THRIVING TOGETHER FRAMEWORK:

Skills for nurturing, joyful, and stimulating interactions

Authors: Christine O'Farrelly[a], Nicole Creasey[a]*, Tom King[ab]*, Beth Barker[a], Kirsten Barnicot[c], Karen Bateson[d], Wendy Browne[a], Aleisha Clarke[e], Morgan Healy[a], Sally Hogg[a], Ayla Humphrey[f] Natalie Kirby[a], Sophie Phillips[a]

UNIVERSITY OF CAMBRIDGE
Faculty of Education

PLAY IN EDUCATION DEVELOPMENT AND LEARNING

December 2025

CONTENTS

Acknowledgements

This work was supported by a UKRI Future Leaders Fellowship [MR/V025686/1].

The Helping Little Minds Thrive project is supported by the National Institute for Health and Care Research (NIHR) Applied Research Collaboration East of England (NIHR ARC EoE) at Cambridgeshire and Peterborough NHS Foundation Trust.

The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care. We are grateful to the peer reviewers and the Helping Little Minds Thrive expert advisory group for their feedback and guidance.

[a] Centre for Play, Education, Development and Learning, Faculty of Education, University of Cambridge
[b] Paediatric Psychological Medicine Team, Cambridge University Hospitals, NHS Foundation Trust
[c] School of Health and Medical Sciences, Department of Population Health and Policy, City St George's, University of London
[d] Oxford Parent Infant Project
[e] Department of Health, Ireland
[f] Department of Psychiatry, University of Cambridge
* These authors contributed equally.

THRIVING TOGETHER: RIGHT FROM THE START

Good mental health is an important part of babies' and children's wellbeing right from the start of life (1). Supporting early mental health is not only key to a healthy and happy childhood in its own right, but also provides the opportunity to promote life-long wellbeing. Indeed, early childhood, from pregnancy to age five, is a key period for babies and children's development, and lays the foundation for children's lifelong social and emotional health, learning, and development (2).

During these important first years, young children's development is shaped by their everyday environments and experiences; especially their interactions with caregivers.[1] Nurturing, joyful, and stimulating interactions with their caregivers enables babies and young children to play, learn, and thrive in their earliest years, and helps to protect against mental health problems later on (3–6).

Given the vital role that caregivers play, and the precious time that early childhood represents for babies, children and parents, it is important that we provide families with access to the appropriate support that enables them to thrive together, right from the start.

1. We use the term caregiver to denote parents and other principal caregivers who have day-to-day caring responsibility for the child in a family context (e.g., foster caregivers). Some aspects of the framework may also be relevant to caregivers who provide care in formal settings (e.g., early years practitioners).

THE THRIVING TOGETHER FRAMEWORK

Skills for nurturing, joyful, and stimulating interactions

The purpose of the Thriving Together framework is to set out the key skills that are at the heart of everyday moments between caregivers and their baby or young child (0–5 years old) and support children's social and emotional wellbeing, mental health, and related areas of development. The Thriving Together framework is particularly aimed at those who support caregiving and parent-baby/child relationships in community and universal contexts.

While the framework focuses on the skills that *caregivers* bring to the relationship, babies and young children are at the centre of these relationships. Curiosity about the needs, preferences, personalities, and unique identities they bring to the relationship will shape what nurturing caregiving looks like for each family (see Appendix A for principles underpinning the framework).

In particular, the framework focuses on the caregiving skills that research shows help children to thrive and can be learned or enhanced with support. These skills are often the focus of parenting programmes that aim to give children a strong start in their early development and overall wellbeing. We developed the framework based on a review of existing models of caregiving, the key outcomes used by researchers to measure parenting skills, and children's own priorities regarding parenting and their wellbeing (see Appendix B for more detail on the inputs to the framework).[2]

Although the framework is based on the theory and science of caregiving, its purpose is not to set out an exhaustive theoretical model of parenting but rather to provide a concrete overview of caregiving that is accessible to those supporting families.

2. Based on this approach the skills in the framework have varying levels of evidence demonstrating their association with children's outcomes.

PURPOSE OF THE FRAMEWORK

Weaving consistent caregiving support into the early years system

The framework provides a template for joined-up thinking about the caregiving skills that the early years system can support. Families will vary in the different types and levels of support they need for the caregiver-baby/child relationship at different times. For example, while many families benefit from support from their Health Visitor in the early days and months of the relationship, others may also need specialist support from a specialised parent-infant relationship team,[3] or a Child and Adolescent Mental Health Service that specialises in support for 0–5s.

