referred to as the emotional brain.
3. You can go on to explain that the front of the hand and the fingers tips are the cerebral cortex, where we think logically about how we treat people, how we problem solve and where we plan for the future. This cortex is also where we manage or regulate our emotions. The cortex is also known as the rational brain.
4. The brain is set up to communicate by sending messages around the body which impact on how we function.
5. When we are parenting we might see our child hitting something or someone and hear a message in our head saying “No, this needs to stop!”. Although we might like to explain this calmly to the child this does not always happen.



Figure 1. A model of the brain.

6. Ask the participants to look at their models again closely (their fists). Participants should look at their fingernails and remember that this is where the logic and problem-solving happens when the emotional brain (thumb) and the rational brain (finger tips) communicate. But sometimes the two do not communicate very well as the emotional brain is overwhelmed. At this point the fight or flight mode may kick in and we might 'Flip our lid'.
7. Then ask participants to stretch out their four fingers (as demonstrated in Figure 2). Participants should notice how far away their fingers are from the brain. When we flip our lid communication between the two parts of the brain is not happening. The fingertips are too far away from the mid-brain and feelings are so intense that we cannot access the problem-solving part of the brain that we need to help calm us down.
8. At this point we need to calm down and get rid of our fears. Ask participants to close their fingers over their thumbs again.



Although our brains do not change shape, this is a really good visual tool to show how the brain works during emotionally charged situations. Children and adults both experience episodes where they flip the lid. However, as the human brain is not fully mature until the mid-twenties, children tend to lose control more often.

Children need adults to help, support and model calming behaviour as it takes children longer to reconnect the rational brain with the emotional brain. They need support to be able to respond appropriately to strong emotions and calm down (also called being able to self-regulate).

See [www.youtube.com/watch?v=gm9CIJ74Oxw](http://www.youtube.com/watch?v=gm9CIJ74Oxw) for a demonstration from Dr Dan Siegel about flipping your lid

### **Processing Questions:**

In the group:

1. See if anyone has any examples of the terrible or terrific twos. Ask the group to think about what might be happening here in relation to children's emotions and behaviour.
2. Does anyone have any other strategies for self-regulation? (for example, 'counting to ten', 'pushing the pause button').
3. How can we support teenagers to manage their emotions?
4. Discuss how we can support children to regulate their emotions by holding them gently, trying to breathe slowly and talking in a calm way. Eventually they will respond to the calm and settle down.

## Social Networks (7)



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### Parents Need Good Social Networks

#### Introduction

Human beings are social by nature and having positive networks and connections to family, friends, neighbours and groups within the community is essential for wellbeing. The type of relationships that families have with different groups of people varies from informal to formal relationships. A combination of both types of relationships is important. Informal connections might take the form of family members or parent and toddler groups, while more formal connections can be made through the parents' workplace and statutory services including schools and health centres.

#### Learning Outcomes

At the end of this session, participants will:

1. Understand the importance of having a variety of different types of connections.
2. Be able to list both formal and informal connections within their communities.

## Social Networks (7)



Parenting24Seven

### Parents Need Good Social Networks

#### Session Plan

Activity Reference	Description	Time
I & O	Introductions and Overview	10 minutes
7.1	Icebreaker – Social Bingo	15 minutes
7.2	Social Connections Game	20 minutes
7.3	My Social Networks Map	15 minutes



### Activity 7.1 Icebreaker – Social Bingo

**Time:** 15 minutes

**Materials:** Handout – Social Bingo, pens and pencils

**Purpose:** To raise awareness of the importance of friendships and other positive connections with individuals and groups of people.

**Objectives:** Participants will learn about the other participants in the group and have some fun.

**Method:**

1. Give a copy of the handout and a pen or pencil to all participants and ask them to stand in a circle.
2. Explain that they have to go around the group and find out from people if they fit the profile on any of the bingo boxes.
3. When they have all the boxes ticked they shout “Social bingo!”. If you are short on time you can tell the group that they can call “Social bingo!” when they have a single line (three boxes) ticked either vertically, horizontally or diagonally.

Note: If you prefer you can create your own bingo card with the handout overleaf.





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## Parents Need Good Social Networks

### Handout – Social Bingo

Is wearing something blue		Has a birthday in April, June or November		Has a pet	
Name:		Name:		Name:	
Doesn't like shellfish		Has feelings about Manchester United		Forgot to set an alarm this week or month	
Name:		Name:		Name:	
Has walked / run a 5km		Likes watching TV soaps / series		Would like to go to Brazil	
Name:		Name:		Name:	





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## Parents Need Good Social Networks

### Handout – Create your own Social Bingo

Name:		Name:		Name:	
Name:		Name:		Name:	
Name:		Name:		Name:	





### Activity 7.2 Social Connections Game

**Time:** 20 minutes

**Materials:** Post-Its, pens or pencils, board or wall space

**Purpose:** To raise awareness of the different types of social connections in the community, both informal and formal, and their role.

**Objective:** Participants will learn the different types of social connections available and see how many they are currently using.

**Method:**

1. Divide the participants into two groups – one called ‘formal’ and the other ‘informal’ – and give each group some colourful Post-Its and pens or pencils.
2. Explain that each group has five minutes to write down as many different types of social connections in their category as possible. Whichever group has the most wins.
3. When they are finished, ask participants to call out what is written on their Post-Its and place them on the board or wall for everyone to see.
4. When all Post-Its are on the wall, participants will be able to see the large amount of social connections that are available in the community.
5. Call out the example of a fictional parent and remove the Post-Its of any connections this parent does not currently have to a different section of the board or wall. Participants will be able to visually see the small amount of connections some parents use in comparison to what is available.



