



50 Key Messages to Accompany Investing in Families: Supporting Parents to Improve outcomes for Children.

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50 KEY MESSAGES

TO ACCOMPANY INVESTING IN FAMILIES:

SUPPORTING PARENTS TO IMPROVE OUTCOMES FOR CHILDREN

Child and Family Agency
Parenting Support Strategy

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THE CHILD & FAMILY AGENCY'S KEY MESSAGES FOR SUPPORTING PARENTING

This document looks at Best Research and Evidence-based Statements on Supporting Parents in their Parenting Role with Guidance Statements for professionals. These statements will guide practitioners to be 'on message' around how and why to support parents through general parenting, the different stages of the family lifecourse and to provide a safe and positive pathway through the different contexts and experiences that families encounter.

Each of the messages below is supported by at least one study that demonstrates the tip can be helpful. If you want to support parents in their important and challenging role, check out the messages below for sound, practical and evidence-based suggestions.

1.0

GENERAL MESSAGES

1. Parent/Child Relationships

The Parent-Child Relationship is key

A child's relationship with their parent has a significant impact on their well-being and future potential¹. 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 behaviours². Professionals working with highly resistant families need to focus on the relationship between the parent and the child, rather than focusing too exclusively on the relationship between the parent and the professional³.

2. Good dietary habits

Buy well, Eat well, Be well

In relation to good dietary habits, information on its own is not enough; it needs to be supported by skill-building and offering parents meaningful help in food purchasing and preparation⁴.

3. Positive parenting

A Positive parenting style works

Positive parenting practices create positive outcomes for children and young people. The link between authoritative (not authoritarian) parenting and child and adolescent adjustment is well established⁵.

4. Child Safety

Child safety practices reduce injury

In terms of child injury, it has been estimated that if strategies currently known were to be uniformly implemented, approximately 90% of injuries could be prevented⁶.

Child Safety Awareness Programme (CSAP)

The HSE's Child Safety Awareness Programme is delivered by Public Health Nurses at child health surveillance visits in line with Best Health for Children Guidelines . It targets parents and carers of children aged from birth to five years.

Information is available under specific headings including:

- Falls
- Burns
- Choking
- Drowning
- Poisons
- Other Dangers

as well as information on Sudden Infant Death Syndrome, Child Safety on the Farm and Basic First Aid Treatment

5. Role Models

Baby see, Baby do

It is what parents do with their children that has a significant impact on child outcomes⁷, particularly when children are young⁸.

6. Problem-solving skills

Name it & tame it

Parents who are able to solve problems, without anxiety are able to provide an 'optimal parental environment'⁹.

7. Social Networks for Parents

Parents need good social networks

Parenting is easier when you can talk with other parents¹⁰.

2.0

SUPPORTING PARENTING ACROSS THE LIFECOURSE PREPARING FOR AND BECOMING A PARENT

8. Infertility

Infertility increases with age

The older a woman gets the harder it is to get pregnant particularly after the age of 35¹¹.

9. Ante-natal care

Good ante-natal care results in better outcomes for families

Parents taking part in good ante-natal care can increase protective factors for parents and children. It is important to support women facing additional barriers, e.g. transport problems, lack of partner support, childcare, as well as translation issues and a different understanding of its importance, to access good ante-natal care¹².

10. Screening for Domestic Violence during Pregnancy

The ante-natal period is a critical time to screen for domestic violence

Research in the UK indicates that more than 30% of domestic violence cases first start during pregnancy¹³. Screening is done through asking questions.

11. Teen Pregnancy

Unsupported Teen pregnancy is generally associated with poorer outcomes for children¹⁴

Teenagers who become pregnant need a variety of supports to ensure best outcomes for themselves and their children.

12. Exposure to drugs during pregnancy

There is no safe level of alcohol in pregnancy¹⁵

Stopping the consumption of alcohol when trying to get pregnant, and while pregnant, protects the baby. Consuming alcohol during pregnancy may lead to Foetal Alcohol Spectrum Disorders (FASD). Nicotine exposure through maternal smoking or environmental exposure to second-hand smoke is a risk factor for decreased birth weight, preterm births, sudden infant death syndrome (SIDS), attention deficit disorders, hyperactivity, antisocial behaviour and learning disabilities^{16, 17}. Prenatal exposure to cocaine may have long lasting negative effects on cognitive and attention systems¹⁸.

13. Assisted Reproductive Technologies (ART)

Children being born from ART do not differ in social, emotional or cognitive development¹⁹

Children accept a wide range of family structures. The shape and size of family is less important for the psychological well-being of children than is the quality of family life .

14. Sexual Health

Good sexual health is important for the prevention of fertility problems²¹

Good sexual health includes the ability to control fertility and to prevent sexually transmitted infections (STIs).

15. Breastfeeding

Breast is best in most cases

Evidence indicates that the benefits of breastfeeding are significant. Breast feeding results in better outcomes for both babies' and mothers' immediate and long term health development and well-being. Breast feeding also has economic and environmental benefits²². Most expectant mothers make decisions about feeding their babies before the sixth month of pregnancy so information to support decision making needs to be communicated prior to this time²³.

16. Depression in Pregnancy

Identify and deal with depression to improve outcomes

By identifying and reducing maternal depression the potential negative impacts which maternal depression has for neurological development in some infants can be reduced²⁴.

17. Crisis Pregnancy

Crisis pregnancy – support is available

The HSE, through the HSE Crisis Pregnancy Programme and through other funding routes, provides access to free confidential counselling and information services for all women, men, or other family members affected by crisis pregnancy on a national basis²⁵. Supports and information that assist with parenting decisions is core to these services.

18. Older women becoming parents

Older women are not more at risk of poor parenting

Older women are not more at risk in terms of their own physical and psychological well-being and that of their baby, at birth or in the long term²⁶. They do not necessarily find it more difficult to adjust to the physical and emotional changes of pregnancy, birth and parenthood than 'average age-range' parents²⁷. Becoming pregnant in the later years, however, does have increased risk factors^{28, 29, 30, 31}.

19. Adoptive parents

Adoption – a unique way of doing family³²

Becoming a parent through adoption is now recognised as a lifelong event. Families created by adoption may require on-going access to services at different points in the lifecourse.

