Families: Foundations for child and adolescent mental health and well-being

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"Children learn about the nature of the world from their family. They learn about power and about justice, about peace and about compassion within the family. Whether we oppress or liberate our children in our relationships with them will determine whether they grow up to oppress and be oppressed or to liberate and be liberated."

— Desmond Tutu

Families exist everywhere in the world to bear and rear children, to care for and protect vulnerable members during old age, illness, and misfortune, and to meet our relational needs. They are the bedrock of cultural traditions, norms and values, and behaviour patterns transmitted from one generation to the next. Our whole lives are spent in close interaction with family members and, as such, families play a critical role in our mental and physical well-being at all ages, but especially in the formative development period of childhood and adolescence. We begin here by describing the various forms that families can take, the central role families play in children's health and well-being, the ways in which dysfunction in the family can have long-lasting effects on mental health and well-being, and what is necessary to support families to best provide nurturing care.

While families are universal, they are not uniform with respect to size, gender, age groups or even whether they are based on biological or social connections. Together, these characteristics define family form – the shape, composition and structure of a family unit. For the purposes of this chapter, we consider a family to be a single individual or group of individuals related to each other either socially or biologically, with at least one child in the family unit.

Globally, families are becoming smaller with fewer children, generally leading to more investment in the health and education of each individual child, a long-standing trend beginning in the late 1800s described in Viviana's Zelizer's book, *Pricing the Priceless Child: The Social Values of Children*. When child mortality is high and there is little space for upward mobility, families have many children to assist with labour and to assure care of dependent members, including in old age. As social and economic conditions improve and upward mobility is possible through health and education, families have fewer children and invest more in their human capital.

Families are also becoming more diverse, with increasing non-marital fertility and cohabitation, as well as parents living in different households. Children living with one or neither parent is a common arrangement in low- and middle-

Box 2: Children's household types

Household type
A household is a living arrangement in a housing unit; one-person households comprise one individual who makes provision for themselves. Multi-person households include two or more people living together and sharing resources. These households might contain more than one family unit as well as members outside of these family units.

Childed couple: spouse/partner couple with their own children and no other members

Lone parent: single parent with own children and no other members

Extended: not childed couple or lone parent, and all members are related

Composite: not childed couple or lone parent, and some members are not related

Source: Hall K, Richter L. Introduction: Children, families and the state In: Hall K, Richter L, Mokomane Z, Lake L, editors. *South African Child Gauge 2018: Children, Families and the State - Collaboration and Contestation*. Cape Town: University of Cape Town; 2018.

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income countries (LMICs), as is living with extended family members. It is predicted that by 2030, lone parent families will make up 40% of all families in many countries.[1] South Africa has overshot this with 46% of children living with only their mother or father, and 20% living with neither biological parent,[2] although these trends are more marked amongst families at the lower end of the socio-economic spectrum.

Recent data from the 2019 General Household Survey shows that the more children there are in a household, the greater the chances that they are cared for by extended family members.[3] It is important to note that these variations in living arrangements, where parents and children are not co-residents, do not necessarily equate to emotional estrangement, non-involvement, or divorce.

What are the factors driving diversity in families?

Global economic development has affected family form and stability worldwide. Closer to home, there are a number of factors that affect family form in South Africa. Migrant labour systems reminiscent of the apartheid era still characterise much of South Africa's rural landscape. While the patterns of inter- and intra-provincial job-seeking migration, driven by poverty and unemployment, have changed considerably, they still influence family form.[4] Similarly, although the social impacts of HIV/AIDS are declining, mortality and orphaning continue to have lasting impacts on families. Within this context of poverty and high unemployment, the transition to a cash-based *lobola* system has also made marriage unaffordable for many men.[5] Shifts in social norms are also influencing trends in family decision-making. Marriage decisions are increasingly made by a couple instead of an agreement between two families, the birth of children outside marriage is more acceptable, and the occurrence of same-sex couples with children is more common.

In South Africa, and elsewhere, family is not the same as household. Members of close-knit extended families may move between different households, both in rural and urban areas, as they seek opportunities for better work, accommodation or care, and this is one of the most commonly used strategies to deal with poverty and family crises. For example, when a household cannot feed all members, one or more may be sent to live, temporarily or for an extended period, with better-off relatives; when work opportunities open up in an area, job seekers look to live with family in nearby locations; when a family member becomes sick or disabled, they may be sent to live in a household where care can be provided, or a caregiver in the family may be sent to live with them. While these strategies may not always lead to desired outcomes, they are dearly valued within families, even at considerable 'cost'; for example, in the form of 'Black tax', whereby better-off members of extended families are obliged to support members in need in the knowledge that help is reciprocated within the family network.[6]

There are a myriad of factors that work together to determine what a family looks like, and with this, increasing recognition that the shape of the family does not necessarily indicate stability, strength or vulnerability.[7] Questions continue to be raised about the influence of family form on child and adolescent mental health. For example, are two parents better than one for children's mental health; do heterosexual couples make it easier for children and adolescents to enjoy mental health than same-sex parents; are small families better than big extended families, and so on. Nevertheless, what all functional families have in common is a long-term commitment to support one another and, where children are present, to care for and protect them. And despite the diversity of families, there is little evidence that family form significantly influences child and adolescent health bar through indirect influences such as the likelihood of more or less economic and emotional resources and disruptions or continuity in family life.