### Activity 7.3 My Social Networks Map

**Time:** 15 minutes

**Materials:** Handout – My Social Networks Map, pens or pencils

**Purpose:** To identify existing relationships and social connections with groups and individuals in the community.

**Objectives:** Participants will be able to see the social networks they have made in their communities.

**Method:**

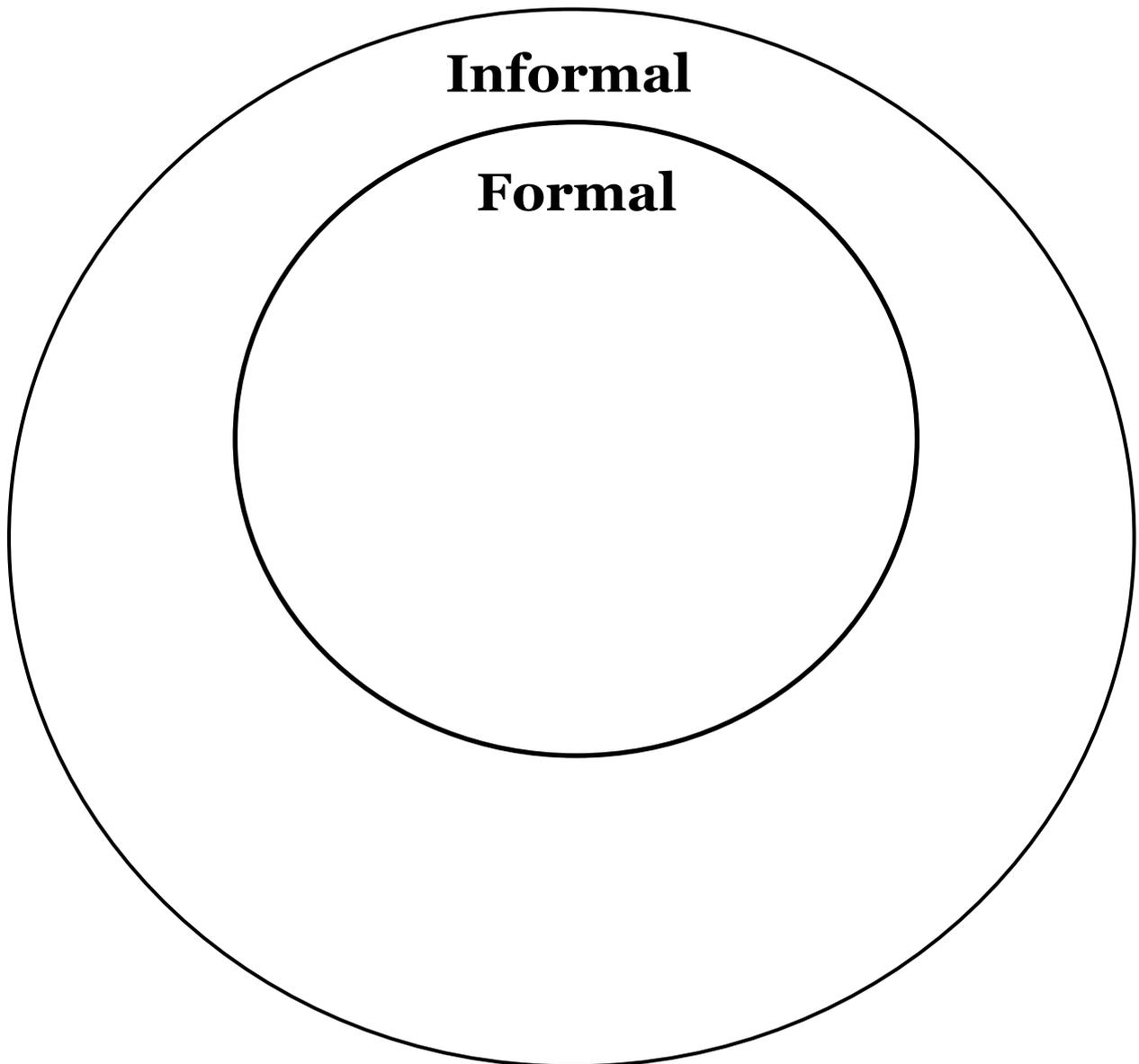
1. Give a copy of the handout and a pen or pencil to all participants and ask them to remain seated.
2. Explain that they have to fill in their own formal and informal connections on their social networks map. They can use the examples on the Post-Its from the previous exercise if applicable.
3. When they have completed the handout, ask them if they see any gaps in their maps and in which areas would they like to have more connections.



Parenting24Seven

## Parents Need Good Social Networks

### Handout – My Social Networks Map





## **Section 4 – Parenting24seven – Seven General Messages – Factsheets**

### **Introduction**

This section looks at evidence from research about the seven general messages of Parenting24seven. This compelling evidence will help to deepen understanding in relation to these messages and emphasise their importance in the work of supporting parenting and parents.



## Fact Sheet One: Parent-Child Relationships

Parents play a vital role in influencing the positive development of their children (Mason *et al.* 2016, 2015; Sneddon and Owens, 2012; Lindsay *et al.*, 2011). Secure parent-child relationships are widely recognised in parenting literature as fostering positive social, emotional and psychological development (Sneddon and Owens, 2012; Bohr *et al.*, 2010; Golombok, 2008). In evidence-based parenting support programmes, attachment theory (Bowlby, 1973 cited in Cottam and Espie, 2014), for example, underpins a focus on developing and reinforcing empathic, secure and long-lasting relationships between parents and children (Cottam and Espie, 2014: 466; Bohr *et al.*, 2010).