3.0

SUPPORTING PARENTING ACROSS THE LIFECOURSE BIRTH TO 5 YEARS OF AGE

20. Awareness, information & skills

Promote the Child Well-being Code

Awareness, information and skills in a range of relevant areas will help to promote optimum health and development in the young child³³, promote a positive parenting style³⁴ and prevent future problems^{35, 36}.

¹

Child Well-being Code (CWC)

1. Have a healthy family Diet
2. Good relationships are key: Talk to your child & listen to your child
3. Give your child plenty of 'Tummy Time' in the first few months
4. Play with your child every day
5. Read to your child every day
6. Have a Positive Parenting style: lots of warmth and affection, reward good behaviour, set boundaries
7. Keep your Child Safe inside and outside the home
8. Have some knowledge of Children's Development

21. Discipline, reasons and affection

Consistent discipline, Explanations and Lots of Love works – Sell CELL

Consistent discipline, explaining reasons for things and expressions of affection are positively related to self-esteem, internalised controls/self regulation and intellectual achievement³⁷.

22. Transitions

Transitions need to be handled well to be successful

Transitions, for example, hospital to home, home to pre-school, pre-school to school, can be a time of stress for children and their families. Successful transitions include consistency in key relationships, linkages within and between settings, and the close involvement of parents, practitioners, teachers and, where appropriate, other relevant professionals³⁸.

23. Social Support

All parents need support, some need extra support

All parents need support, awareness and information skills to cope with this most crucial phase of their child's development; and parents with additional challenges benefit more from support in the early years of life^{39, 40}.

It should be noted that the key messages are presented in a cumulative way so that the messages in the birth to five years section also apply to the 6 to 12 year section etc. with some additional considerations for each age group as outlined.

¹ See Appendix I for information on 'Tummy Time'

4.0

SUPPORTING PARENTING ACROSS THE LIFECOURSE 6 TO 12 YEARS OF AGE

24. Involvement of Fathers

Paternal Matter

Children who are born to fathers that are highly involved in their upbringing have higher IQ's⁴¹. When the fathers of adolescents are involved in their upbringing, these young people are more likely to enjoy school, have better attitudes towards school, participate in extracurricular activities, and to graduate. They are also less likely to have behaviour or attendance problems at school⁴².

25. Keeping children safe from Bullying Behaviour and Depression

Parents and friends are important

Positive parenting style⁴³, having best friends⁴⁴ and belonging to a social group⁴⁵ protects children inside and outside of school.

26. Home-school partnerships

Home-school partnerships work

The most successful school-based parental intervention programmes are those that target the home as well as the school and those that focus on involvement that is linked to achievements⁴⁶.

27. Labelling practices

Labelling is not good for children

Parenting practices that label and group problem-behaving young people may foster rather than reduce future problem behaviour⁴⁷.

5.0

SUPPORTING PARENTING ACROSS THE LIFECOURSE 13 TO 17 YEARS OF AGE

28. Adolescent development process

Understanding the adolescent is Key

Understanding adolescent developmental processes is key to achieving better outcomes for young people⁴⁸. These processes include the following:

Adolescent developmental processes:

- Adjusting to physical changes
- Learning to understand and take responsibility for their sexuality
- Working towards independence from their parents
- Developing a sense of who they are, or personal identity
- Developing social and working relationships
- Choosing and making plans for their career
- Being adventurous and experimental
- Needing acceptance from their peers
- Not thinking of the long term consequences of their actions
- Taking risks
- Feeling immortal
- Being unpredictable in their moods and behaviour
- Needing to rebel against the older generation in society
- Being excitable and restless
- Finding it difficult to talk about feelings

29. Management of early aggressive behaviour

Constructive discipline works

Constructive discipline and management of early aggressive behaviour may prevent future aggressive behaviour⁴⁹.

30. Monitoring adolescents lowers risk of anti-social behaviour

Effective monitoring & supervision can prevent anti-social behaviour

If parents use a moderate to high level of monitoring and supervision, they can lower the risk of their adolescents being involved in antisocial behaviour⁵⁰.

31. Restorative justice

Restorative justice works

Restorative justice practices are a useful means of conflict management in adolescence. They involve bringing together those affected by a specific offence to determine accountability and responsibility collectively for restorative action⁵¹.

6.0

PARENTING IN DIFFERENT CONTEXTS

32. Parents living with a disability - General

The vast majority of children of disabled parents have been shown to have typical development and functioning and often enhanced life perspectives and skills. For example, there is evidence that deaf children born to deaf parents do better academically, are more socially mature and have more positive self-esteem than deaf children born to hearing parents. A 'whole family' approach is advocated which seeks to address the needs of the parent and child together rather than separately^{54, 55, 56}.

33. Parents with a physical/sensory disability

The provision of appropriate, adapted equipment to help parents in their parenting, especially of young children, is a specific need of parents with physical or sensory disability⁵⁷. The cost of parenting incurred by people with a physical or sensory disability can be high and can lead to social exclusion^{58, 59, 60}.

34. Parents with an intellectual disability

Services which meet a range of needs and which provide opportunities to access support from other parents in similar situations, are much appreciated by parents with an intellectual disability^{61, 62}.

35. Parents living with chronic illness

Parents who receive appropriate treatment are more able to perform their parenting role than those whose condition is managed less well⁶⁴. Medical provision needs to be linked to a wider support system for families.

Guidelines for Practitioners working with Parents with an intellectual disability⁶³

- Parents with intellectual disability can often be over rather than under assessed and yet their involvement in the assessment and the appropriate response to their needs can be inadequate.
- Best outcomes for children and parents are achieved where appropriate assessments are followed by intensive, reliable and, where necessary, long term interventions.
- Collaboration between adult and children's services is important with the needs of the child paramount. Access by relevant services to staff with expertise in learning disability is important in planning supports.
- Family and social support networks are key to successful parent support.
- Access to the support of an advocate has been shown to improve outcomes for parents and their children.

36. Parents with a mental health problem

Parents living with a mental health problem need high levels of support for their parenting needs. When assessing the impact of mental health problems on family functioning, a clear focus needs to be placed on 'what goes well' in everyday experiences rather than placing an over emphasis on crisis or 'unusual incidents'⁶⁵.