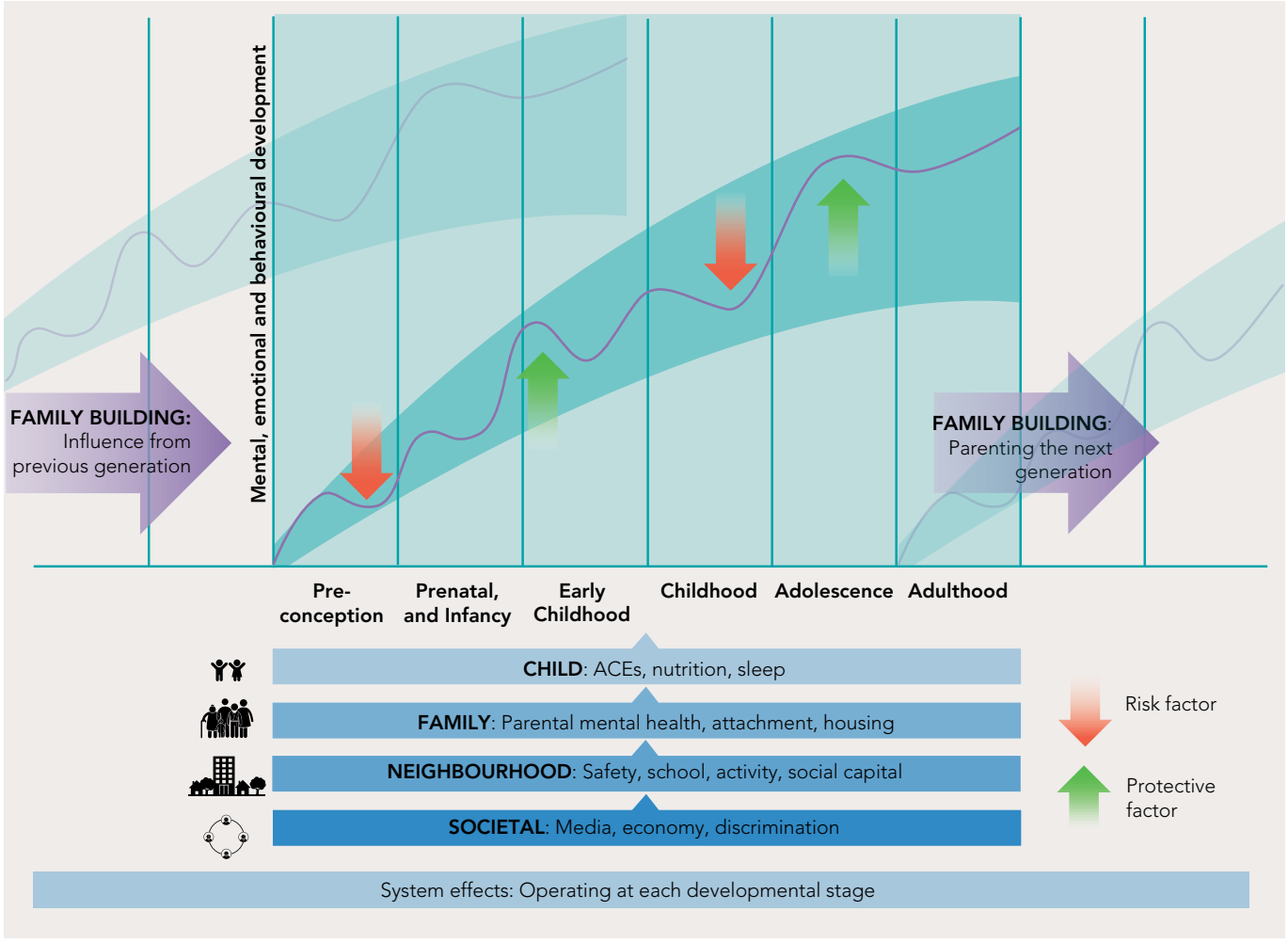
Why do families matter?

Regardless of their form, families have a profound impact on children's health and well-being, and they play an active role in creating the social environment in which children develop. This environment must be conducive for children to thrive. The home environment should be stimulating, promote children and adolescents' participation and inclusion in family life, and include responsive, nurturing and consistent caregivers who are attentive to children's holistic needs at all stages of development.

How do families influence children's mental health across the life course?

Early childhood is a pivotal stage of life, where the foundations for health, education, relational skills, employability and other measures of well-being are established within the family environment. Infants and young children are greatly dependent on their caregivers and family members for nurturing care, support and protection. Maintaining daily routines, modelling appropriate behaviour and interactions, and responding to cues from non-verbal young children in particular, are all important activities that family members perform to develop safe and supportive family environments. As children mature, healthy families will adapt to children's

Figure 15: Multiple influences on mental, emotional and behavioural development across the life course



Source: National Academies of Sciences, Engineering, Medicine. *Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda*. Washington, DC: The National Academies Press; 2019.

changing needs. During early adolescence, with the onset of puberty and a remodelling of the brain's reward system, adolescents have low levels of risk perception, low resistance to peer influences and poor self-regulation. The brain continues to develop at a rapid pace in late adolescence, and the influence of the family takes on a different but still important form as does the educational setting. Family and school environments remain critical social contexts during this time, cultivating safe and supportive environments for adolescents to learn, build connections and develop greater autonomy.

Figure 15 shows the many ways in which the family influences the mental, emotional, and behavioural development of children across the life course, and how the child and family are nested within and influenced by their neighbourhood and wider society. Families living under conditions of overwhelming stress and hardship or experiencing shocks are more vulnerable to poor outcomes for both adults and children, i.e., the risk factors outweigh the protective factors. For example, COVID-19 represents an extreme shock to family well-being, with significant effects on families that were already vulnerable.