- In the first years of a child’s life, “the quality of a child’s relationship with his or her primary caregiver determines that child’s future well-being” (Golombok, 2008: 61; Sneddon and Owens, 2012). Infants have an “innate tendency” to become attached to their mother or primary caregiver (Golombok, 2008: 61);
- Research of mother-infant interaction suggests the children of more sensitive mothers are more likely to experience a secure mother-infant experience (Bohr *et al.*, 2010; Golombok, 2008: 69). Children direct their attachment behaviours (crying, grasping, looking, smiling, etc.) towards the person most involved in their care. Hence, it is what mothers / caregivers do and also what infants do that underpins the formation of attachment bonds (Golombok, 2008);
- The capacity of a mother to accurately perceive and consistently respond promptly to signals from her child is important (Ainsworth *et al.*, 1974 cited by Bohr *et al.*, 2010). “Sensitive responsiveness” is based on caregivers’ perceptive abilities, for example, insightfulness and having the capacity to see things from the child’s perspective and to respond appropriately (Bohr *et al.*, 2010: 57). Attention to “infant signals of distress” is important and “universally recognised as a building block of sensitive parenting” (Bohr *et al.*, 2010: 57). The experience of being sensitively comforted in a time of distress is likely to significantly contribute to a child’s development and strengthen their self-regulatory abilities (Bohr *et al.*, 2010: 57); and
- Parenting research links attachment security in infancy and behaviours exhibited in later childhood and adolescence (particularly for boys) (Cottam and Espie, 2014; Bohr *et al.*, 2010; Golombok, 2008).

Many behavioural and emotional difficulties experienced in childhood and adolescence and which go on to impact many in adulthood are the focus of a range of social policies and have their origins in early childhood (Sneddon and Owens, 2012; Bohr *et al.*, 2010). It is not by chance that those who experience health (particularly mental health) and behavioural difficulties and / or become involved in antisocial and / or criminal activity typically have troubled and insecure early childhood experiences (Mason *et al.* 2016, 2015; Axford *et al.*, 2012; Sneddon and Owens, 2012).

Parent-child relationships in early childhood predict how successfully children will get along with their peers as they mature (Sneddon and Owens, 2012). In families with positive parent-child relationships, children are more likely to exhibit positive social interaction characteristics including:

- Enthusiastic play and cooperation with others;
- High self-esteem;
- Popularity (with other children) and positive interaction with other significant adults;
- Independence at school;
- Competence in problem-solving and in asking for help or assistance.

(Sources: Golombok, 2008; Reuter and Conger, 1998)

Neuroscientific research also suggests that the quality of parent-child relationships (e.g. attachment) performs “an extremely important role in supporting their children’s brain development”, particularly at what are thought to be critical periods (Asmussen, 2011: 70). Studies report that the first three years of a child’s life is a “critical period” in cognitive and emotional development (Sneddon and Owens, 2012; Asmussen, 2011: 69). In such periods, important cognitive and emotional connections are established (Sneddon and Owens, 2012; Asmussen, 2011). Parents can support their infant’s neurological growth in two important ways:

1. By providing a healthy diet that supports brain development;
2. By providing appropriate stimulation and gentle play and interaction. Parents who respond sensitively to their child and who engage actively in play with them most likely will positively influence their social and emotional development.

(Source: Sneddon and Owen, 2012; Asmussen, 2011; Bohr *et al.*, 2010)

Research also suggests that pre- and early adolescent years also are a critical period of cognitive and emotional development (Goddings *et al.*, 2014; Blakemore, 2012) and a period of significant increase in brain maturation (Goddings *et al.*, 2014; Blakemore, 2012). The hormones released with the arrival of puberty (typically beginning around nine years of age) initiate brain restructuring and development processes lasting until the child is 12 or 13 years of age (Goddings *et al.*, 2014; Asmussen, 2011).

- Similar to infancy, the increased cognitive and emotional development during the period of puberty interferes with adolescent capacities to process information and manage the emotional upheaval that accompanies puberty for most adolescents (Asmussen, 2011: 72; Blakemore, 2012; Goddings *et al.*, 2014);
- Increased irritability and moodiness that often characterises teenage behaviour and which has important implications for their parenting and education can be linked to increased neurological development within this critical period of childhood (Goddings *et al.*, 2014; Asmussen, 2011); and

- The quality of parent-child relationships during puberty (and adolescence generally) should be of the level observed in infancy and early childhood (Asmussen, 2011: 72).

Research suggests that a positive parent-child relationship is an important predictor of successful learning and education outcomes. Parents involved in their children's education, for example; those who read with their child, provide time and space in the home for educational activities, ask their children about their school life and bring their children to educational spaces including libraries, museums, zoos, sports events; empower their children and help them to successfully engage with the wider world as they mature (Sneddon and Owens, 2012). In research, positive parent-child relationships are attributed with reducing:

- The risk of mental ill health (Sneddon and Owens, 2012; Resnik et al., 1997 cited in Asmussen, 2011);
- Risky sexual behaviour (Sneddon and Owens, 2012; Meschke et al. 2002 and Rogers 1999 cited in Asmussen, 2011);
- Risks to safety (including truancy and running away, conduct difficulties and educational attainment) (Sneddon and Owens, 2012);
- Involvement in criminal and / or antisocial activity (Sneddon and Owens, 2012);
- The risk of substance misuse (Sneddon and Owens, 2012; Brody et al 2002; Baumrind, 1991 cited in Asmussen, 2011; Cleveland et al., 2005 cited in Asmussen, 2011).

Overall, research suggests children who are securely attached are more likely to fare better than insecurely attached children – in terms of higher self-esteem, popularity with peers and emotional wellbeing (Golombok, 2008). While not all securely attached children flourish and not all insecurely attached children do poorly, secure attachment in childhood is more likely to result in positive child outcomes (Golombok, 2008: 74). Positive outcomes for children also are likely to be influenced by a range of factors including “the child’s family situation, the wider social environment, and the child’s own personality” (Golombok, 2008: 74).