Key issues to be considered when working with parents with a mental health problem⁶⁶:

- Parental mental health issues have been found to be a significant reason for the reporting of children to child protection services.
- Strong evidence does exist on the link between parental mental disorder and child maltreatment.
- Children whose parents have mental health issues are at risk of perinatal complications; problems in infancy and social and behavioural problems in childhood and adolescence; developing mental health problems as they get older; and of stress related consequences of caring for a mentally ill parent.
- Key early intervention programmes that can offer effective support to parents and improve outcomes for children include quality child care, tailored parenting programmes and home visiting programmes.
- The evidence is strong for interventions which focus on maternal depression and mother-child interaction.

37. Parents with drug and alcohol problems

It is important that professionals understand the social context in relation to drugs and alcohol abuse in order to provide appropriate support. Parental behaviour can be dominated by substance misuse leading to unpredictable and irritable behaviour during withdrawals, mental health difficulties, chronic anxiety and serious memory lapses⁶⁷.

Key messages for professionals working with families where substance misuse is a problem^{68, 69}

- Interagency coordination is crucial to identifying children in need. Strategic partnerships should be developed across service provision agencies to ensure early identification, and the development and implementation of family support plans.
- Ensure that assessment and intervention is undertaken from the child's perspective. The child's welfare is the paramount consideration.
- Where a treatment agency has a role, and feels a child may be at risk, referral to social work services and maintenance of links should take place.
- Development of a care plan for children is critical.
- Harnessing support from extended family and other support networks where appropriate.
- Parents should be seen as partners. This requires a number of things, including that they receive accurate information, are made aware of consequences of their actions, and are made aware of the services available to them.
- Professionals should understand that sharing information and other data about families may be necessary. Complete understanding of issues around consent and disclosure should be promoted.
- Can resilience factors be bolstered?
- Can risks be reduced through support to the family?
- What are the wishes and feelings of the child?
- What timescales are appropriate to the child's needs?
- How does the likelihood of plans succeeding weigh against the potential impact of failure?
- If a child cannot be cared for by their family how will future relationships be supported?

See also Child Protection & Welfare Practice Handbook (2001) pp. 67-70
See also Child Protection & Welfare Practice Handbook (2001) pp. 71-73

38. Children as carers

Formal service provision combined with awareness raising and a family support approach, is how support should be provided to young carers and has a major influence on the nature of the impact of caring on the carer. A 'whole family' approach is needed to both guarantee children's rights and support the family in question⁷⁰.

Guide for practitioners on the additional needs of young carers⁷¹

- Information about services that can assist them and assist the recipient of care.
- Support in the home.
- Help with school from teachers.
- Emotional support and advice from mentors or service providers.
- Time to be with friends.
- Time to take part in sport and other activities or interests.

39. Parenting Children with additional needs

Many of the issues faced by parents of a disabled or sick child are similar to parents of non-disabled children⁷². However a range of parent support issues can be identified which are central to ensuring that professionals maximise the support they provide to achieve the best outcomes for children.

Key issues for professionals supporting parents whose children have additional needs⁷³

- The manner in which a parent is informed of their child's illness or disability can have a significant impact on future family functioning
- Timely provision of information on services and entitlements is a vital aspect of supporting parents whose child has additional needs
- Early identification, assessment and diagnosis are vital in supporting families with additional needs
- Assessment, information on services and access to complaint procedures are a legislative right of children up to five years of age
- Parents are central to the care and treatment of children with additional needs
- Having a key support worker provides a single point of contact for parents and is what parents want
- Parents of children with a disability may need additional support for other children in the family

Informing Families: National Best Practice Guidelines⁷⁴

The recommendations in the National Best Practice Guidelines for informing families of a child's illness or disability are presented under eight headings:

1. Setting/Location and People Present at Disclosure
2. Communication
3. Information and Support
4. Culture and Language
5. Training, Education and Support for Professionals
6. Organising and Planning
7. Referral
8. Dissemination

40. Parenting and Domestic Violence

The occurrence and prevalence of domestic violence in the home can have a detrimental impact on the development and well-being of children, and the parenting capacities of the victims of violence, and indeed its perpetrators⁷⁵. Parents have reported higher levels of stress when parenting, with some engaging in negative parenting behaviour⁷⁶. Practitioners need to be aware of the 3 R's when working with parents: **Recognise, Respond, Refer**⁷⁷.

41.a. Pregnancy related bereavement - Miscarriages

Several studies have indicated that psychological support in early pregnancy decreases the miscarriage rate in women with previous unexplained miscarriages^{78, 79, 80}. Practitioners should consider referrals to other sources of information, support groups and family counsellors or therapists.

41.b. Pregnancy related bereavement - Stillbirths

The Irish Stillbirth and Neonatal Death Society (ISANDS) provides information and support to parents who have a baby who has died or is expected to die. They have published comprehensive guidelines⁸² for a wide range of professionals likely to be involved in this work.

42. Supporting Parents when a child has died

Parents need considerable support in preparation for and after a child dies. Interaction with health providers has profound effects on parents experiencing loss, particularly perinatal loss⁸³. The setting in which the death occurs is also important⁸⁴. Many parents find the support of other parents in similar situations helpful⁸⁵. Quality Standards for End of Life Care in Hospitals⁸⁶, has been developed as part of the Hospice Friendly Hospitals (HfH) Programme, a 5-year national programme initiated by the Irish Hospice Foundation in partnership with the HSE. mental health difficulties, chronic anxiety and serious memory lapses⁶⁷.

Principles and Standards for Practitioners working with a bereaved family⁸⁷

1. Respect and dignity for the deceased
2. Equity and equality of service provision
3. Information, communication and choice underpinned by collaboration of professionals and departments and service providers
4. The provision of a quality service set in appropriate environment with appropriate facilities
5. All professionals should be trained to a standard, which is appropriate for them to carry the position that they hold, underpinned by continual learning

43. Supporting Parents with a bereaved child

Bereaved children have a significantly increased risk of developing psychiatric disorders and may suffer considerable psychological and social difficulties throughout childhood and even later in life if they are not supported through their bereavement in an appropriate way. The outcome for a child is strongly related to the way that adult carers are able to cope with their own grief and the changes to their lives⁸⁹. While appropriate support for bereaved children is paramount, supporting adult carers is equally important.