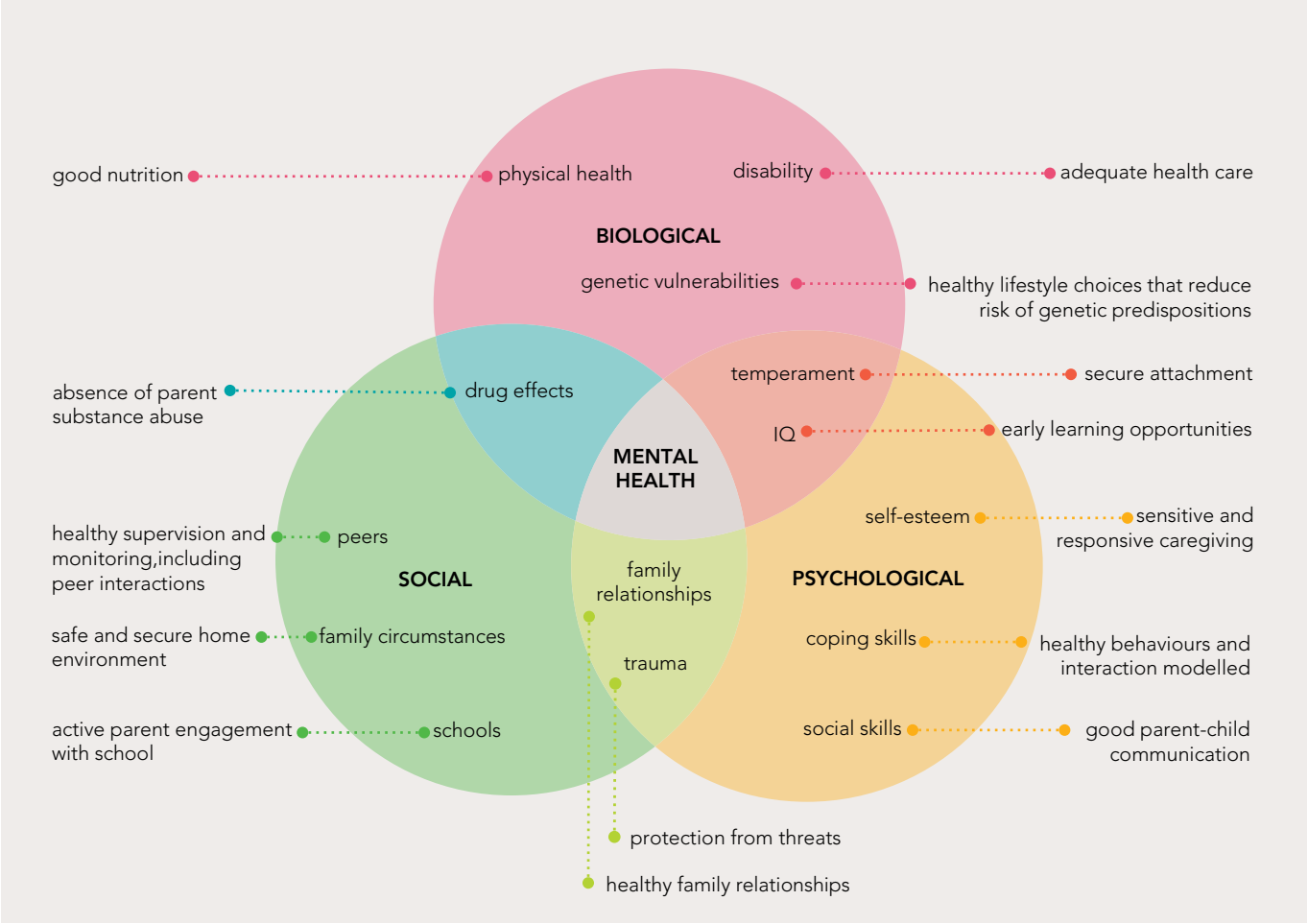
These many layers of relationships and environments interact with each other – ultimately influencing how children develop and become resilient. Importantly, intra-familial processes have long-term effects on children and can result in patterns and behaviours that are transmitted from one generation to another.[8] These processes are not distinct but interdependent, convoluting their effects on child health and well-being. For example, a genetic predisposition to parental mental ill health can create an environment that is unstable and filled with tension, and influences parent behaviour and interactions with their child (see Case 18 on p100).

How do families influence child mental health problems?

Looking at the biological, social, and psychological origins of child mental health, we can map the ways in which the interaction of biology, environment and behaviour influences child development (see Figure 16). For example, the social domain – including risk factors such as violence and substance abuse in the family, peer group or school environment – can contribute to mental ill health in childhood; but families also play a key role in mitigating the effects of risk factors at a community level by establishing a healthy home environment, interacting with a child's school, and monitoring or managing engagements with peers. Similarly, a child's self-esteem, coping skills and social skills that help mitigate mental health problems can be attributed to healthy parent-child communication, the modelling of good social and coping skills, and responsive caregiving that promotes secure attachment within family relationships.

Family characteristics and dynamics work to either mitigate or aggravate the negative consequences of adversity and can promote both adaptive and maladaptive strategies that contribute to health and well-being outcomes. For example, children experiencing or witnessing violence in the home are likely to perceive violence as the norm and enact it in their own behaviours, including once they themselves become adults. Children's positive experiences in the family tend to have additive but not compensatory effects.[9] A stable, stimulating, and loving home can cumulatively build resilience and promote mental health, but negative relationships with parents cannot be compensated with positive peer relationships. In essence, how families influence mental health and well-being depends on their functionality, particularly under conditions of strain. Families can become temporarily dysfunctional, for example, as a result of acute stresses such as the death of a close family member, but families may also become dysfunctional into the longer term as a consequence of parental conflict, substance abuse and parental mental or physical ill-health.

Figure 16: Family influences on the origins of child mental health problems



Adapted from: Engel GL. The clinical application of the biopsychosocial model. *American Journal of Psychiatry*. 1980;137(5):535-544.

The family stress model

The family stress model[10] illustrates how chronic and acute stressors put children and caregivers at risk of psychological and relationship problems. Economic hardships and pressures exacerbate child maladjustment through caregivers' psychological distress, caregiver/parental relationship problems and disrupted parenting. The model's predictions hold true for diverse family forms. In turn, relational and mental health problems in the home may impact on the ability to work, creating a cycle that ultimately affects the physical environment and relationships in the family. There are two different ways in which families influence child and adolescent mental health: through family dynamics or relationships within a family, and through external stressors such as poverty and adversity that impact on family functioning.