## Fact Sheet Two: Good Dietary Habits

### Parents' influence on children's diets

In a child's first years, diet is primarily influenced by family and home and particularly their mother's dietary habits (McGowan *et al.*, 2012; Mitchell *et al.*, 2013; Powell *et al.*, 2011). Breastfeeding (in comparison to formula feeding) for a minimum of four months, for example, provides many benefits for developing infants; it supports the development of a stronger immune system, encourages natural self-regulation of food intake and exposes the infant to food flavours (Heatherington *et al.*, 2011). Infants who are exposed to more food flavours are more accepting of a wider range of tastes and so are easier to transition to other food options during weaning (Heatherington *et al.*, 2011);

- Parents shape the composition and eating experience of their child's diet. Older children, however, are likely to have more autonomy in their food choices and are influenced by their peers (McGowan *et al.*, 2012: 323; Heatherington *et al.*, 2011);
- Research suggests appropriate parent monitoring of their children's consumption of unhealthy food leads to reduced intake of these foods and an increased intake of fruit and vegetables (McGowan *et al.*, 2012). Children who are encouraged (i.e. verbally through praise) by parents to eat healthily and to eat varied and new foods are likely to consume more fruit and vegetables than those who are not;
- Parents play a vital role in introducing new foods as children grow and in repeatedly reassuring their children of any changes in their diet by transforming originally rejected healthier food into familiar choices for children (Mitchell *et al.*, 2013). Research suggests children only trust and taste new foods after numerous exposures of that food (15 times according to Mitchell *et al.*, 2013; 86). Young children's avoidance of new foods has been linked to an evolutionary-based response to fears of eating toxic or poisonous foods (Mitchell *et al.*, 2013: 86);
- Parents need to act as role models of healthy eating for their children (Mitchell *et al.*, 2013). Those who have narrow or unhealthy diets and / or who do not persevere in offering previously rejected food, unnecessarily limit children's healthy food options (Mitchell *et al.*, 2013);
- Pressure (this can be verbal and /or physical coercion or incentivising or rewarding children) to eat certain foods can be counterproductive (Loth *et al.*, 2013; Mitchell *et al.*, 2013; Powell *et al.*, 2011). Pressure may turn mealtimes into negative experiences and can result in over-eating, reduced fruit and vegetable intake and increased consumption of unhealthy food snacks and fast foods in early childhood (Mitchell *et al.*, 2013; Powell *et al.*, 2011);
- Using food as a reward for and to incentivise good behaviour may lead to unhealthy associations with food and weight gain and reinforce fussy eating and avoidance of certain foods (Mitchell *et al.*, 2013; Powell *et al.*, 2011);

- Parenting styles can influence children’s diet and life-long eating habits (Mitchell *et al.*, 2013; Loth *et al.*, 2013; Powell *et al.*, 2011). An authoritative style (i.e. a democratic approach to parenting integrating warmth with firm behaviour control), for example, by allowing parental control over food choices also provides positive contexts for the development of health eating habits (Mitchell *et al.*, 2013). Permissive, authoritarian or neglectful parenting styles may obstruct the formation of controls concerning food habits and foster unhealthy food choices and intake (Mitchell *et al.*, 2013; Loth *et al.*, 2013). In addition to making mealtimes stressful for parents, children who experience prolonged difficulties eating and may have a low nutritional diet may be at risk of cognitive and developmental gaps, have problems with weight gain and of developing eating disorders (e.g. be over or under weight) in adolescence and / or adulthood (Powell *et al.*, 2011).

### Context of eating

How children eat meals is also important (Vepsalainen *et al.*, 2015; Mitchell *et al.*, 2013; McGowan *et al.*, 2012) and has wider impacts in terms of maintaining dietary problems (Mitchell *et al.*, 2013).

- Eating while watching television is associated with a higher intake of less nutritious snack-type food, fizzy drinks and less fruit and vegetables (McGowan *et al.*, 2012; Kourlaba *et al.*, 2009 cited in McGowan *et al.*, 2012). Whereas families eating meals together is associated with increased child consumption of vegetables (McGowan *et al.*, 2012);
- Research on the impacts of community / residential context on food intake and behaviours is mixed (Luan *et al.*, 2016; Engler-Stringer *et al.*, 2014). Some research suggests parents living in disadvantaged areas, parents who are disabled or parents who are materially deprived are more likely to be at risk of having a less healthy diet (Engler-Stringer *et al.*, 2014; Lyte, 2009 cited in Luan *et al.*, 2016). The factors cited for unhealthy food outcomes in disadvantaged areas include the prominence of fast-food outlets, low-end supermarkets that market less healthy food options and a reduced number of healthy food outlets in walking distance (which if present are more expensive than other low-end, discount alternatives) (Mason *et al.*, 2013 cited in Luan *et al.*, 2016). In contrast, a study by Luan *et al.*, (2016: 9) argues that areas characterised by residential instability and social disadvantage “are more likely to have access to healthy food outlets within walkable distance” due to the likelihood that disadvantaged parents are more likely to be less mobile (e.g. have access to a private car) and reside in dense, more affordable residential areas where such outlets are likely situated (Mercile *et al.*, 2013 cited in Luan *et al.*, 2016). Conversely, fast-food and low-end retail outlets are also more likely to be situated in densely populated, affordable areas (Baker *et al.*, 2006 cited in Luan *et al.*, 2016).

- Parental working arrangements (particularly maternal) impact the time afforded to activities related to healthy eating (e.g. time spent preparing meals, shopping for healthier food options, eating together), physical activities and children's general wellbeing (Datar *et al.*, 2014). Research also reports that, in general, food not prepared at home and meals outside the home (including school dinners) are likely to be less nutritious, have a higher fat content, and are linked to an increased risk of child obesity (Vepsalainen *et al.*, 2015; Datar *et al.*, 2014). In addition, research suggests children who spent more time unsupervised and / or in the care of others are more at risk of choosing less healthy food options and take part in less physical activities (e.g. more television watching) than other children (Datar *et al.*, 2014).



## Fact Sheet Three: Positive Parenting

Positive parenting is fundamental to child development (Mason *et al.* 2016, 2015; Lindsay *et al.*, 2011; Griffiths, 2008) and children’s behaviour is strongly influenced by parenting styles and practices (Asmussen, 2011; Reuter and Conger, 1998). Research suggests growing up in nurturing, secure family environments, for example, is important as it is associated with positive child wellbeing and the development of pro-social behaviours as well as minimising exposure to harmful problem activity (Sanders *et al.*, 2014; Sneddon and Owens, 2012; Bohr *et al.*, 2010; Rose *et al.*, 2009).