Appendix C (adapted from Blackpool's Parent-Infant and Early Years Relationship Strategy) sets out the levels of support that families may receive including *community*, *universal*, *targeted*, *specialist*, and *risk support*, depending on their local offer. Many families will move across levels of support at different times during early childhood. A whole-system, integrated approach is required to ensure every baby and young child gets the support that works for them, that is appropriate to their needs, and is available when they need it.[4]

Figure 1 sets out some of the services and practitioners who support babies/young children and their caregivers to be mentally healthy. The Thriving Together framework is particularly aimed at those working in community, universal, and some targeted contexts. Having a common reference point may help to support greater cohesion across the system and ensure consistency of advice as families encounter numerous practitioners and touch points in their early years journey. To this end the framework sits alongside and supports wider initiatives to build infant and early mental health capacity in the early years workforce and create a joined-up early years system.

These initiatives include the training, consultancy, and supervision provided by specialised parent-infant relationship teams and other specialist services (7), the work of Perinatal and Infant Mental Health Specialist Health Visitors, Infant and Early Years Practitioners trained within Children and Young People's IAPT, and the AiMH UK Infant Mental Health Competency Framework (8).

3. Specialised parent-infant relationship teams are also known by other names in different parts of the UK. These include parent-infant teams, infant mental health teams, parent-infant mental health teams, Early Attachment Services and PAIRS (Parent and Infant Relationship Services). For more information see the Parent-Infant Foundation website.
4. The PEDAL/UNICEF toolkit on Understanding and Supporting Mental Health in Infancy and Early Childhood (1) provides best practice examples of whole-system approaches to supporting early mental health.

Figure 1. Some of the services and practitioners who support babies/young children and their caregivers. Adapted from Hogg and Moody (2023)

Parent infant psychologist/ psychotherapist
Promote healthy early relationships and support children's emotional wellbeing and mental health

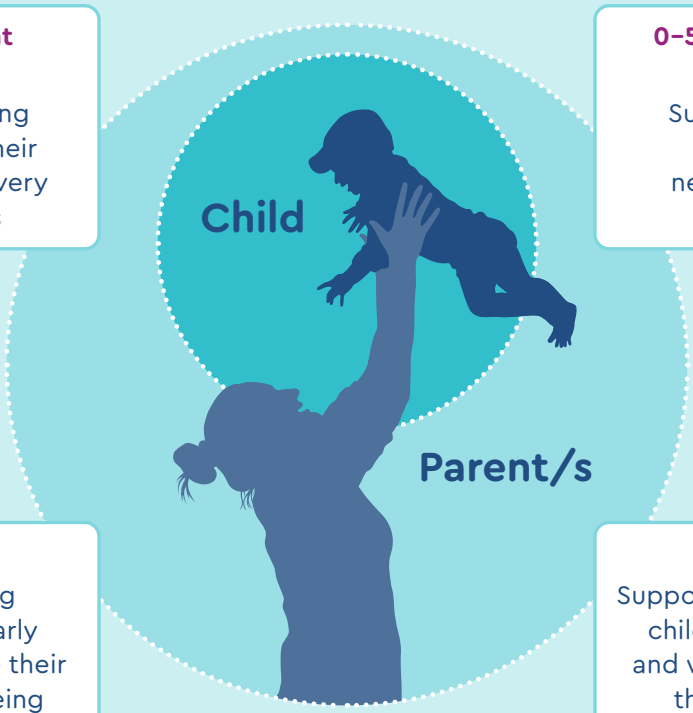
Baby and toddler group volunteer
Provide opportunities for young children to play, learn, and connect with others

Family Hubs Support Worker
Ensure that children with additional needs receive the right support

Parenting Practitioner
Deliver interventions to help families build positive relationships and support wellbeing

General practitioner
Help parents access a range of support streams, including for their own mental health

Early Help Assessment Co-ordinator
Respond to the emerging needs of children and their families through the delivery of early help services



0–5s Infant and Early Years Practitioner
Support the baby/child's social and emotional needs within a variety of early years settings

Speech and Language Therapist
Help children develop their communication and language skills

Early years SENCO
Ensure that children with additional needs receive the right support

Midwife
Support parents during pregnancy, birth, and early postnatal care to promote their child's health and wellbeing

Health visitor
Support parents with their baby/ child's health, development, and wellbeing from pregnancy through early childhood

Occupational Therapist
Help children develop everyday skills for play, movement, and independence

Social worker
Ensure the child's safety and wellbeing, and support access to services

Community Nursery Nurse
Provide support on attachment, behaviour, play and child development and signpost families to additional support

Early years practitioner
Act as a 'key person' for the baby/child and provide interactions that nurture children's learning and development

DOMAINS OF CAREGIVING

At its core, the framework includes three necessary and important Domains of Caregiving: *Nurturing the Relationship, Supporting Children's Behaviour, and Supporting Children's Skill Development* (see Figure 2).

The skills[5] in these domains develop both independently and in relation to each other, based on a range of factors including the caregiver's own cognitive, social, and emotional skills, which the framework refers to as *Supporting Skills*. These three domains of caregiving interact with contextual factors to shape the child's experience of caregiving.