Family dynamics

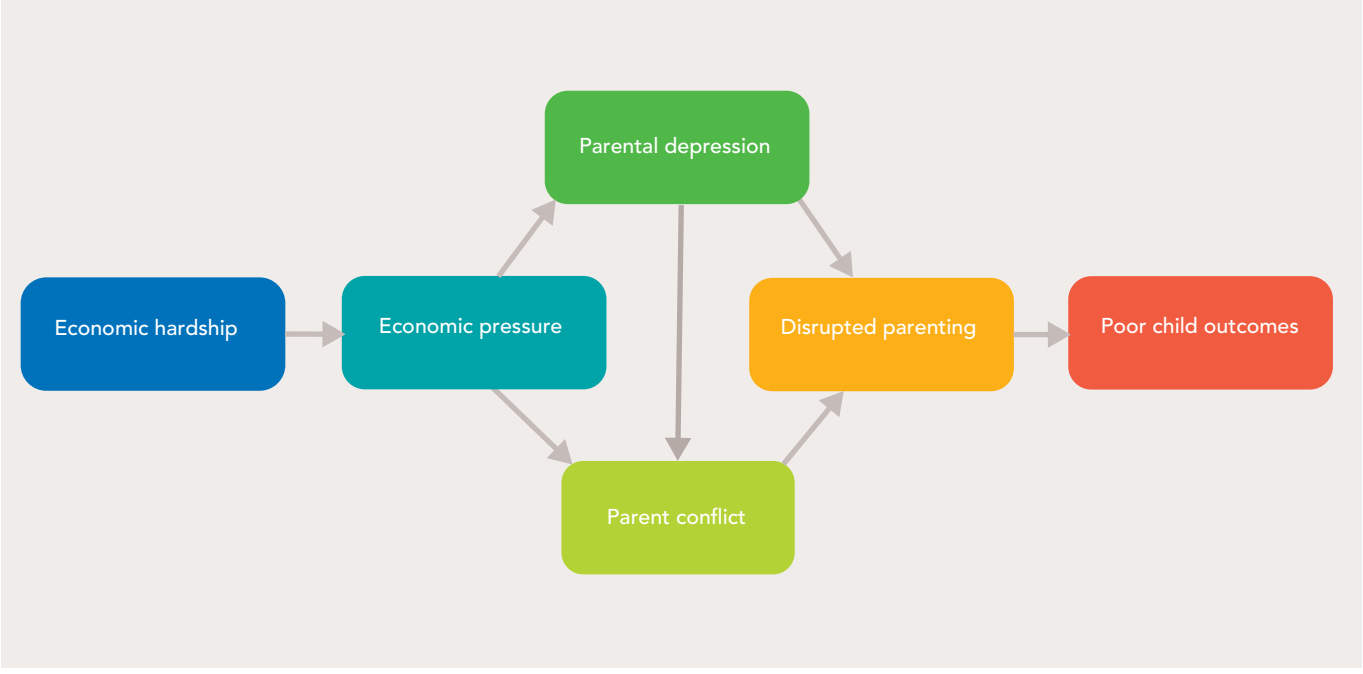
Family relationships can substantially affect mental health, behaviour, and even physical health. Numerous studies have shown that these relationships can have both long- and short-term effects on a child's mental health, and depending on the nature of these relationships, mental health can be enhanced or impacted negatively.[11]

The biological connections that underlie the intergenerational transmission of mental health problems are well researched. Studies have also been able to tease out differences in mental health outcomes based on genetics, those based on the unique environment (the relationship between a single child and their caregiver), and those based on the shared environment (the family or home environment).[12] Less understood are the ways in which the presence of a family member with a mental illness impacts on the mental health and well-being of other family members, particularly children. When someone in a family experiences mental health problems, it can have a substantial impact on the well-being of the family as a whole, financially and psychosocially. Children may be too young to fully grasp the concept of mental health problems, leading to self-blame, feelings of isolation and loneliness, strained relationships, and perhaps their own psychological, behavioural, and social problems. Overall, parental mental illness is an important risk factor for family functioning – leading to more conflict in the home, less cohesion, disorganized living, and other challenges.[13, 14]

Family dysfunction

Family dysfunction can be characterised by neglect, violence, abandonment, shame, inconsistency, poor communication, substance abuse, fear, and more. A healthy family environment may present with one or more of these traits some of the time, but dysfunctional families are those families that fail to provide for many of their children's physical and emotional needs.[15] The frequency and severity of dysfunction are also important indicators of how likely family dysfunction is to negatively impact a child's mental health.

Figure 17: The family stress model



Adapted from: Hurwich-Reiss, E. (2017). Family processes among Early Head Start families: Testing the role of parental self-efficacy in the Family Stress Model.

Family resilience

Family resilience, or their capacity to overcome significant challenges, has emerged as a key concept that enables families to function and recover in the context of adversity. Family resilience is determined by many factors – family structure, resources, diverse cultures and socio-economic and developmental influences in the outside environment and the extent to which there are positive and supportive relationships in the family. Individual resilience, although linked to family resilience, is also important for protecting mental health and well-being, and generally works through the strong emotional bonds between family members.[16] Family relationships that are stable and supportive have a protective effect on the mental health of family members, especially children, even under conditions of strain.

Harsh, cold, and inconsistent parenting

The most important relationship in a child's life is shared with their primary caregivers – a mother or father figure, referred to hereafter as 'parents'. Poor parenting – characterised by a lack of warmth and responsiveness, inconsistent behaviour, and harshness – is a key risk factor in the development of child mental health problems. Harsh, cold, and inconsistent parenting increases the risk that children will develop both externalising disorders (behavioural problems such as aggression) and internalising disorders (anxiety and depression). A study of a Soweto-Johannesburg birth cohort found that harsh punishment was associated with children's behavioural difficulties.[17] A study in the Western Cape also found that direct violence to children in the form of spanking and slapping was significantly associated with

Box 3: The mental health of fathers and implications for family functioning and child health and well-being

Expectant and new fathers, like pregnant women and new mothers, experience biological and ecological stressors, including changes to hormone concentrations and brain circuits, that can increase their risk of depressive symptoms. Although paternal mental health does not expose children's pre-birth development to the same physiological risks as maternal depression during pregnancy, paternal genetic and psychological factors may act on the child directly during conception and after birth, and indirectly through maternal well-being and family functioning.

In general, parents who have their own mental health problems may have difficulty in caring for their own children and in supporting their partners. Poor paternal mental health has been linked to adverse effects on maternal and child health and development, including a variety of negative socio-emotional, cognitive, physical, and behavioural outcomes in children.[21] Fathers who are mentally healthy are more likely to be more involved with their children and supportive to their partners than fathers who are depressed and anxious.[22] Apart from their own mental health, paternal caregiving practices are also associated with children's well-being and development. Fathers who are sensitive and supportive are more likely to have children who develop better social skills and language.[23] Involved fathers are considered better able to promote the mental health and well-being of their children when they actively engage with their children and families, and are accessible to – and assume responsibility for – their children.[24]

When fathers act as a source of maternal emotional support, the quality of the mother-child relationship is enhanced, which in turn leads to children's positive adjustment. In the same vein, when fathers are unsupportive, the mental health of children suffers.[25, 26] A father's active involvement in caregiving after birth can also ease the burden of care placed on the mother, buffering the child's exposure to stress during that period and acting as a source of compensatory support to the child in the event that the mother needs to recover from mental health problems.[27]

Despite this knowledge, the importance of promoting fathers' mental health is not widely or fully acknowledged and is seldom researched in South Africa. A clearer understanding of how fathers' mental health shapes the mental, physical, behavioural, and emotional development of their children may lead to new opportunities for paternal mental health interventions which promote equity in the health care system. Barriers such as poverty, inequality, and unemployment play important roles in undermining men's health practices – including their promotion of maternal and child health. Fathers therefore need gender-specific health care and workplace support, such as paternal leave,[28] to prevent or mitigate the effects of mental health problems working their way from the father to the mother and the child.