Research has identified a number of parenting styles including:

- **Authoritarian** – authoritarian parents are very controlling of the behaviour and attitudes of their children and unlikely to negotiate with them (Asmussen, 2011; Golombok, 2008). Authoritarian parents demand respect for authority, are likely to be critical of their children and engage in harsh disciplinarian styles of parenting (Asmussen, 2011). Their children are more likely to be “defiant, socially incompetent and dependent” (Golombok, 2008: 77);
- **Permissive** – permissive parents are typically loving parents, however, they tend to be very receptive of their children’s “impulses, desires and actions” (Asmussen, 2011: 84; Golombok, 2008). They impose few standards of behaviour and exert little control over the conduct of their children (Golombok, 2008; Asmussen, 2011). Consequently, their children are more likely to be irresponsible, aimless and less confident (Asmussen, 2011; Golombok, 2008);
- **Neglectful** – neglectful parents are emotionally uninvolved and not supportive of their children (Golombok, 2008). They do not set boundaries and / or standards and may be unpredictable and abusive (Asmussen, 2011; Golombok, 2008). The children of neglectful parents are likely to develop emotional problems as they grow, tend to perform poorly in school and have difficulties in educational attainment (Golombok, 2008; Asmussen, 2011); and
- **Authoritative** – authoritative parenting has been described as the “most positive” parenting style (Mitchell *et al.*, 2013: 87; Golombok, 2008: 77). It is described as a “democratic approach to parenting” integrating warmth with firm behaviour control (Asmussen, 2011: 84 Golombok, 2008). For example, authoritative parents teach children to conform to standards they set through negotiation rather than through punishment (Asmussen, 2011; Golombok, 2008). They expect children to achieve these standards in a supportive context that respects both children’s and parents’ rights (Asmussen, 2011). The children of authoritative parents are more likely to be self-controlled, independent, resilient and socially responsible (Asmussen, 2011; Golombok, 2008).

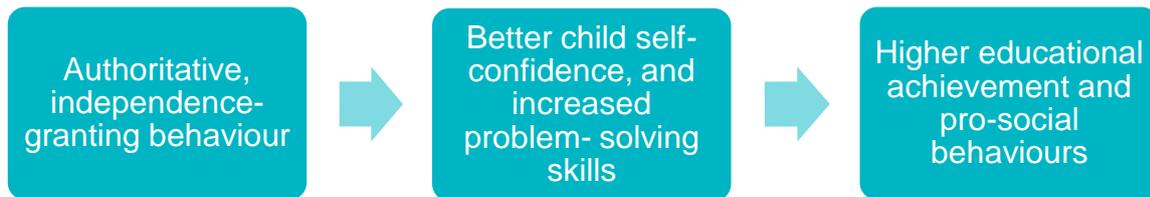


Figure One: Authoritative parenting and child development outcomes (Sources: Asmussen, 2011; Golombok, 2008).

Much research over recent decades concludes that an authoritative parenting style is related to positive child and adolescent outcomes including:

- **A secure identity** – Children who grow up in homes with parents who are tender and show warmth and where they can express their feelings easily and openly are more likely to have a strong ego identity (e.g. a strong sense of self), possess the capacity to problem solve and are emphatic to others (Sneddon and Owens, 2012; Hauser *et al.*, 1984 cited Asmussen, 2011; Powers *et al.*, 1984 cited Asmussen, 2011);
- **Higher self-esteem** – Children whose input into family decisions is valued are more likely to have higher self-esteem (Buri *et al.*, 1988 cited Asmussen, 2011);
- **Greater independence** – Parenting studies have consistently linked authoritative parenting with greater autonomy among young people (e.g. the capacity to hold and express their own opinions and views) (Collins and Laurson, 2004 cited Asmussen, 2011, Golombok, 2008);
- **Greater levels of pro-social behaviour** – An authoritative style of parenting has been linked with adolescents who display pro-social behaviours and are socially responsible (Asmussen, 2011; Golombok, 2008; Eisenberg *et al.*, 2004 cited Asmussen, 2011);
- **Greater educational competencies** – Authoritative parents are more likely to be actively involved in their children’s education leading to greater school engagement and educational achievement (Asmussen, 2011). Permissive or authoritarian parents, on the other hand, have been linked with reduced educational achievement (Barth *et al.*, 2011; Baumrind, 1991 cited in Asmussen, 2011); and
- **Resistance to peer pressure** – Positive parent-child relationships reduce the potential for engaging in antisocial behaviour with peers or endorsed by peers. Authoritative parenting can improve positive peer-to-peer social networks and positive relationships with adults, for example, teachers (Cui *et al.*, 2002 cited in Asmussen, 2011). Conversely, teenagers with parents with authoritarian or coercive parenting styles are more likely to rely on their peers for support and guidance (Asmussen, 2011).

## Fact Sheet Four: Child Safety

Many child safety problems are associated with the home environment and parental supervision and monitoring practices (Sneddon and Owens, 2012). Children under five spend most of their lives inside the family home and therefore are susceptible to a range of hazards (e.g. falls, burns and scalding, intake of toxic substances) (Baz, 2014). Once attending pre-school and national school, they encounter other more dynamic hazards (including playground facilities) with other children (Baz, 2014). Older (over 10 years) and more socially active children are at risk of a variety of hazards, most notably road accidents for older teenagers (Baz, 2014). In addition, health risk behaviours including substance misuse, smoking and alcohol use in older adolescents and risky sexual activity may be due to inadequate parenting and / or children acting out the behaviours observed by parents and peers and others in the family home and community (Sneddon and Owens, 2012). Child safety and health management literature identify a range of aspects impacting children's safety including:

- **Child road safety:** Child seats and restraints; seatbelt use; teenage drivers / passengers; peer influence among young drivers; pedestrian and bicycle dangers, moped / scooter safety (Bas, 2014; McKay and Vincenten, 2012; Safe Kids Worldwide, 2015);
- **Child safety in the home:** Particularly falls, injuries in fires, burns and scalding, intake and storage of poisonous substances, choking and suffocation (Safe Kids Worldwide, 2015; Bas, 2014; McKay and Vincenten, 2012);
- **Child safety in public spaces:** Planning / education for child safety, in schools, sports and leisure amenities, playgrounds, water safety (Bas, 2014; McKay and Vincenten, 2012; Safe Kids Worldwide, 2015);
- **Child maltreatment and neglect:** Child maltreatment includes “all forms of physical and / or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power” (McKay and Vincenten, 2014: 6). It also encompasses “any act performed by or omitted by a parent, caregiver or other adult that results in harm, potential for harm or threat of harm to a child, even if harm is not the intended result” (McKay and Vincenten, 2014: 6).
- **Peer violence:** The use of violence and threats of violence by children / adolescents on other children / adolescents causing injury, death, psychological harm, maldevelopment, or deprivation (McKay and Vincenten, 2014: 7). This can include bullying (virtual and online), threatening (including spreading rumours and excluding a young person from activities) and aggressive behaviour; gang violence; and controlling and abusive behaviour within romantic relationships;

- **Suicidal behaviour and self-harm:** Suicidal behaviour includes thinking of ending one's life, suicide planning, attempted suicide and suicide. Typically males are more likely to complete suicide, whereas females are likely to attempt the act of suicide or self-mutilate (McKay and Vincenten, 2014); and
- **Intentional violence / abuse towards children:** The highest child death rates due to intentional injury and violence in the European Union for males are found in Lithuania, Ireland and Finland and for females are found in Norway, Ireland and Lithuania (McKay and Vincenten, 2014). Research suggests that overall in Western countries between four and 16 per cent of children are victims of physical abuse and one in 10 children are psychologically abused (Gilbert *et al.*, 2009 cited in McKay and Vincenten, 2014). Europe-focused research reports that one in five children (22.9%) are physically abused (Sethi *et al.*, 2013 cited in McKay and Vincenten, 2014).

In childhood, older adolescent males (15 to 19 years) are most likely to be victims of intentional violence, with rates three times that for females in the same age category (McKay and Vincenten, 2014). In addition, nine per cent of girls and three per cent of boys growing up in high-income countries are exposed to penetrative sexual abuse and anything from eight to 31 per cent of girls and three to 17 per cent of boys experience sexual abuse of some form (Barth *et al.*, 2013 cited in McKay and Vincenten, 2014).

Important intentional injury risk factors identified in research include social and economic disadvantage, a history of family violence or mental illness, alcohol and substance misuse, and family breakdown (Sethi *et al.*, 2013 cited in McKay and Vincenten, 2014).

### Global Child Safety Agencies: Safety Frameworks

**European Child Safety Alliance – Child Safety Action Plans** – “encouraging evidence-based good practices, child safety report cards and profiles based on a set of standard indicators including action indicators, child safety action plan development and mentoring process to facilitate country partners in national plan development” (European Child Safety Alliance, 2011a quoted in Baz, 2014: 2);

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

**World Health Organisation (WHO) – Safe Community Model** – includes general child safety requirements for age groups, and for various environments and circumstances, for child safety programme structures including responsibility allocation, risk analysis procedures, community engagement in programmes, and local, national and international agency networking (Baz, 2014: 2);

[www.who.int/violence\\_injury\\_prevention/child/organizations/en/index.html](http://www.who.int/violence_injury_prevention/child/organizations/en/index.html)

**Safe Kids Worldwide** – aims “to prevent unintentional child injury by parent education, research on the leading injury risks to children, evaluating solutions for identified injury risks, child safety laws and regulations, providing life saving devices such as child safety seats, helmets, and promoting corporate leadership in child safety through effective and sustainable partnerships” (Safe Kids Worldwide quoted in Baz, 2014: 2);

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

## Fact Sheet Five: Role Models

It is what parents do with their children that has a significant impact on child outcomes (Paterson, 2011), particularly when children are young (Schweinhar, 2004). Theories of parenting and role modelling (for example, social learning theory) (Bandura, 1977) underpin many evidence-based parenting support interventions (Skotarczak and Lee, 2015; Cottam and Espie, 2014). Social learning theory “assumes that children learn from parents through modelling, shaping and reinforcement of behaviour, and that changing parental behaviour can change child behaviour” (Cottam and Espie, 2014: 455-6; Carr *et al.*, 2016).

Parents influence the behaviour of their children and vice-versa (Arkan *et al.*, 2013; Sneddon and Owens, 2012).

- Parents who respond sensitively to their child and who engage actively in play with them most likely will positively influence their social and emotional development (Sneddon and Owen, 2012); and
- Equally, coercive or punitive parenting can reinforce child problem or aggressive behaviours (Patterson *et al.*, 1967 cited in Asmussen, 2011). Research suggests that parents may inadvertently reinforce problem behaviours by “fighting with” and / or “giving in” to a child’s aggressive demands in order to end hostile confrontations. Hence, parental problematic and / or inappropriate behaviours are expected to increase the likelihood of child problem behaviour; and modifying and improving parental behaviours is expected to reduce child problem behaviour (Asmussen, 2011; Golding, 2000 cited in Cottam and Espie, 2014).

Most evidence-based parenting support interventions advocate and teach authoritative parenting practices including the following parenting styles:

- Warm parent-child relationships;
- Parental acceptance, open communication and democratic decision-making within families;
- Mutual trust and respect; and
- The fostering of independence and personal agency.