Figure 2. Caregiving Domains that help Caregivers and Babies/Young Children to Thrive Together

5. We use the word skill to focus on how the baby/child experiences the relationship through the caregiver's behaviour as this may offer a productive way to support outcomes in community and universal contexts. However, skills come together with other elements, such as knowledge, as part of an overall caregiving/relational mindset.

Figure 3 set out the domains of caregiving, caregivers' own supporting skills, and the skills that sit within each of these. The caregiving skills included here are those that literature indicates help children to develop secure and trusting relationships, manage their emotions and behaviour, get along with others, play, and be curious learners.

They have also been selected based on children's own priorities for their wellbeing and relationships (see Appendix B) which includes the importance of *love and the provision of positive, supportive relationships with caregivers; opportunities for play and quality time with caregivers; being listened to and valued; and opportunities for agency, autonomy and independence.*

A range of services and programmes in the early years system support these skills at the *community*, *universal*, *targeted*, and *specialist* level. The framework may help practitioners to think about which supports and services may meet individual families' particular needs at different times, as part of wider processes in their local care pathways for infant and early mental health and the parent-infant relationship.[6]

For example, some caregivers who are struggling to understand and manage their toddlers' emotions and behaviour may benefit from a relationship-based programme that incorporates positive behaviour support delivered through their Family Hub. Others who are struggling to develop and nurture the relationship with their baby may benefit from an attachment-based intervention and other support from a specialised parent-infant relationship team.

6. The Parent Infant Foundation provides a Pathway Template to support local areas to create a parent-infant relationships care pathway.

Figure 3. The Caregiving Skills and Supporting Skills included the Thriving Together Framework

DOMAINS OF CAREGIVING			
Nurture the caregiver-baby/ child relationship 	**Sensitive responding:** Being curious in interpreting the baby/ child's cues and mental states and making efforts to respond to their needs in a timely way. Allowing the baby/child to take the lead and being responsive to their pace. Giving positive attention by showing interest without interfering in exploration. Making efforts to repair and reconnect when there are inevitable disruptions to the caregiver-baby/ child connection.	**Expressing warmth and positive regard:** Providing comfort and expressing warmth, affection, and positive regard towards the baby/child. Conveying acceptance and encouragement.	**Playful:** Sharing playful and enjoyable interactions that are baby/child-led, developmentally appropriate, and suitable in their timing and intensity.
Support baby/ child's behaviour 	**Positive behaviour support:** Encouraging accepted and preferred behaviours through practices such as praise, compliments, and rewards.	**Behaviour management:** Responding to the child's challenging or risky behaviour in a consistent, non-harsh way. Intentionally using strategies that help to reduce the occurrence of difficult and challenging behaviours.	**Proactive and protective caregiving:** Creating plans, establishing routines, setting clear rules and boundaries. Monitoring the baby/ child and creating a safe and predictable environment and network of relationships. Keeping the baby/child healthy (e.g., nourished) and safe, while protecting them from abuse, neglect, and maltreatment.
Support baby/ child's skill development 	**Support for child's social and emotional skills:** Supporting the baby/child to feel safe in expressing a range of emotions. Making efforts to co-regulate the baby/child's emotions and guiding them towards self-regulation. Supporting the baby/child to interact effectively with and show empathy towards others. Helping the baby/child to develop and maintain peer relationships including support to manage conflict.	**Support for child's skills for learning, cognition, and language:** Guiding the child in developing skills related to learning and executive function (e.g., planning and staying focused). Responding to the baby/child's verbal cues and talking frequently to the baby/child. Interacting and talking with the baby/child in a way that enriches their exploration and learning (e.g. labelling what the baby is looking at when sharing a book together).	**Autonomy support:** Supporting the baby/child to make independent choices and decisions. Providing encouragement and assistance to the baby/ child as they explore, navigate tasks, and solve problems.

Caregivers' own social, emotional, and cognitive skills

Emotional and behavioural regulation skills: Monitoring, understanding, and regulating one's own thoughts, feelings (including physical states), and behaviours. This includes being able to maintain a regulated state when interacting with the baby/child, especially during times when the baby/child is distressed or showing challenging behaviour. This may also include taking a compassionate approach to monitoring, supporting, and nurturing one's own well-being.

Understanding and empathising with others' perspectives, feelings and behaviour: Recognising and considering the perspectives of others. Attempting to understand and share the baby/child's feelings with compassion. Being able to reflect on and connect one's own and others' behaviours to possible emotions, desires and mental states. Making reasonable interpretations about the baby/child's behaviour in the context of their development and in terms of possible feelings, desires, needs and intentions (e.g., why the baby might be crying).

Problem-solving skills: Anticipating and identifying problems, generating possible solutions, taking action, and seeking assistance. This may involve setting goals, persisting, and coping with challenges.