44. Parenting post adoption

Post adoption, families need to be alerted as to the complexity of the task as well as potential rewards of parenting adopted children. Adoptive family members need support to develop a shared language for talking about adoption and their specific situation. They need confidence to use this language and support to deal with the emotional aspects of information sharing. The importance of both formal and informal supports, spanning service providers, service-linked contacts (such as other adoptive families) and informal contacts, are significant⁹⁰.

45. Doing the Majority of Parenting Alone

Many studies show that the lives of lone parents, especially those in receipt of One-Parent Family Payments can be financially and emotionally challenging. However, they also highlight that people parenting alone can be resilient and manage to sustain a healthy family life despite the associated pressures, in particular financial stresses^{91, 92}. Having an appropriate support system in place for lone parents is crucial for their own and their children's well being⁹³.

46. Parenting after Divorce/Separation

The initial period following divorce is a stressful time for most children. Common emotional responses are feelings of distress, anxiety, anger, shock and disbelief. These feelings can last for up to one to two years⁹⁴. Some children who have experienced conflict and domestic violence prior to a divorce, experience a dominant feeling of relief following the separation of their parents⁹⁵.

Checklist for Practitioners supporting Families who have experienced Divorce/ Separation

- Have children continuing contact with non-resident parents and extended family members?
- Have children received assurances from both parents that they are committed to the relationship with their children?⁹⁶
- Are there joint custody arrangements in place?⁹⁷
- Has a parent left the family home suddenly without an explanation? If so, try to ensure that, where appropriate, children have immediate continued contact and communication with both parents⁹⁸.
- Have children been involved in, and consulted with, around the process of separation and new living arrangements?⁹⁹
- Have parents demonstrated mutual respect for each other following separation with low levels of conflict?¹⁰⁰
- Have children been used as 'go betweens' by either or both parents?¹⁰¹
- Have age and developmentally appropriate issues been considered when working out custodial arrangements?¹⁰²

47. Step parenting

Step-parenting can often present new challenges for both adult and child. For the adult the first experiences of parenting may arise in this context, while for the child the introduction of a new adult may cause stress and in some cases conflict. Services which aim to support adult relationships and parent child relationships could also be utilised by stepfamilies.

48. Parenting in Lesbian, Gay Bisexual and Transgender families

Parents who are lesbian, gay, transgender or bisexual (LGBT) and parents who have children who are LGBT face the same range of parenting issues as all parents in society. However, LGBT parents may encounter difficulties in being recognised in their role as a child's parent and therefore, having their support needs met can be difficult. Good practice guidelines have been developed to encourage HSE practitioners to optimally support LGBT families.

Some Good Practice Guidelines²

Working with Lesbian, Gay, Bisexual and Transgender People

- Don't assume everyone is heterosexual (e.g. service users, carers, parents, colleagues).
- Be informed about the health issues of LGBT people
- Respond positively when people disclose their sexual orientation and/or gender identity.
- Be familiar with local LGBT groups and services and develop working relationships with them.
- Promote inclusive practice for LGBT people through development of local policies and provide appropriate training for service providers.

49. Cultural aspects of Parenting

Being an adult or child member of an ethnic minority group, or an immigrant, refugee or asylum seeker family raises particular issues in relation to parenting and for the design and delivery of parent support. Research indicates that the provision of information for immigrant parents about parenting norms in their new country can alleviate stress and isolation. Additionally, parenting support can empower and motivate parents to solve their own problems and raise successful children. It has been identified that there are five areas that immigrant parents need information on beyond the normal parenting processes: Living in Ireland, Legal Information, The Health and Social Services System, The Education System, Recreational and Social Activities¹⁰³.

50. Parenting issues for Irish Travellers

Irish Travellers are an indigenous minority group who have been part of Irish Society for centuries. Practitioners supporting Traveller parents in their parenting role need to recognise the unique features of this native minority group, for example shared value system, language and culture based on a nomadic tradition¹⁰⁴.

See also Child Protection & Welfare Practice Handbook (2001) pp. 88-92

² See http://www.hse.ie/eng/services/Publications/topics/Sexual/LGBT_Health.pdf page 91 for full list

1

APPENDIX

What is Tummy Time?

Tummy Time is giving babies time on their tummies (prone position), either on the floor or on a caregivers' chest. Babies should only be put on their tummies during their waking hours and should be supervised whilst doing so.

Why is Tummy Time important?

Enhancing Integration of the senses

Babies need time on their stomachs to help strengthen their head, neck, and shoulder muscles. Every person is born with a set of primitive reflexes which should be controlled by a higher part of the brain during the first year of life. If these primary reflexes are not fully controlled in infancy, the brain cannot gain adequate control over voluntary, skilled and complex movements. The floor is the first and best playground for the baby for the first year of life. While on the floor the baby will gain gravitational security and as they move and stretch their limbs freely they weaken the primitive reflexes one by one and in doing so they improve muscle tone and co-ordination. Being on the floor will allow them to segmentally roll from side to side and from prone to supine position in preparation for crawling and creeping and eventually walking¹⁰⁵.

While the primary reflexes lay the foundation for all later functioning, the postural reflexes form the framework within which other systems can operate effectively. The transition from primary reflex reaction to postural control is not an automatic one but is a gradual process of interplay and integration through experiences in the first few months of life and is helped by Tummy Time¹⁰⁶.

Most academic learning depends on basic skills becoming automatic at the physical level. Attention, balance and coordination are the primary A, B and C upon which all later academic learning depends. If a child fails to develop automatic control over balance and motor skills, many other aspects of learning can be affected negatively, even though the child has average or above average intelligence¹⁰⁷.

Preventing Flat Head Syndrome

Healthy babies should be placed on their **'back to sleep'**³ for naps and at night to reduce the risk of Sudden Infant Death Syndrome (SIDS). But babies who are always on their backs can sometimes get flat spots on their heads (positional plagiocephaly or 'flat head syndrome')¹⁰⁸. Providing Tummy Time when a baby is awake and someone is watching can help prevent these flat spots¹⁰⁹.