(Sources: Sneddon and Owens, 2012; Asmussen, 2011; Golombok, 2008)

Research suggests that while an authoritative style of parenting places high demands upon a child, it is fundamentally child-centred and distinguishes the child as a valued member of the family (Asmussen, 2011: 84; Golombok, 2008). Authoritarian parenting, on the other hand, is not inclusive of the child’s interests and is parent-centred placing high demands on children (Asmussen, 2011);

High levels of parent-child conflict are associated with social and emotional difficulty (Sneddon and Owens, 2012). Authoritative and authoritarian parents have high levels of control over their children, however, authoritative parents mix this with a high degree of warmth and affection (Asmussen, 2011: 84). In addition, studies have found positive child and adolescent outcomes can result from authoritative parenting

regardless of family structure and ethic / cultural, social, economic backgrounds (Dmitrieva *et al.*, 2004 cited in Asmussen, 2011; Steinberg, 2001); and

Permissive parenting has been characterised as “entirely child-centred” and in some instances “indulgent” as parents fail to regulate their children or set limits as to acceptable behaviour (Asmussen, 2011: 84). Children with permissive parents may not take responsibility for their behaviours and / or actions. Conversely, children growing up in homes with authoritative parenting styles are more likely to have higher self-esteem, be self-confident and act in a pro-social manner (Asmussen, 2011: 84). Whereas the children of permissive or authoritarian parents frequently lack confidence and are not independently minded (Golombok, 2008).

### Role models for adolescents

As children mature into adolescence, parenting should shift from “unilateral authority to mutuality” and negotiation (Asmussen, 2011: 87; Golombok, 2008). At this time parents allow their children a certain degree of independence and begin what Maccoby (1992 quoted in Asmussen, 2011) has labelled “a system of reciprocity”. The important practices at the core of authoritative parenting such as “mutual trust” and “open communication” enable adolescents to exercise their autonomy (e.g. “think for themselves, have trust in their judgement and take risks”) (Asmussen, 2011: 87).

In families where mutual trust and open communication are typical, children perceive their parent(s) and other significant adults as positive role models and so are more likely to be self-controlled, independent, resilient, and socially responsible (Asmussen, 2011; Golombok, 2008). Studies also have found such positive parenting can improve peer-to-peer social networks and relationships with other adults, for example, teachers (Cui *et al.*, 2002 cited in Asmussen, 2011). On the other hand, permissive or authoritarian parenting styles hinder the development of personal autonomy and child development (Asmussen, 2011; Golombok, 2008).

- As an adolescent’s “sphere of interaction” develops, others, including peers and teachers, also become important in shaping how a child copes with interpersonal problems (Reuter and Conger, 1998: 1471; Griffith, 2008);
- An adolescent’s responses to interpersonal difficulties are important as the capacity to resolve parent-adolescent conflict or any other problem is vital in successful adolescent development; and
- Long protracted conflicts with their parents / caregivers is harmful to child wellbeing and a predictor of adolescent problem behaviours including antisocial behaviour and criminal activity, substance misuse and risky sexual activity (Reuter and Conger, 1998; Mason *et al.* 2016, 2015; Axford *et al.*, 2012; Wyatt-Kaminski *et al.*, 2008).

In adolescence, negative parenting styles are associated with:

- Physical and mental ill health;
- Risky sexual behaviours;
- Risks to safety (including truancy and running away, conduct difficulties and educational attainment); and
- Involvement in criminal and / or antisocial activity (Sneddon and Owens, 2012).



## Fact Sheet Six: Problem-Solving Skills

Parents who are able to solve problems without anxiety are able to provide an “optimal parental environment” (Heinicke, 2002). Likewise, children who grow-up in homes with parents who are tender and show warmth and where they can express their feelings easily and openly are more likely to have a strong ego identity (e.g. a strong sense of self), possess the capacity to problem solve and are emphatic to others (Sneddon and Owens, 2012; Hauser *et al.*, 1984 cited Asmussen, 2011; Powers *et al.*, 1984 cited Asmussen, 2011);

- Parents with poor parenting skills frequently employ “erratic and often hostile” practices in managing their children (Reuter and Conger, 1998: 1471).<sup>2</sup> Children, in turn, respond by engaging in manipulative and antisocial behaviour and both parent and child engage in a cycle of coercive behaviours in an effort to gain wins over the other (Reuter and Conger, 1998). In addition, parent-child conflicts are more common during early adolescence than at other periods of childhood (Reuter and Conger 1998: 1471);
- A child’s responses to his / her parent’s attempts to control his / her behaviour and responses to conflict also shape “parenting behaviour” (Reuter and Conger, 1998: 1471). Over time, harsh and ineffective parenting practices increase and coercive responses intensify (and become more sophisticated) until a parent-child relationship develops into a self-perpetuating give-and-take system that produces and reinforces problem behaviours (Reuter and Conger, 1998: 1471);
- Disruptive, problem child / adolescent behaviour typically decreases when positive and nurturing parenting practices are used (Reuter and Conger, 1998). Parents who engage in positive and rewarding parenting practices are more likely to experience reductions in child / adolescent problem behaviour (Asmussen, 2011; Cottam and Espie, 2014; Reuter and Conger, 1998);
- A coercive or punitive parenting style can reinforce child problem or aggressive behaviour (Patterson *et al.*, 1967 cited in Asmussen, 2011). Research suggests that parents may inadvertently reinforce problem behaviours by “fighting with” and / or “giving in” in to a child’s aggressive demands in order to end hostile confrontations (e.g. a parent giving in to a child’s demands for sweets at a supermarket checkout counter to end the embarrassment of others witnessing her / his child’s temper tantrum) (Asmussen, 2011);
- Parents of children with problem and or aggressive behaviour often do not appropriately reward their child’s positive behaviour thus reducing the likelihood that the child will learn to behave in appropriate and positive ways (Patterson *et al.*, 1967 cited in Asmussen, 2011);

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<sup>2</sup> Theory of coercive family processes (Patterson, 1982, 1986 cited in Asmussen, 2011).

- Children of coercive parents learn to use aggressive and inappropriate behaviours because they are effective and because they have not learnt “more mature strategies for managing their emotions and interacting with others” (Asmussen, 2011: 82). Once established coercive behaviours are transferred into different contexts, for example, the school and the playground (Asmussen, 2011); and
- Aggressive behaviour outside the home commonly elicits negative responses from others and so problem behaviours are further reinforced (Asmussen, 2011). As children subjected to coercive parenting grow, they fail to learn how to control “immature emotional responses” (e.g. temper tantrums), and are more likely to become involved in more antisocial behaviour such as bullying, fighting, vandalism, stealing, etc. (Asmussen, 2011: 82).