Effective communication skills: Expressing one's emotions, needs, and desires effectively and without negatively impacting the baby/child or others. Actively listening to the baby/child and to others involved in their care.

Self-efficacy: Having a sense of self-confidence in one's caregiving skills. This includes being able to create and hold onto a personal sense of self-assurance and motivation. Being compassionate with oneself when navigating mistakes and challenges.

SEEING CAREGIVING IN CONTEXT: GUIDING PRINCIPLES

The framework sits within a number of guiding principles (see appendix A). It is important to acknowledge that although the framework tries to organise aspects of caregiving in simple and accessible terms, the experience of caregiving is inherently complex. Indeed, the reality of being a baby, young child, and a parent can be a messy, complex, and contradictory business. Additionally, while the caregiving skills are presented discretely, they are interconnected and can support each other. Essentially, the framework comprises a 'dynamic network' of caregiver skills that support caregiver-child interactions and is influenced by the caregiver and child's whole system, including social, economic, environmental, family, and individual factors. Caregivers may feel more skilled in some areas, and less experienced and effective in others; and the degree to which caregivers draw on these skills will also vary at different times and in different situations.

Factors outside the caregiver-child dyad, such as worries about housing and food insecurity, parents' coparenting relationships, wider support network, and their own caregiving experiences can all make acquiring and maintaining these skills easier or harder for caregivers. Even where caregivers have acquired skills, poverty can impinge on the mental space and effort they have available to put responsive caregiving into practice (9). Thus, it is important that any attempts to support caregivers' skills and capacities also sit within wider community and societal efforts to support families, ease pressures, and address structural determinants of mental health and wellbeing. Relatedly while the framework primarily focuses on how caregiving shows up in dyadic interactions, children (and their caregivers) benefit from small, clear and reliable networks of individuals who can give them the support they need (3,10).

Parents do not need to do well in all the areas of caregiving set out in the framework to have the nurturing, joyful, and stimulating interactions that help their children to thrive now and into the future. No parent is perfectly attuned to their child all the time, nor do they need to be. Instances of disconnection and a process of 'rupture and repair' is an intrinsic part of healthy relationships. What matters is that caregivers have the curiosity, optimism, and compassion to try again when they experience inevitable moments of disconnection. Put another way, babies and young children simply need caregivers to be 'good enough' (see Appendix A). Thus, the goal is not to provide a rubric that adds to expectations around parenting but to provide a resource that informs support when and where families and practitioners think it would be most beneficial.[7]

7. For example, some parents may experience feelings of ambivalence towards their babies and benefit from specialist support that provides a trusted space to acknowledge these feelings and explore barriers towards *warmth* and *positive regard*.

An example of how the Thriving Together framework can support practice: PEDAL's Golden Threads project

The Golden Threads project is using the Thriving Together framework to produce evidence-informed, simple, and low burden guidance that practitioners can share with caregivers to help them build their skills. These strategies may be especially helpful in universal contexts and can be woven through the early years system.[1]

This practice guidance brings together a suite of strategies and approaches (what we call 'Golden Threads') that support each domain of caregiving in the framework and its associated skills. To create the Golden Threads, we used a common elements approach, to identify features that are most commonly incorporated in successful and effective parenting programmes. We are now working with practitioners and families to co-produce accessible guides for the staff and volunteers who can support families to use these strategies in their caregiving.

A Golden Thread is a strategy that parents can learn or adjust to enhance their caregiving skills. For example, A Golden Thread that helps the parent to support their child's social and emotional skills includes: *'Recognising, accepting and sharing in all my feelings'*. The accompanying guide will provide tips on concrete ways that practitioners can help caregivers to watch for and notice their baby/child's cues in order to understand what their baby/child might be feeling and needing. This might include *helping the parent to keep in mind that their baby/child doesn't yet have a lot of control over big feelings, to accept negative emotions, and encouraging the parent to be patient and show understanding*. We will also identify the skills and strategies that practitioners most commonly use to do this work with high quality and in a way that lands with parents (e.g., *reassuring the parent and normalising their emotions and experiences; modelling the strategy to parents*). Guides will have a 'developmental thread' to reflect what Golden Threads might be most supportive depending on where individual children are in their babyhood, toddlerhood and early childhood (0–5 years).

The Golden Threads project is informed by a sister project within PEDAL; the Early Years Library. The Early Years library available here includes strategies and activities that practitioners working in early childhood care and education can include in their everyday practice to support key cognitive and social-emotional skills.

APPENDIX A

KEY PRINCIPLES OF THE THRIVING TOGETHER FRAMEWORK

Skills and development are intertwined

Although the framework breaks down caregiving skills into specific categories, they are fundamentally interconnected. Not only do 'supporting skills' contribute to 'caregiving skills' but the individual skills also influence each other, most likely in a bidirectional fashion. For example, encouraging the use of praise as a form of positive behaviour support requires the parent to carefully notice and respond to their child, supporting sensitive responding, and creates more warmth in caregiver-child interactions. Equally, a sensitive parent is more able to spot opportunities for praise, and more warmth in the caregiver-child relationship helps praise to land with the child in a genuine way.