³ 'back to sleep' is a campaign to get parents and caregivers to place babies on their backs to sleep (supine position). It has been estimated that this practice is associated with 50% fewer incidences of SIDS (<http://www.nichd.nih.gov/sids/>. Last accessed: 6th November, 2011)

Benefits of Tummy Time

- Tummy Time helps to inhibit primary reflexes making way for the higher order postural reflexes which are important for the integration of the central nervous system and higher order skills acquisition and learning.
- Tummy Time can help reduce occurrences of 'flat head syndrome'.
- More Tummy Time may reduce time spent in Baby walkers. Baby Walkers do not help a child learn to walk and they can delay normal motor and mental development. Baby walkers are associated with significant injuries and fatalities¹⁰. The American Academy of Pediatrics recommends a ban on the manufacture and sale of mobile baby walkers¹¹.

Tummy Time - Guide for Parents and Caregivers

You can make Tummy Time easier for your baby in the following ways*:

- Lay her on her tummy on your chest while you are reclined and awake.
- Place her on her tummy across your lap. Make sure she looks to either side.
- Roll up a small towel and place it under your baby's chest, placing her arms in front of the towel. This will make it easier for her to hold her head up.

*Note: These are not safe sleeping positions.

An easy way to make sure that your baby is getting enough tummy time is to put her on her tummy after each nappy change.

Other activities to do during awake time:

- Make sure that your baby is not always looking in the same direction. Use toys or the sound of your voice to encourage him to look to either side.
- Provide supervised side-lying play several times during the day.
- Alternate the arm you use to carry and feed your baby.
- Limit the amount of time that your baby spends in car seats, bouncy seats, or swings, especially before three months of age.

During sleep:

- Place your baby's head at the opposite end of the crib every other night.
- Change your baby's head position during sleep.
- If your baby always wants to look in one direction, try and position his head in the other direction as much as possible.
- Unless advised by your doctor, do not put your baby to sleep in his car seat, bouncy seat, or swing¹².

REFERENCES

- ¹Webster-Stratton, C. (2001) *The Incredible Years: Parent, Teacher and Child Training Series. Blueprints for Violence Prevention.* Colorado; Venture Publishing
- ²Noller, P. and Callan, V. (1991) *The adolescent in the family.* London: Routledge
- ³Juffer, F., Bakermans-Kranenburg, M.J. and Van IJzendoorn, M.H. (eds.) (2007) *Promoting positive parenting: An attachment-based intervention (Monographs in Parenting series).* Abingdon: Lawrence Erlbaum Associates. Cited in HSE (2011) *Child Protection and Welfare Practice Handbook*
- ⁴Noble, G. (2007) *The paradoxical food buying behaviour of parents – insights from the UK and Australia.* *British Food Journal*, Vol. 109 (4-5), pp. 387-398
- ⁵Steinberg, L. (2001) *We know some things: Parent Adolescent relationships in retrospect and prospect.* *Journal of Research on Adolescence*, Vol. 11, pp. 1-19
- ⁶MacKay, M. and Vincenten, J. (2009) *Child Safety Report Card 2009 – Ireland.* Amsterdam: European Child Safety Alliance, Eurosafe.
- ⁷Paterson, C. (2011) *Parenting Matters: early years and social mobility.* Centre:Forum
- ⁸Schweinhar, L. (2004) *The High/Scope Perry Pre-school Study through Age 40. Summary and Conclusions and Frequently Asked Questions.* Washington DC: High/Scope Educational Research Foundation.
- ⁹Heinicke, C.M. (2002) 'The Transition to Parenting' in Bornstein, M.H. (ed) *Handbook of Parenting Volume 3: Being and Becoming a Parent (2nd Ed).* London: Lawrence Erlbaum. pp363-388.
- ¹⁰Hoghugh, M. (2004) 'Parenting – An Introduction' in Hoghugh, M. and Long, N. (ed) *The Handbook of Parenting: theory and research for practice.* London: Sage Publications. pp. 1-18.
- ¹¹Schwartz, D. and Mayaux, M.J. (1982) *Female fecundity as a function of age: results of artificial insemination in 2193 nulliparous women with azoospermic husbands.* Federation CECOS. New England *Journal of Medicine*. Vol. 306 pp. 404-6; Wood, J.W. (1989) *Fecundity and natural fertility in humans.* *Oxford Review of Reproductive Biology*. Vol. 11, pp. 61-109. Noord-Zaadstra, B.M., Looman, C.W.N., Alsbach, H., Habbema, J.D.F., Te Velde, E.R. and Karbaat, J. (1991) *Delaying childbearing: effect of age on fecundity and outcome of pregnancy.* *British Medical Journal*. Vol. 302 pp. 1361-5; Vessey MP., Wright NH., McPherson K. and Wiggins P. (1978) *Fertility after stopping different methods of contraception.* *British Medical Journal*. Vol 1, pp265-7; National Institute for Clinical Excellence/ National Collaborating Centre for Women's and Children's Health (2004) *Fertility: Assessment and Treatment for People with Fertility Problems.* London: NICE Publishing.
- ¹²Begley, C. et al (2010) *The Strengths and Weaknesses of Publicly funded Irish Health Services Provided to Women with Disabilities in Relation to Pregnancy, Childbirth and Early Motherhood.* National Disability Authority.
- ¹³Confidential Enquiry into Maternal and Child Health Report [CEMACH] UK, 2007
- ¹⁴Department of Health, Social Services and Public Safety. (2002). *Teenage Pregnancy and Parenthood - Strategy and Action Plan 2002 – 2007* Belfast: DHSSPS. .
- ¹⁵Okay, F.A., Cai, J. and Hoff, G.L. (2005) *Term-gestation low birth weight and health-compromising behaviours during pregnancy.* *Obstetrics and Gynecology* Vol. 105 (3) p.543.
- ¹⁶Rogers, J.M. (2008) *Review Tobacco and pregnancy: overview of exposures and effects.*
-

Birth Defects Res C Embryo Today Mar; 84(1):1-15.

¹⁷ Lambe, M., Hultman, C., Torráng, A., Maccabe, J., Cnattingius, S. (2006) Maternal smoking during pregnancy and school performance at age 15. *Epidemiology*. Sep; 17(5):524-30

¹⁸ Mayes, L.C., Cicchetti, D., Acharyya, S., Zhang, H., (2003) Developmental trajectories of cocaine-and-other-drug-exposed and non-cocaine-exposed children. *J Dev Behav Pediatr*. 2003 Oct; 24(5):323-35.