Conduct and poor parenting practices if left untreated can adversely affect a child’s / adolescent’s life chances (Mason *et al.* 2016, 2015; Axford *et al.*, 2012; Wyatt-Kaminski *et al.*, 2008; Webster-Stratton, 1998). This may include:

- An increased risk of involvement in crime and antisocial activity;
- Early school leaving, low educational attainment and poor job prospects;
- Mental ill health and social difficulties, leading to disrupted family relationships; and
- Significant psychological, social and economic burdens on affected families and communities.

(Sources: Mason *et al.* 2016, 2015; Furlong, 2013; Reyno and McGrath, 2006)

Improving outcomes for children through positive parenting practices (e.g. non-coercive and appropriate parenting responses to problem or aggressive child behaviour) will:

- Reduce aggressive behaviour in children;
- Increase self-regulation competencies; and
- Reduce the potential for problem behaviours and antisocial activity.

(Sources: Sanders *et al.*, 2014; Sneddon and Owens, 2012 Asmussen, 2011)

As an adolescent's sphere of interaction develops, others, including peers and teachers, also become important in shaping how a child copes with interpersonal problems (Reuter and Conger, 1998: 1471; Griffith, 2008). An adolescent's responses to interpersonal difficulties are important as the capacity to resolve parent-adolescent conflict or any other problems is vital in successful development. Long protracted conflict with a parent(s) is harmful to child wellbeing and a predictor of problem behaviours including antisocial behaviour and criminal activity, substance misuse and risky sexual activity (Reuter and Conger, 1998; Mason *et al.* 2016, 2015; Axford *et al.*, 2012; Wyatt-Kaminski *et al.*, 2008).



Figure One: Problem-solving parenting that reduces child problem behaviour (Source: Asmussen, 2011).



## Fact Sheet Seven: Social Networks for Parents

Children and families do not live in isolation of their broader social and economic environment (Golombok, 2008; Asmussen, 2011; Bronfenbrenner, 1979). Positive parenting styles and secure and warm parent-child relationships, for example, are influenced by many factors including the family environment, community, school and wider society (Sneddon and Owens, 2012);

- A child’s development is influenced by their interaction with their parents and family, other significant caregivers and friends, and the wider community and society (Asmussen, 2011). Hence, a child’s entire environment – family, parents’ friends, schools and community – should work in harmony in order to support their development (Sneddon and Owens, 2012; Asmussen, 2011);
- Families need to be able to successfully interact with their wider environment in order to progress (Asmussen, 2011). Research links positive child development outcomes with parents’ interactions and relationships with schools and communities (e.g. community resources provided by statutory, voluntary, sports, church, and cultural services) (Asmussen, 2011);
- Interactions among families, neighbours and friends (both parent’s and children’s) typically occurs in the community arena, so access to good quality services and amenities is critical for building and strengthening social networks (Bronfenbrenner, 1979). Such facilities may include parks, libraries, shops, and having access to schools, childcare, health centres and community bodies and services (Asmussen, 2011);
- The quality of parents’ interaction with the wider community and society, as well as the quality of services and how well they connect with each other, influences child and family wellbeing and development outcomes (Bronfenbrenner, 1979). On the other hand, poor (or the absence of) social support services, widespread social disadvantage, and accessibility and misuse of drugs and alcohol are negative community-level risk factors for children and families (Asmussen, 2011);
- Parenting support programmes teach participants to effectively praise, appropriately discipline and monitor their children which in turn helps “children learn how to cope with adversity, control their anger, and proactively problem solve” (Mason *et al.*, 2016: 177). Research argues that the positive group dynamics that typically occur in parenting programmes increases parental competence by exposing participants to greater levels of social support and help creates peer networks (Niccols 2008 cited in Bohr *et al.*, 2010; Lindsay *et al.*, 2011).

Community-level protective factors used in evidence-based parenting support include:

- Encouraging parents to be involved in their children’s education and school lives and supporting activities that help parents become more actively involved in their child’s education;
- Encouraging parents to have one-to-one play with their children and coaching that teaches parents ways how their family can better interact and strengthen family bonds;
- Encouraging single parents to interact and develop co-parenting bonds with other significant adults who may have a supportive role in their children’s lives;
- Encouraging and supporting parents to develop informal networks;
- Supporting parental access to community resources and services; and
- Facilitating parents to share positive experiences and feedback with other parents.

(Source: McDonald and Sayger, 1998)

- Strong and secure attachments between mother and child provide solid foundations on which to grow but it does not necessarily mean the child will flourish (Golombok, 2008: 68). Research suggests mothers with little social support (e.g. support from family and friends), for example, were more likely to become insecurely attached to their children (and so more likely to experience child problem behaviour) than mothers with adequate support who were better able to cope with the demands of motherhood (Golombok, 2008);
- The form and strength of mother-child attachments depends on “the outside pressures of family life” (Golombok, 2008: 68). Parental stress, for example, is an important predictor of child development outcomes. Research suggests excessive parental stress is associated with parent-child maladjustment including child abuse and other social, emotional and development problems (Bohr *et al.*, 2010). On the other hand, parents with a sense of self-efficacy, a good knowledge of parenting and strong social support can mitigate parental and broader family stress (Bohr *et al.*, 2010); and
- Aggressive, punitive parenting styles have been linked to low parenting confidence (Bondy and Mash cited in Bohr *et al.*, 2010). Maternal confidence can influence the time expended and the levels of energy devoted to playing with, teaching and parenting children (Bohr *et al.*, 2010). Research (Niccols 2008 cited in Bohr *et al.*, 2010) argues that the positive group dynamics in parenting programmes increases parental competence by exposing participants to greater levels of social support and networks.

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