Likewise, for simplicity the model refers to children's socioemotional, learning, cognition and language skills. These skills are not exhaustive areas of child development (e.g., the model does not focus on children's physical development). Further, these domains overlap and interact with each other. For example, language and communication skills support children's ability to understand others and their own emotions, and engage in social interactions with peers, which in turn can stimulate language learning (11).

It is also important to keep in mind that babies and children's development is dynamic and not linear, children move forwards, have pauses, and sometimes appear to go backwards in their developmental journeys. All of which can throw up new challenges for parents, including as the relationship changes to give babies and children space for their growing independence. Equally, parents and caregivers are on their own development journeys as they begin and develop through parenthood.

Caregiving exists in and is shaped by culture and context

At PEDAL we situate our work in the socio-ecological model of development and whole system approaches to improving children's lives and life chances (1). From this perspective, we see caregiving as occurring in and being shaped by a broad range of factors, including the child themselves, across multiple contexts – this includes temporal contexts and factors such as intergenerational trauma. Chief among these contexts is the challenges and stresses that poverty and discrimination can exert on families, undermining caregivers' wellbeing and impinging on the mental space and effort they have available for responsive parenting (9).

Relatedly, where caregivers are experiencing trauma and distress it may be harder for them to be attuned and responsive to their babies' and children's needs. Thus, although the Thriving Together framework telescopes in on key caregiving skills, it is crucial that support for parents' capabilities is relational/trauma sensitive and sits within systems that also aim to reduce pressure on families and address structural determinants of mental health and wellbeing (1).

It is also important to acknowledge that the parent-child relationship "unfolds in ways that are both culturally universal and specific" (12) and some skills in the framework are likely to be culturally bounded. There is no universally optimal parenting approach that relates to all cultures and the implications of different parenting approaches may vary depending on children's and families' cultural and socioeconomic contexts (13). The inputs to this framework are largely influenced by research and practice in the Global North and, as such, the framework may not accurately reflect caregiving in different contexts. Any application of the framework needs to be considered in culturally sensitive ways, as part of a culturally humble and curious stance towards caregiving and caregiving support.

The importance of 'good enough' parenting

Good enough parenting in this context acknowledges that 'rupture and repair' is a natural part of healthy everyday interactions between caregivers and children. There will inevitably be times when the child and/or caregiver are misunderstood, overlooked, or rejected (14). What matters then is that the caregiver can understand that these moments of disconnection or 'rupture' are to be expected, but also to try again; to maintain a sense of optimism that reconciliation and connection are possible and worth coming back to (14).

Although moments of rupture and repair are inevitable, caregiving support (in the form of information provided directly to parents or through support from a practitioner) can provide a helpful way for caregivers to navigate this. It can help the caregiver to understand how babies and young children develop and experience the world, to get to know the rhythms of interaction, as well as themselves and their little one, which all increase the chances of more attuned and rewarding interactions. Additionally, through support for the caregivers' own 'supporting skills' the caregiver can gain a sense of self-efficacy, approaches to problem-solving, and strategies to nurture their own wellbeing, in a way that is non-judgemental and is also framed as 'good enough'.

The concept of 'good enough' caregiving is also helpful as it can be used to distinguish the most necessary aspects of care that children need for healthy development. Bakermans-Kranenburg and van IJzendoorn refer to this as 'Triple S' care; caregiving that is safe, stable and shared (10) From this perspective, good enough care is characterised by the availability and stability of caregiver(s) and the absence of abuse or neglect. This provides the baby/child with safety such that they are protected from serious harm. Stability refers to the importance of consistency in children's caregiving relationships so that they can form (through repeated interactions) expectations and predictions about what caregivers will do, and how they will respond to them. Shared care refers to the importance of a small, clear, and reliable network of individuals who can provide caregiving in family-type arrangements (e.g., grandparents, aunts, uncles, neighbours).

Babies and young children are at the centre of caregiving relationships

Although the Thriving Together framework focuses on the skills and behaviours that the adult brings to the caregiving context, babies and young children are at the centre of these relationships. They bring their own unique personalities, identities, experiences and needs (e.g., related to neurodivergence, temperament, and disability) which will shape what nurturing, joyful and stimulating relationships look like for them. For example, neurodivergent children may prefer to play in unique ways, thus having the caregiving skills to be 'playful' means honouring a diversity of play interests and preferences that may look different to siblings and classmates (15). By way of another example, for some children demands can trigger high anxiety and these children may respond counter-intuitively to traditional practices that 'promote positive behaviour' such as praise (16). Thus, these strategies may need to be adapted based on deep curiosity about the individual child, their needs, and the parent's own expertise in their child (e.g., how they are soothed).