¹⁹ Golombok, S. (2008) "New Family Forms" presentation delivered at Children's Research Centre, Trinity College Dublin, 18th December.

²⁰ Golombok, S., (2008)

²¹ <http://www.ndsc.ie/hpsc/A-Z/HepatitisHIVAIDSandSTIs/SexuallyTransmittedInfections/Chlamydia/Factsheet/> Last accessed 8th February 2010.

²² National Committee on Breastfeeding. (2005) Breastfeeding in Ireland: A Five-Year Strategic Action Plan. Dublin: Department of Health and Children.

²³ Earle, S. (2002) Factors affecting the initiation of breastfeeding: implications for breastfeeding promotion. *Health Promotion International*, Vol. 17 (3), p. 205.

²⁴ Leschied, A.W., Chiodo, D., Whitehead, P.C., and Hurley, D. (2005) The relationship between maternal depression and child outcomes in a child welfare sample: implications for treatment and policy. *Child and Family Social Work*, Vol. 10 (4), p. 281.

²⁵ see www.crisispregnancy.ie

²⁶ Berryman, J.C. (2000) 'Older Mothers and Later Motherhood' in Sherr L. and St. Lawrence. J.S. (eds) *Women, Health and the Mind*. Chichester: John Wiley and Sons. pp. 229-247.

²⁷ Herbert, M. (2004).

²⁸ Douglas, K.A., and Redman, C.W. (1994) Eclampsia in the United Kingdom. *British Medical Journal*, Vol. 309 (6966), pp. 1395-1400

²⁹ Bouyer, J., Coste, J., Shofaei, T., Pouly, J.L., Fernandez, H., Gerbaud, L. and Job-Spira, N. (2003) Risk factors for Ectopic Pregnancy: a comprehensive analysis based on a large case-control, population based study in France. *American Journal of Epidemiology*, Vol. 157 (3), p. 185.

³⁰ Rai, R. and Regan, L. (2006) Recurrent Miscarriage. *The Lancet*. Vol. 368 (9535) pp. 601-611.

³¹ Anderson, A.M.N., Wohlfahrt, J., Christens, P., Olsen, J. and Melbye, M. (2000) Maternal age and fetal loss: Population based register linkage study. *British Medical Journal*. Vol. 320 pp. 1708-1712

³² Luckock, B. and Hart, A. (2005) Adoptive Family Life and Adoption Support: policy ambivalence and the development of effective services, *Child and Family Social Work*, Vol. 10, pp.125-134.

³³ Belsky, J. (2007) Are there long-term effects of early child care? *Child Development*, Vol. 78 (2), pp.681-701

³⁴ Gross, D., Fogg, L. and Tucker, S. (1995) The efficacy of parent training for promoting positive parent-toddler relationships. *Research in Nursing and Health*, Vol. 18, pp. 89-499.

³⁵ Blout, E. (1989) The relationship between adults' behaviour and child coping and distress during BMA/LP

procedures A sequential analysis. *Behaviour Therapy*, Vol. 20, pp.585-601

³⁶ Cote, S.M., Vaillancourt, T., LeBlanc, J.C., Nagin, P.S., and Tremblay, R.E. (2006) The development of physical aggression from toddlerhood to pre-adolescence: A nationwide longitudinal study of Canadian children. *Journal of Abnormal Child Psychology*, Vol. 34 (1), pp. 71-85.

³⁷ Cummins, C. and McMaster, C. (2006) *Child Mental and Emotional Health: A review of evidence*. Sligo: Health Service Executive.

³⁸ www.siolta.ie/daycare_standard13.php

³⁹ Place, M., Reynolds, J., Cousins, A. and O'Neill, S. (2002) Developing a resilience package for vulnerable children. *Child and Adolescent Mental Health*. Vol. 7 (4) pp.162 - 167.

⁴⁰ Newman, T. (2002) *Promoting Resilience: A Review of Elective Strategies for Childcare Services*. Exeter: Centre for Evidence-Based Social Services/university of Exeter.

⁴¹ Clarke-Stewart, K.A. (1978) And Daddy makes three: the father's impact on mother and young child. *Child Development*, Vol. 49 (2), pp. 466-478

⁴² Amato, P. (1998) More than money? Men's contribution to their children's lives. In Booth, A. and Crouter, A.C. (eds.) *Men in families: when do they get involved? What difference does it make?* NJ: Erlbaum

⁴³ Alles-Jardel, M., Fourdinier, C., Roux, A. and Schneider, B. (2002) Parents structuring of children's daily lives in relation to the quality and stability of children's friendships. *International Journal of Psychology* Vol. 37 (2) p.65

⁴⁴ Keverne, E.B. (2004)

⁴⁵ Furman, W. (1989) 'The development of children's social networks' in Belle, D. (ed) *Children's social networks and social supports*. New York: Wiley, pp151-172.

⁴⁶ Pelletier, J., & Corter, C. (2005). Toronto first duty: Integrating kindergarten, childcare, and parenting support to help diverse families connect to schools. *Multicultural Education*, Winter, Vol. 13 (2), pp30-37.

⁴⁷ Simons-Morten, B.G., Hartos, J.L. and Haynie, D.L. (2004) Prospective analysis and peer and parent influences on minor aggression among early adolescents. *Health Education and Behaviour*, Vol. (31) 22, p22-33

⁴⁸ Towers T. (1997); 'responding to youth drug issues' H Helfgott b(ed.) *Helping change: The addiction counsellors training program - Perth Western Australia Alcohol and Drug Authority*,

Spooner C, Mattick RP, Howard J. (1996) *The nature and treatment of Adolescent Substance Abuse*. Sydney: National Drug & Alcohol Research Centre, University of New South Wales. Cited in 'Evidence Based Practice Indicators for alcohol and other drug interventions': Literature review (2000) Australia: Best Practice in Alcohol and other drug interventions working group

⁴⁹ Patterson, G. and Strouthamer-Loeber, M. (1984) The Correlation of Family Management Practice and Delinquency. *Child Development*, Vol. 55, pp. 1299-1307

⁵⁰ Riley, D. and Shaw, M. (1985) *Parental Supervision and Juvenile Delinquency*. Home Office Research Study no. 83. London: HMSO.