For more information on how fathers can play an active role in supporting children and families, see the 2nd State of South Africa's Fathers report: https://genderjustice.org.za/publication/state-of-south-africas-fathers-2021/#

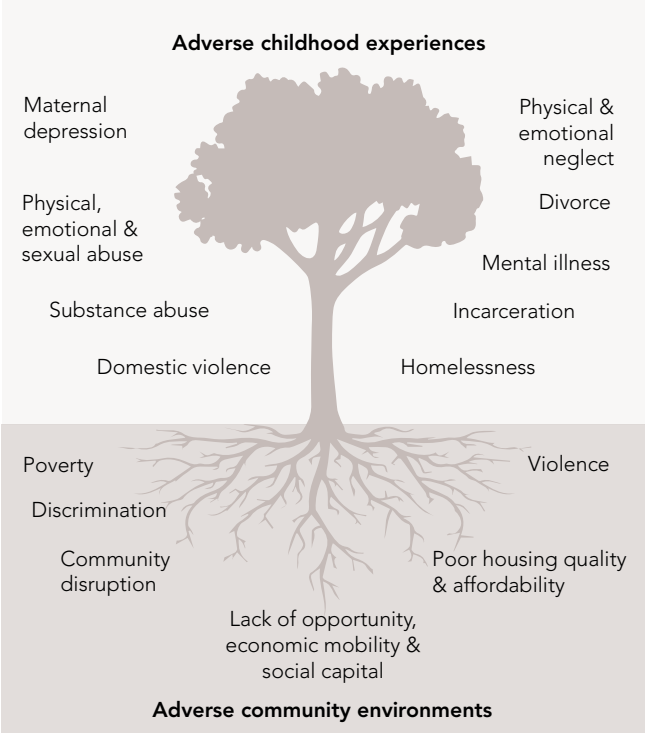
children's poor mental health. Furthermore, indirect violence in the form of exposure to intimate partner violence in the home and generational transferences of violent behaviour, either as perpetrators or victims, were also associated with externalising symptoms.[18] Although parenting practices differ culturally, there are key elements that enable a child to thrive, and these can be promoted. Low levels of sensitive parenting and greater use of harsh discipline are crucial areas for intervention. Enhancing parenting early in life, when the child's brain and biological systems that underlie mental health are rapidly taking shape, is most ideal.

It is also important to remember that parents struggling with their own mental health problems may have more difficulty in providing sensitive, responsive care, particularly when they lack support and resources, exacerbating their own and their child's mental health difficulties. Mothers with mental health problems can engage in maladaptive interactions with their children, characterized by insensitive and hostile parenting.[19]

The role of fathers

From conception, fathers can play important roles in providing practical and emotional support, promoting positive health behaviours, supporting maternal well-being, moderating stress levels, and creating a safe and secure environment for both mother and child. The relationship between fathers, mothers, and children – or the father-mother-child relationship – has implications for both maternal and child health and well-being. In fact, increased father involvement also has a positive impact on the lives of men, increasing their sense of personal responsibility and self-reflection, prompting the avoidance of risky behaviours like substance abuse, and initiating positive behaviour changes that have an overall protective effect on their own health and well-being.[20] However, there are a number of individual and structural factors that affect father involvement. In the South African context, where financial provision is deeply entrenched in masculine identity and fatherhood, fathers who are able to support their families economically are more likely to be involved and nurturing in their interactions with children.[21] Another South African study demonstrated how father involvement during and after pregnancy had a protective effect on post-natal maternal mental health, emphasising the need to promote father involvement from conception throughout childhood.[22] Box 3 illustrates the ways in which the mental health and well-being of fathers has implications for both mothers and children in the family.

Figure 18: Adverse childhood experiences



Source: Ellis WR, Dietz WH. A new framework for addressing adverse childhood and community experiences: The building community resilience model. *Academic Pediatrics*. 2017. 17(7):S86-93.

Stress, poverty and adversity

Poverty and material hardship create stressful environments that can negatively impact on a family's capacity to provide adequate care.[29] Yet a nurturing environment can mitigate the negative effects of cumulative adversity, such as ongoing exposure to violence, on cognitive functioning and mental health.[30] While individual resilience in the child can do the same, there are other characteristics of the family or caregiving environment that play a direct role. Competent parenting that is emotionally responsive, and caregivers with resources such as education, positive mental health, peer support, and healthy attachment are all linked to resilience in children.[31] Specific behaviours that characterise the interactions between parents and their children have been linked to positive mental health for children, including healthy communication between parents and children, and parental engagement in their child's school life.[32] In fact, in some cases, child mental health was more strongly linked to the quality of parent-child communication than to family form or socio-economic status.[33] A trial of a parenting programme to reduce violence against children in South Africa found that improving parenting skills independently of household-level economic welfare led to benefits for child well-being, but combining parenting and economic strengthening boosted the effectiveness of the

programme.[34] Overall, a family's socio-economic context remains a significant factor in child mental health.[32]

Aside from poverty and economic hardship, children can experience other types of adversities, and in low-resource settings, these are likely to be multiple or continuous adversities, such as ongoing child abuse, chronic neglect, or long-term substance abuse by family members (see Figure 18). The accumulative effects of such adversities, if left unchecked, is likely to lead to chronic stress, which can impact on children's present and future mental and physical health. Findings from the South African Birth to thirty cohort demonstrate how cumulative adversity and family dysfunction leads to psychological distress in young adulthood (see Case 9 on p65).

What support is needed to enable families to provide nurturing care?