A core thread that runs across the various skills that characterises nurturing caregiving, is the caregivers' capacity to interact 'sensitively' with the baby/young child. By this we mean their ability to notice and interpret the baby/child's cues, signals and behaviour and respond in an appropriate and timely way. Doing this well goes hand in hand with seeing the baby/child as a unique individual with their own mind, preferences, and needs (noticing and interpreting), as well as an appreciation that this individuality matters (responding appropriately). In this way, sensitive caregiving is aligned with rights-based approaches to babies' and young children's participation, although one does not necessarily follow the other. Therefore, it is important that practitioners who may use the framework are supported to keep the baby in view. This includes recognising that caregivers have the potential to offer opportunities for babies and young children's participation and being on the lookout for what babies and young children are telling us so that we can centre them in our work.[8] For practitioners, this may mean support to cultivate 'trinocular vision' to keep the 'parent', 'the baby/young child', and 'the relationship' in view and having the skills to overlap the three.

8. See Scottish Government Voice of the Infant: Best Practice Guidelines and Infant Pledge. As per the pledge by 'babies and young children's participation' we mean recognition that babies and young children have things to communicate from birth and adults can notice, facilitate and share the infant's feelings, ideas and preferences which they let us know about through their gaze, body language, vocalisations, and communication. Babies and young children have the right for these perspectives to be considered by adults both in day-to-day interactions and broader matters which affect their lives.

APPENDIX B

INPUTS TO THE FRAMEWORK

To develop the framework we reviewed:

- Available international frameworks relating to caregiving skills, namely the WHO *Nurturing Care* framework (17)
- Widely agreed definitions and models of parenting
- Theories of change of a number of evidence-based parenting programmes
- Core parenting outcomes included in the Child Outcomes Research Consortium database, outcome measures highlighted in Asmussen and colleagues' 2016 (18) review of interventions to support parent child interaction in the early years, and several additional measures frequently used in evaluations of parenting interventions
- Available literature on children's perspectives of parenting and wellbeing to ensure their priorities were reflected in the framework

Appendix B.1: Parenting Models that Informed the Framework

Authors	Overview	References
Baumrind, D; Maccoby, E., E.	This work sets out a typology of parenting consisting of four styles: authoritative, authoritarian, permissive and indifferent/ uninvolved. Authoritative parenting is characterised by a parent who is not intrusive and allows the child appropriate freedom while maintaining appropriate limits where needed. Authoritative parents tend to make reasonable demands and are firm in their limit setting. They are accepting, responsive, supportive and respectful of the child's point of view, needs and autonomy and seek their child's input into decision making. They are more likely to show warmth, love and acceptance of their child. Authoritarian parenting is characterised by controlling behaviour and greater restriction over the child's autonomy, the adult is likely to impose many rules and expect obedience and compliance. They are less likely to explain to the child why limits are necessary and give fewer opportunities for the child's emotional expression. Discipline tends to be harsher and more power assertive. Permissive parenting is characterised by laxness and inconsistent approaches to discipline whilst also having high levels of warmth and affection. The parent is less likely to set limits, make reasonable demands of the child or impinge on the child's autonomy even when the child is engaging in risky behaviours. Indifferent parenting is characterised by a lack of involvement both in terms of discipline and responsiveness and warmth. Indifferent parents can appear parent centred and often dedicate low levels of time and energy to the child; this may relate to aspects of parenting such as supervision. In extreme cases this extends to the child's welfare and wellbeing and could be considered negligent.	Baumrind D. (1971) Current patterns of parental authority. Developmental Psychology. 4:1–103. doi: 10.1037/h0030372. Maccoby, E. E., & Martin, J. A. (1983). Socialization in the context of the family: Parent-child interaction. In P. H. Mussen (Series Ed.) & E. M. Hetherington (Vol. Ed.), Handbook of Child Psychology: Vol. IV. Socialization, Personality and Social Development (4th Ed., pp. 1–101). New York: Wiley. Bornstein, M. H., & Zlotnik, D. (2008). Parenting style and their effects. Encyclopedia of Infant and Early Childhood Development, 496–509.