197 Strang, H. (2001) 'Introduction: Restorative Justice and Civil Society', in H Strang and J Braithwaite (eds) *Restorative Justice and Civil Society*, Cambridge University Press, Cambridge, pp 1 - 13.

⁵² Center for International Rehabilitation Research Information and Exchange (2010) "Parents with Disabilities" *International Encyclopedia of Rehabilitation* New York.

⁵³ Department of Health (2002) *A sign of the times: Modernising mental health services for people who are deaf*, London: Department of Health.

⁵⁴ Wates M. (2004). *Righting the Picture: Disability and Family Life*. In: Swain J., French S., Barnes C., Thomas C. (eds). *Disabling Barriers - Enabling Environments*. London, Sage, 135-141.

⁵⁵ Becker S., Dearden C., Aldridge J. (2001). *Young Carers in the UK: research, policy and practice*. Research,

Policy and Planning.

⁵⁶ Banks P., Cogan N., Deeley S., Hill M., Riddell S., Tisdall K. (2001). Seeing the invisible children and young people affected by disability. *Disability and Society*, 16 (6), 797-814.

⁵⁷ Tuleja C., DeMoss A. (1999). Baby care assistive technology. *Technology and Disability*, Vol. 11 (1, 2), 71-78.

⁵⁸ Preston G. (2005). *Family Values: Disabled Parents, Extra Costs and the Benefits System*. London, Disability Alliance.

⁵⁹ Morris J. (2003). *The Right Support: Report of the Task Force on Supporting Disabled Adults in their Parenting Role*. Joseph Rowntree Foundation.

⁶⁰ Department for Work and Pensions (2003). *Opportunity for All*. Department for Work and Pensions.

⁶¹ Tarleton, B., Ward, L. and Howarth, J. (2006) *Finding the right support: A review of issues and positive practice to support parents with learning difficulties and their children*, London: The Baring Foundation.

McGaw, S. and Newman, T. (2005) *What works for parents with learning disabilities*, Ilford: Barnardo's.

Olsen, R. and Tyers, H. (2004) *Think parent: Supporting disabled adults as parents*, London: National Family and Parenting Institute.

⁶² Booth, T. and Booth, W. (2003) *Self-advocacy and supported learning for mothers with learning difficulties*, www.supportedparenting.com/projects/SLPpaper_Final_copy.pdf

⁶³ O'Connor, J. (2010) *Literature Review on Provision of Appropriate and Accessible Support to People with an Intellectual Disability who are Experiencing Crisis Pregnancy*, Crisis Pregnancy Programme, Health Service Executive.

⁶⁴ Ward, L., Fry, N. (2007), *Supporting Parents with Learning Disabilities and their Children: A Review of the Research*, Review commissioned by Community Care for www.ccinform.co.uk.

McGaw, (2000), *What Works for Parents with Learning Disabilities*, Barnardos, UK.

Katz P.P., Pasch L.A., Wong B. (2003). Development of an instrument to measure disability in parenting activity among women with rheumatoid arthritis. *Arthritis & Rheumatism*, 48 (4), 935-943.

⁶⁵ Sawyer, E. (2009) *Building Resilience in Families Under Stress: Supporting families affected by parental substance misuse and/or mental health problems, A handbook for practitioners*. London: National Children's Bureau (NCB)

⁶⁶ Centre for Parenting and Research (2008), *Parental mental health and its impact on children*, New South Wales Department of Community Services, available at www.community.nsw.gov.au.

⁶⁷ Advisory Council on the Misuse of Drugs. (2003) *Hidden Harm: Responding to the Needs of Children of Problem Drug Users*. London: HMSO.

⁶⁸ The Scottish Government (2003), *Getting our Priorities Right, Good Practice Guidance for Working with Children and Families affected by Substance Misuse*, www.scotland.gov.uk

⁶⁹ Sawyer, E. (2009), *Building Resilience in Families Under Stress*, p 55.

⁷⁰ Fives, A., Kennan, D., Canavan, J., Brady, B., and Cairns, D. (2010), *Study of Young Carers in the Irish Population*, The National Children's Strategy Research Services.

⁷¹ Fives, A., Kennan, D., Canavan, J., Brady, B., and Cairns, D. (2010), *Study of Young Carers in the Irish Population*, The National Children's Strategy Research Services.

⁷² *Being a father to a child with disabilities: issues and what helps*. SCIE Research Briefing 18

⁷³ http://www.fedvol.ie/_fileupload/File/Informing%20Families%20Guidelines.pdf Last Accessed 8th November, 2011

⁷⁴ http://www.fedvol.ie/_fileupload/File/Informing%20Families%20Guidelines.pdf Last Accessed 8th

November, 2011

⁷⁵ Barnardos 2007; Parenting Positively: Coping with Domestic Abuse for Parents of children between 6 & 12 Family Support Agency Barnardos.

⁷⁶ Huth-Bocks, A and Hughes, H.M. (2008). 'The impact of parenting stress and parenting behaviour on children's adjustment in families experiencing domestic violence.' *Journal of Family Violence* Vol 23 (4), pp 243-251.

⁷⁷ HSE (2010) HSE Policy on Domestic, Sexual and Gender Based Violence. <http://www.hse.ie/eng/services/Publications/services/Children/HSE%20Policy%20on%20Domestic,%20Sexual%20and%20Gender%20Based%20Violence.pdf>. Last accessed 9th November 2011

⁷⁸ Stray-Pedersen, B. and Stray-Pedersen, S. (1984) Etiologic factors and subsequent reproductive performance in 195 couples with a prior history of habitual abortion, *American Journal of Obstetrics and Gynecology* Vol. 148, pp. 140-146.

⁷⁹ Clifford, K., Rai R. and Regan, L. (1997) Future pregnancy outcome in unexplained recurrent first trimester miscarriage, *Human Reproduction* Vol. 12, pp. 387-389.