One of the primary roles of families is to protect children from potential adversities. However, families require resources and support to provide nurturing, protective environments in a sustainable manner. Policy frameworks for supporting families and the role they play in the health and well-being of children have evolved over time. Post-1994, the South African government introduced a series of legislative and policy reforms aimed at promoting stronger, more cohesive families. The revised White Paper on Families in South Africa 2021 prioritises the promotion of family well-being and family relationship strengthening with an increased focus on promotive and preventive interventions as outlined in Table 5.

Table 5: Priorities and strategies from the White Paper for Families 2021

Core aspects of the White Paper for Families 2021
Promote family well-being: Recognition of the importance of economic empowerment for families, the basic resources they need to access to function well and fulfil their roles and responsibilities in society. Achieved through: • Ensuring access to safe and secure housing; basic services; food security; functioning and accessible health services; equitable and accessible education; safe, secure and sustainable environments; necessary legal documentation; basic income support; social welfare services; and psychological and spiritual support. • Promoting access to economic opportunities for families through cross-departmental strategies and empowering families to develop sustainable livelihood strategies. • Ensuring families can balance caregiving and economic empowerment through mechanisms and policies, including paternal and maternal leave, to facilitate the balancing of work and family responsibilities and more equitable distribution of caregiving between caregivers, and promoting gender equity in families. • Empowering families with knowledge of their rights and ensuring a culture of dignified treatment for families. • Ensuring no unfair discrimination in all policies and legislation against families based on any characteristics including marital status, sexual orientation, and family composition.
Family relationship strengthening: Recognition of the need to strengthen families through provision of opportunities, relationship skills, and networks of support and protection. Achieved through: • Collaboration with civil society and local government to ensure that all families can access programmes and services and support appropriate to them, particularly during key moments of family transition, such as marriage, parenting and caring for the elderly. • Offer and widen access to parenting support programmes, including antenatally and with emphasis on *mental health support*, while recognising the role both men and women play in child-rearing. • Enhance families' and caregivers' capacity to protect children. • Offer and widen access to family strengthening programmes to promote strong intra-familial relations, including those that are intergenerational and those between couples; and to support the dissolution of relationships in healthy ways. • Promote family resilience to care for vulnerable members and deal with stressful situations and acute stress.
Treatment and support for vulnerable families: Provision of prevention, early detection and intervention, treatment, and reunification and aftercare services. Achieved through: • Strengthening awareness and education on domestic violence, abuse, substance abuse; and supporting interventions that challenge norms and systems that discourage help-seeking by family members. • Empowering service providers with knowledge to identify and respond to at-risk families. • Offering programmes for families who require it, including therapeutic services. • Initiating communities of care that offer holistic support for the family. • Ensuring treatment services are accessible, have an individual-within-family focus, and acknowledge behavioural effects on family. • Facilitating family access to support and services, especially during key transition times and conflict. • Encouraging family-centred extended kin fostering as most appropriate and cost-effective placement for children, strengthen existing adoption and foster care systems. • Where appropriate, implementing reintegration and reunification of family members who have been separated for extended periods.

The national policy also recognizes the key role that family functioning plays in child mental health – from the effects of family stress and parental mental health status to instability and violence in the family. This comprehensive framework should encourage resilient, well-functioning families that are able to nurture, support and care for the members of the family; however, the capacity for its implementation has been called into question, particularly since there is limited evidence of impact of the inaugural 2013 White Paper.[35]

Globally, the Nurturing Care Framework (NCF) recognises the central role of the family in enabling children to thrive, and identifies the critical factors needed to support healthy development from pregnancy and early childhood through to adolescence. At the core of nurturing care is a stable environment and behaviours that ensure good health and nutrition, protection from threats, opportunities for learning, and relationships that are supportive and responsive.[36] In the early years, young children are overwhelmingly at the receiving end of nurturing care inputs. With growing agency and autonomy, adolescents begin to shape their own relationships and environments.[37] The NCF can be used as a guideline for implementation of multi-sectoral policies, services and programmes from preconception to adolescence that promote the health and well-being of children, as outlined in Figure 19.

These frameworks clearly identify provision of support to families across the life course as multi-dimensional, requiring the delivery of a broad spectrum of services and the involvement of multiple government departments and civil society actors. These include the provision of:

- health services through maternal and child health care services, including maternal mental health screening;
- social services such as prevention and early intervention services, and responsive and support services when traumatic events, such as violence, occur;
- crime prevention and policing services in communities to protect children and families; and
- the education system as an important setting for reaching older children as outlined in the next chapter on schools.

The range of services and support to families is too extensive to adequately address here. We have opted to focus on two key areas with significant potential to impact on family well-being – social protection and parenting programmes.

Social protection

National social protection measures, such as cash transfer programmes, have been shown to improve mental health – with one study in Kenya reporting a 38% reduction in depressive symptoms.[38] Similarly, a study of the effects of the South African Child Support Grant (CSG) on adult mental health found strong positive effects.[39] Estimates also show that the CSG can have a large impact on the intergenerational transmission of mental health problems, reducing transmission from parent to adolescent by 40%.[40] Cash transfers could also increase the material support children need to attend school or participate in leisure activities, increasing their social connection and confidence.

When the pathways from unconditional cash transfers, in this case the CSG, to improvements in mental health are assessed, a number of important policy and practice takeaways can be made.[41] First, the link between the CSG and mental health was independent of any additional intervention – no behaviour change, awareness-raising or educational supplements were necessary. Second, the additional income was invested in lifestyle changes that improved physical health and well-being, which was translated into better mental health, which in turn positively impacted on working and income-generating capacity. In some cases, the regularity and stability over time of cash transfers targeted the social determinants of mental health problems, for example, improved food security, reduced stress, a psychological safety net, and increased feelings of independence and control over resources and their future. Beneficiaries of the CSG in South Africa felt that the strongest impact on their mental health was the perception that they were able to provide better care in the household with the grant.[42]

While social protection measures often incentivise investments that support children's health and well-being and mitigate against economic hardship underlying family stress, these cash transfers are limited. Increases to the CSG have been unable to adequately keep up with inflation[43] and barriers to accessing grants continue to exclude those arguably most in need.[44] Pregnant women in low-resource settings are particularly vulnerable to risks such as food insecurity which, apart from nutritional outcomes for children, is strongly associated with domestic violence and poor maternal mental health.[45] Investment in cash transfer programmes should begin as early as conception for those in need, where they are likely to render long-term health and mental well-being outcomes.