Authors	Overview	References
Belsky, J.	Belsky's process model considers the determinants of parenting in terms of the personal psychological resources of parents themselves, characteristics of the child, and contextual sources of stress and support. The model sets out that parental functioning is affected by contextual stress and support through their effects on parental wellbeing. The parent's own characteristics influence contextual sources of support and stress, which in turn feeds back into parenting. In this way the parent's own psychological resources are important in buffering the parent child relationship from stress.	Belsky, J. (1984). The determinants of parenting: A process model. Child Development, 55(1), 83–96.
Bornstein, M.; Putnick, D., Suwalsky, J.T.D	Bornstein and colleagues empirically test and broadly find support for the 'standard model' of parenting where (certain and aligned) caregiver cognitions shape caregiver practices which in turn shape children's development and adjustment. The authors further propose that the model could be extended to include how parental cognitions are shaped by socioeconomic factors, culture, and characteristics of the child.	Bornstein, M. H., Putnick, D. L., & Suwalsky, J. T. (2018). Parenting cognitions → parenting practices → child adjustment? The standard model. Development and psychopathology, 30(2), 399–416.
Conger, R. D., Conger, K. J., & Martin, M. J.	The Family Stress Model sets out how poverty and economic pressure and stress undermines parental wellbeing and affects the quality of interparental relationships, which in turn impacts on the quality of parenting, and ultimately child outcomes.	Conger, R. D., Conger, K. J., & Martin, M. J. (2010). Socioeconomic status, family processes, and individual development. Journal of Marriage and Family, 72(3), 685–704.
Johnson, B. D., Berdahl, L. D., Horne, M., Richter, E. A., & Walters, M. G.	Johnson and colleagues' model encapsulates dimensions of effective childrearing and parenting competencies based on empirically supported beneficial parenting practices. The model sets out how parents' foundational competencies (their own cognitive ability, psychological health and self-care) influence functional competencies (behavioural guidance, cognitive development, emotional health promotion, provision of basic needs, and socialisation) in a bidirectional fashion. Both the foundational and functional competencies are shaped by, and shape, the wider context (child characteristics, parent characteristics and wellbeing, socioeconomic factors, culture, media, peers and siblings).	Johnson, B. D., Berdahl, L. D., Horne, M., Richter, E. A., & Walters, M. G. (2014). A parenting competency model. Parenting, 14(2), 92–120.
Van IJzendoorn, M. H. & Bakermans-Kranenburg, M. J	Van IJzendoorn and Bakermans-Kranenburg's Triple S model draws on attachment theory to set out the critical importance of safe, stable and shared care for healthy child development. The authors invoke the idea of 'good enough' caregiving which in this model is characterised by the availability and stability of caregiver(s), and the absence of abuse and neglect which provides the baby/child with safety such that they are protected from serious harm. Stability refers to the importance of consistency in children's caregiving relationship so that they can form (through repeated interactions) expectations and predictions about what caregivers will do, and how they will respond to them. Shared care refers to the importance of a small, clear, and reliable network of individuals who can provide caregiving in family-type arrangements (e.g., grandparents, aunts, uncles, neighbours, siblings).	Van IJzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2024). Matters of significance: Replication, translation, and academic freedom in developmental science. UCL Press.

Appendix B.2: Parenting Measures Reviewed

Name of Scale	Domains	Reference
Parenting Attitudes Questionnaire	Parental Attitudes Toward Sensitivity and Sensitive Discipline. 20 items on parental attitudes / cognitions related to sensitive parenting and limit-setting.	Van Zeijl, J., Mesman, J., Van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., Juffer, F., Stolk, M. N., Koot, H. M., & Alink, L. R. A. (2006). Attachment-based intervention for enhancing sensitive discipline in mothers of 1- to 3-year-old children at risk for externalizing behavior problems: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 74, 994–1005.
Parenting Daily Hassles Scale	Includes 20 potential daily hassles.	Crnic, K.A. & Greenberg, M.T. (1990). Minor parenting stresses with young children. *Child Development*, 61, 1628–1637.
Parenting Sense of Competence Scale	16 items relating to parenting self-esteem and two aspects of parents' self-reported competence: feelings of satisfaction and efficacy in the parenting role.	Johnston, C. and Mash, E. J. (1989). A measure of parenting satisfaction and efficacy. *Journal of Clinical Child Psychology*, 18 (2), 167–175.
Parenting Stress Index	36 items relating to levels of stress parents experience in relation to their parenting role. It includes three domains: parental distress, parental-child dysfunctional interaction and difficult child.	Abidin, R. R. (1995). Parenting Stress Index (PSI) (3rd ed.). Odessa, FL: Psychological Assessment Resources, Inc.
Alabama Parenting Questionnaire	Five dimensions of parenting: positive involvement with child; supervision and monitoring; positive discipline; discipline consistency; physical discipline.	Frick, P. J. (1991). The Alabama parenting questionnaire. Unpublished rating scale, University of Alabama.
Parenting Scale	Measures dysfunctional discipline practices including subscales relating to laxness; overactivity; verbosity.	Arnold, D. S., O'Leary, S. G., Wolff, L. S., & Acker, M. M. (1993). The Parenting Scale: A measure of dysfunctional parenting in discipline situations. Psychological Assessment, 5(2), 137–144.
Parental Cognitions and Conduct Towards the Infant Scale	28 items including subscales relating to parental self-efficacy, perceived parental impact, parental-hostile reactive behaviours; parental overprotection; parental warmth.	Boivin, M., Perusse, D., Dionne, G., Saysset, V., Zoccolillo, M., Tarabulsy, G.M., Tremblay, N., & tremblay, R.E. (2005). The genetic-environmental etiology of parents' perceptions and self-assessed behaviours toward their 5-month-old infants in a large twin and singleton sample. *Journal of Child Psychology and Psychiatry*, 46(6), 612–630.
Parenting Styles and Dimensions Questionnaire	Subscales relating to authoritative, authoritarian, and permissive parenting.	Robinson, C. C., Mandleco, B., Olsen, S. F., & Hart, C. H. (2001). The Parenting Styles and Dimensions Questionnaire (PSDQ). In B. F. Perlmutter, J. Touliatos, & G. W. Holden (Eds.), Handbook of family measurement techniques: Vol. 3. Instruments & index (pp. 319–321). Thousand Oaks: Sage.
Parental Acceptance and Rejection Questionnaire	Dimensions relating to perceived warmth/affection; hostility/ aggression; indifference/neglect and; undifferentiated rejection.	Rohner, R. P., Khaleque, A., & Cournoyer, D. E. (2005). Parental acceptance-rejection: Theory, methods, cross-cultural evidence, and implications. Ethos, 33(3), 299–334.