⁸⁰ Liddell, H.S., Pattison N.S. and Zanderigo, A. (1991) Recurrent miscarriage—outcome after supportive care in early pregnancy. *The Australian and New Zealand Journal of Obstetrics and Gynaecology* Vol. 31, pp. 320-322

⁸¹ www.miscarriage.ie

⁸² Irish Stillbirth and Neonatal Death Society (ISANDS). (2007) *Guidelines for Professionals*, Dublin: ISANDS.

⁸³ Gold, K.J.(2007) Navigating care after a baby dies: a systematic review of parent experiences with health providers. *Journal of Perinatology* Vol. 27, pp230-37.

⁸⁴ Meert, K. L., Egly, S., Pollack, M., Anand, K J. S., Zimmerman, J., Carcillo, J., Newth, C., Dean, J.M., Willson, and D.F., Nicholson, C. (2008) Parents' perspectives on physician-parent communication near the time of a child's death in the pediatric intensive care unit. *Pediatric Critical Care Medicine* Vol. 9 (1), pp 2-7.

⁸⁵ Located at www.anamcara.ie. Last accessed 19th February 2010.

⁸⁶ http://www.hospice-foundation.ie/index.php?option=com_content&task=view&id=549. Last Accessed 8th November, 2011

⁸⁷ Willis, M., (2009), *Retained Organs Audit*, HSE, p 118.

⁸⁸ Elizur E, Kaffman M., (1983) Factors influencing the severity of childhood bereavement reactions. *American Journal of Orthopsychiatry*; Vol. 55pp. 668. Van Eerdewegh M, Clayton P, Van Eerdewegh P, (1985) The bereaved child: variables influencing early psychopathology. *British Journal of Psychiatry* ; Vol. 147, pp.188-94; Weller, R.A, Weller, E.B, Fristad, M.A, Bowes, J.M. (1991) Depression in recently bereaved prepubertal children, *American Journal of Psychiatry*; Vol. 148 pp. 1536-40.

⁸⁹ Black, D. (1996) Editorial - Childhood Bereavement. *British Medical Journal*, Vol. 312, pp. 1496.

⁹⁰ Houston, D.M. and Kramer, L. (2008) Meeting the Long-Term Needs of Families Who Adopt Children Out of Foster Care: A Three-Year Follow-Up Study. *Child Welfare*, vol. 87 (4), pp. 145-170.

⁹¹ Millar, M., Coen, L., Rau, H., Donegan, M., Canavan, J., and Bradley, C. (2007) *Towards a better future: Research on Labour Market Need and social exclusion of one parent families in Galway City and County*. Galway City Partnership/Child and Family Research Centre

⁹² Laois County Development Board and the Department of Justice, Equality and Law Reform (2007) *Access by Lone Parents to the Labour Market in Laois*. Located at <http://www.welfare.ie/EN/Policy/PolicyPublications/Families/Documents/Laois.pdf>. Last accessed on 19th February 2010.

⁹³ Pobal and Department of Community, Rural and Gaeltacht Affairs (DCRG). (2008) *Meeting The Needs Of One Parent Families In Limerick City*. Located at http://www.oneparent.ie/pdfs/1_Meeting%20the%20Needs%20of%20One%20Parent%20Families%20in%20Limerick%20City.pdf. Last accessed on 18th February

2010; Millar et al 2007; Riordan, S. (2001) Supporting Parenting – a study of parents' support needs. Dublin: Centre for Social and Educational Research DIT. .

⁹⁴ Kelly, J.B. (2003) Changing perspectives on children's adjustment following divorce: a view from the United States. *Childhood*, Vol. 10, p. 237.

⁹⁵ Booth, A. and Amato, P.R. (2001) Parental Predivorce Relations and Offspring Postdivorce well being. *Journal of Marriage and Family*, Vol. 63 pp. 197-212.

⁹⁶ Hogan, D.M., Halpenny, A.M., Sheila, G. (2003) Change and continuity after parental separation. Children's experiences of family transitions in Ireland. *Childhood*, Vol. 10(2), pp. 163-180.

⁹⁷ Bausermann, R. (2002) Child Adjustment in Joint Custody versus sole Custody Arrangements: A meta-analytic Review. *Journal of Family Psychology*, Vol. 16, pp. 91-102.

⁹⁸ Buchanan, C., Maccoby, E. and Dornbusch, S. (1991) Caught between parents: Adolescents' experience in divorced homes. *Child Development*, Vol. 62, pp. 1008-1029.

⁹⁹ Kelly 2003

¹⁰⁰ Bausermann 2002

¹⁰¹ Kelly 2003

¹⁰² Eekelaar, J. (2006). *Family Law and Personal Life*. Oxford: Oxford University Press.

¹⁰³ <http://www.ispcc.ie/Parents/The-All-Ireland-Programme-for-Immigrant-Parents.aspx> last accessed 9th November, 2011

¹⁰⁴ HSE (2010) Supporting Parents Across the HSE: An Evidence Informed Resource

¹⁰⁵ Hunter, P. (2008) The Benefits of 'Tummy Time'. Lifestart Foundation Information Leaflet

¹⁰⁶ Goddard S. (2005) *Reflexes, Learning and Behavior – A window into the Child's Mind* Oregon: Fern Ridge Press

¹⁰⁷ Goddard S. (2005) *Reflexes, Learning and Behavior – A window into the Child's Mind* Oregon: Fern Ridge Press

¹⁰⁸ Task Force on Sudden Infant Death Syndrome (2005) The Changing Concept of Sudden Infant Death Syndrome: Diagnostic Coding Shifts, Controversies Regarding the Sleeping Environment, and New Variables to Consider in Reducing Risk. *Pediatrics* Vol. 116 No. 5 pp. 1245 -1255

¹⁰⁹ The Rotunda Hospital, Dublin. Parent Fact Sheet: Positional Plagiocephaly. http://www.rotunda.ie/pdf/PL_Pcephaly.pdf. Last accessed 7th November 2011

¹¹⁰ American Academy of Pediatrics: Injuries Associated With Infant Walkers. Committee on Injury and Poison Prevention

<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;108/3/790>. Last accessed: 6th November, 2011

¹¹¹ American Academy of Pediatrics: Injuries Associated With Infant Walkers. Committee on Injury and Poison Prevention

<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;108/3/790>. Last accessed: 6th November, 2011

¹¹² <http://www.albertahealthservices.ca/about.asp>. Last accessed: 6th November, 2011



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