Combining economic strengthening with additional parenting or family strengthening components tends to boost the benefits for both family and child health and well-being.[46] An evaluation of a family strengthening programme

Figure 19: Key inputs to support nurturing care from preconception to adolescence

	Preconception/ prenatal	Newborn	Infancy	Preschool	Middle childhood	Adolescence
Enabling environments	Universal health care, ban on environmental toxins (eg, lead); free preschooling, primary and secondary schooling, child protection; safe water and sanitation; inclusive policies and services for people with disabilities					
Health	Inclusive preventive and promotive quality health care for children and adolescents					
	Prenatal services, smoking, drug use cessation	Baby-friendly hospital initiative	Immunisation	Well-child evaluations	Promotion of physical activity	Access to sexual and reproductive services
Nutrition	Equitable access to safe, nutritious and affordable foods					
	Healthy diet, micronutrients, food assistance	Exclusive breastfeeding	Exclusive breastfeeding, complementary feeding, micronutrients	Food assistance, healthy school meals	Food assistance, healthy school meals	Food assistance, healthy school meals
Security and safety	Protection for children and adolescents					
	Violence prevention	Clean water, air, and sanitation	Clean water, air, and sanitation	Injury prevention	Bullying prevention	Prevention of child marriage
Learning	Free and inclusive education					
	Prenatal care	Pregnancy and birth preparation	Parental education and quality care	Quality care, education and parental support	Quality instruction and parental engagement	Vocational and life skills training
Responsive relationships	Care for children and adolescents					
	Prevent gender-based violence	Promote skin-to-skin contact	Parent-infant attachment support	Prevent harsh punishment	Promote prosocial peer relations	Partnership and leadership opportunities

Source: Black, M.M., et al., The principles of Nurturing Care promote human capital and mitigate adversities from preconception through adolescence. *BMJ Global Health*, 2021. 6(4): p. e004436.

paired with the CSG increased positive parenting, reduced caregiver depressive symptoms, and improved family and caregiver-child relationships.[47]

Parenting programmes

Targeted family-centred interventions have also shown promise. Interventions involving psychoeducation, parent- and family-skills training, and behavioural, psychosocial and trauma-focused therapy have had positive effects on child mental well-being, as well as parenting behaviours and family functioning.[48] In resource-poor settings, supporting caregivers with strategies for positive parenting is especially important given the interactions between stressful environments, parental mental health and child well-being.[34] Interventions in South Africa aimed at promoting positive parenting have reached these desired outcomes. Case 10 summarises evidence from the Parenting for Lifelong Health suite of parenting interventions that can improve parent-child relationships, promote secure child attachment, positively influence parenting, reduce maltreatment, and improve child cognitive and socio-emotional development.

The Department of Health leads the Side-by-Side initiative, a national campaign to promote secure and loving relationships to help child under five thrive. Based on the NCF and centred on the mother and child, the campaign uses print, audio and social media resources to promote young children's access to the full range of nurturing care services at both the health facility and household levels. The campaign has provided a structure for mobilizing health workers at health care facilities and in communities to promote and support more comprehensive approaches to child health and well-being. Further work needs to be done to expand and strengthen the package of services available to young children and their families through the health system.[49]

Case 10: Parenting for Lifelong Health – a summary of evidence

Jamie Lachman[i]

The Parenting for Lifelong Health (PLH) initiative[ii] was founded in 2012 to develop, evaluate, and disseminate a suite of evidence-based, low-cost, and freely available playful parenting programmes to reduce violence against children and improve child well-being in the Global South.[53] The PLH programme suite targets caregivers and children from conception to age 17 years. Each programme was tested rigorously through randomised controlled trials (RCTs) in South Africa.[54-60] Subsequently, additional trials have been conducted in El Salvador, Lesotho, Moldova, North Macedonia, Philippines, Romania, and Thailand.[61-64] The PLH programmes have since been disseminated in over 30 countries to approximately 250,000 families across the world.[65]

PLH for Infants

PLH for Infants, known as the Thula Sana Mother-Infant Programme in South Africa, is a home-visiting programme delivered by trained community health workers and combines lay counselling and strategies to support infant care and positive parent-infant relationships from late pregnancy until the baby is 6 months old. An RCT in Khayelitsha found significant improvements in maternal sensitivity[iii] and reductions in intrusiveness after birth.[57] Significantly, there was improved secure infant attachment at 18 months. A follow-up study with 333 mothers and their children at age 13 years to examine the long-term effects of the programme[60] showed important effects on maternal mental health, although there was no effect on child cognitive development.[66]

PLH for Toddlers

PLH for Toddlers, also known as Shared Reading, is a parenting programme that aims to improve toddlers' cognitive, emotional, and social development with versions for children ages 12 – 30 months and 30 – 60 months. Delivered by trained facilitators over 8 weekly sessions, this group-based programme includes a combination of videos, group discussions and opportunities for parents to practice how to engage with their children through picture books. The programme has been tested in two separate trials in Khayelitsha which showed positive effects on maternal sensitivity and mother-child reciprocity[iv] as well as large effects on child development outcomes, including language and attention. The programme was further tested in Lesotho as part of an integrated community intervention that combined Shared Reading with HIV-testing and treatment, and nutrition education for caregivers of children ages 1 – 5 years.[61] Initial findings showed significant improvements in child receptive and expressive language, as well as increased rates of child HIV testing.[67]

PLH for Young Children

PLH for Young Children, known as the Sinovuyo Caring Families Programme in South Africa, is a group-based parenting programme for caregivers of children ages 2 – 9 years. Integrating the core components of evidence-based parenting programmes within the local cultural context of South Africa,[68] PLH for Young Children uses group discussion, illustrated stories and role-plays to help parents learn positive parenting skills, stress management and non-violent forms of discipline. Initial testing demonstrated that the programme was acceptable to community-based facilitators and parents and had positive effects on observed parent-child interaction.[69, 70] The programme was then evaluated in Khayelitsha and Nyanga, Western Cape, with low-income mothers whose children indicated elevated levels of behaviour problems.[v] Results showed significant improvements in positive parenting and reductions in harsh parenting and child conduct problems. There were also increases in self-reported use of non-violent discipline strategies and observations of positive parenting behaviour, although no differences in negative child behaviour.[56] PLH for Young Children has subsequently been evaluated in the Philippines with moderate intervention effects for reduced overall maltreatment, dysfunctional parenting, child

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ii Parenting for Lifelong Health collaborators include members from UNICEF, WHO, Clowns Without Borders South Africa, Mikhululu Trust, Children's Early Intervention Trust, and the Universities of Cape Town, Stellenbosch, Bangor, and Oxford. For more information, please visit https://www.who.int/teams/social-determinants-of-health/parenting-for-lifelong-health.

iii Maternal sensitivity refers to the way mothers perceive and respond to their infant's behaviors and cues in a timely manner, whereas intrusiveness refers to the ways in which mothers may interfere, disrupt or restrict their infant's behaviour.

iv Mother-child reciprocity is a process of communication through which a mother and child read and respond to one another's facial and vocal expressions

v Elevated levels of child behavior problems were based on parent-report of difficult behaviors from the Eyberg Child Behavior Checklist-Problem Inventory (e.g., refusing to do chores, not obeying rules, having temper tantrums, etc.).

behaviour problems, and intimate partner violence, as well as increased parental efficacy and positive parenting.[64] More recently, an eight-session version of PLH for Young Children was tested in Thailand within the public health sector, also with positive results.[63]

PLH for Teens

PLH for Teens, known as Sinovuyo Teens in South Africa, is a 14-session group-based parenting programme delivered to parents and their adolescents aged 10 – 17 years.[71] Developed and tested in rural and peri-urban communities in the Eastern Cape, the programme uses a participatory-learning approach and includes adolescents in the group sessions. In addition to content on positive communication and relationship building, the programme includes modules on sexual behaviour risk reduction, stress reduction and emotional self-regulation, and family budgeting. Findings from a pragmatic cluster RCT of the programme showed 45% less abuse and corporal punishment reported by caregivers in the intervention. Caregivers and adolescents also reported improved positive parenting and parental involvement, and reductions in substance use and poor supervision. There were also significant reductions in parenting stress, mental health problems and the endorsement of corporal punishment, and children and adolescents reported improvements in social support, economic welfare, financial management, and plans to avoid violence. PLH for Teens has subsequently been disseminated throughout sub-Saharan Africa as part of community-wide HIV-prevention programmes.[65, 72]

Moving to digital

During COVID-19 when in-person programmes were restricted, Parenting for Lifelong Health began developing digital adaptations of the programmes to increase their reach and enable the programme to continue. These include:

- Sharing Stories – an adaptation of PLH for Toddlers for delivery via WhatsApp with caregivers of children aged 9 to 32 months in Zambia and Tanzania. Initial results indicate moderate to large improvements in responsive caregiving and parent-child interaction, as well as lower rates of parental depression and anxiety.
- ParentChat – an adaptation of PLH for Young Children and PLH for Teens for delivery via facilitated online chat groups. A multi-country pre-post evaluation of the ParentChat programme for parents of children ages 2 – 17 years in South Africa, Malaysia, Moldova, Montenegro, North Macedonia, and the Philippines found reduction in physical and emotional abuse, parenting stress, intimate partner violence, and improvement in positive parenting and respectful partner behaviour[73]
- ParentApp – an offline-first app of PLH for Teens developed with families in South Africa and currently being tested in Tanzania, and
- ParentText – an interactive chatbot of the entire PLH suite for parents of children ages 0 – 17 years, currently being piloted in South Africa, Jamaica, Malaysia, Philippines, and Sri Lanka.

In conclusion

Parenting for Lifelong Health aims to provide freely available, evidence-based playful parenting support to parents and caregivers in the Global South, so that they are equipped with the knowledge and tools to help their children realise their learning potential and to prevent child sexual abuse, exploitation and family violence. Evidence from 14 randomised trials has demonstrated promising effects for vulnerable children and families in low-resource settings across a range of parenting and child mental health and well-being outcomes. The programmes have also shown to work across different cultural contexts and to retain their efficacy when embedded in government and NGO services. Additional research is needed to further optimise the delivery of the in-person programmes[74] and establish how programme implementation and effectiveness can be sustained at scale.[75] Lastly, the digital versions of PLH have the potential to vastly expand the reach of parenting programmes. Additional research is needed to 1) establish the effectiveness and cost-effectiveness of remote, digital, media, and blended delivery of parenting programmes across different settings; 2) investigate the mechanisms of change that lead to improved outcomes; 3) understand how to maintain safeguarding in the digital sphere and provide access to resources across the digital divide; and 4) determine how best to integrate PLH with government and community-based systems in order to deliver parenting programmes at scale.

Improving parent mental health has further protective effects on child well-being. When parents are healthy, well-equipped and capable, they are better able to provide environments that protect and promote children's mental health and well-being.[34] Parenting programmes are equally important as children reach adolescence, which often brings with it shifts in the parent-child relationship and increases in conflict. While these changes in how parents and adolescents interact are normal, a parent's ability to manage these changes and their capacity to maintain healthy parental involvement predicts adolescent health and well-being.[50] Reviews have consistently shown that family-focused interventions using non-specialist providers to improve parenting strategies are effective but require good training, supervision, and cultural adaptation.[48, 51] These programmes are shown to be most effective if they reach parents when they are most receptive to change.[52]

Conclusion

Families play a central role throughout childhood in the provision of nurturing care and promoting environments conducive to child and adolescent mental health. It is important to adopt a strengths-based approach when working with families and to ask: What are the internal resources available to families? Are there extended family members who can offer support in times of vulnerability? Are there existing networks of care available through community-based structures or organisations?

At a macro level, the state plays a critical role in providing and maintaining comprehensive, multi-sectoral systems of services, policies, and strategies that promote nurturing care – and adopting a family-centred approach can help address the gaps that often exist between adult and children's services. Yet, it is clear that the foundations for positive mental health and well-being are laid and cemented in the home, and both influence and are influenced by interactions with other systems. As these systems evolve and families change alongside them, it is also clear that family functioning is more important than family form. It does not matter what families look like, it is how they function as a unit, relate to each other as a group, and are treated as individuals that determines to a large extent children's mental health and well-being. Therefore, family-based interventions that improve the relationships between family members offer a powerful avenue for enhancing child and adolescent mental health.

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