Name of Scale	Domains	Reference
Brief Parental Self Efficacy Questionnaire	Assesses a parent's belief in their ability to perform the parenting role successfully.	Woolgar, M., Humayun, S., Scott, S., & Dadds, M. R. (2023). I know what to do; I can do it; it will work: the Brief Parental Self Efficacy Scale (BPSES) for parenting interventions. *Child Psychiatry & Human Development*, 1–10.
Parental Stress Scale	Assesses parents' feeling about their parenting role including both positive and negative aspects of parenthood.	Berry, J. O., & Jones, W. H. (1995). The parental stress scale: Initial psychometric evidence. *Journal of Social and Personal Relationships*, 12(3), 463–472.
Child Parent Relationship Scale	Assesses parents' perceptions of their relationships with their children in terms of closeness and the level of conflict they feel in the relationship.	Pianta, R.C. (1992) Child-parent relationship scale. *Journal of Early Childhood Infant Psychology*, 1–3. https://doi:10.1002/cd.23219925702.
Tool to measure Parenting Self Efficacy	Assesses parental self-efficacy across eight domains: emotion and affection; play and enjoyment; empathy and understanding; control; discipline and boundary setting; pressures of parenting; self-acceptance; learning and knowledge.	Kendall S. and Bloomfield L. (2005) TOPSE: Developing and validating, a tool to measure Parenting Self-Efficacy, *Journal of Advanced Nursing*, 51(2), 174–181.

Appendix B.3: Children's Priorities regarding Parenting and Wellbeing

We conducted a purposive review of studies that had sought children's perspectives of parenting. As the literature is particularly scarce, we chose to include studies with a wide range of ages (rather than just 0–5-year-olds) and to include literature on both parenting and wellbeing. The table below details the studies that were considered and their key findings.

This is by no means exhaustive in regards literature on children's perspectives. There is a considerable body of literature that has explored children's perspectives of early education settings that is not included here, although many of the priorities align. Indeed, babies and children value interactions with practitioners that are attentive, demonstrate physical and emotional availability, support baby's/children's play and relationships with peers, create spaces for babies/children to be heard, provide indivdiualised support and opportunities for autonomy, and reflect a slow pedagogy that views fun and happiness as conditions for learning (19–22). For this work we focused on studies that explored children's experiences of family caregiving, wellbeing, and what brings children a sense of happiness.

We identified a number of cross-cutting priorities across studies. Specifically, children value:[9]

- Love and the provision of positive, supportive relationships with caregivers
- Opportunities for play and quality time with caregivers
- Being listened to and valued
- Opportunities for agency, autonomy, and independence
- Consistent, non-harsh approaches to limit setting and discipline
- Provision of protection, sustenance, basic care and safety

Authors	Title	Age Range	Key Findings	Relevance to Framework
Parenting				
Madge & Willmott (2007)	*Children's views and experiences of parenting*	Review of literature	The authors conclude from their review that what children most want from parents is to be loved and cared for and to be involved in family decisions. The authors argue that there is a need to involve children in the development of parenting programmes. Key areas of parenting that children value from individual papers include: Parental love; emotional and affective support (11–12-year-olds; Brannen et al., 2000) To be listened to and valued (8–12-year-olds; Borland et al 1998) To provide support, information and advice (6–9-year-old; Cullingford, 1997) That it is 'not okay' to adopt harsh and violent discipline Hendrick (1999; preschool-secondary school) Rewards for good behaviour (8- and 9-year-olds; Warren)	Endorses importance of skill areas: *expressing warmth and positive regard and autonomy support; as well as positive behaviour support*

9. It is important to note that what babies and young children may want/need from their caregiver will change according to their developmental stage and other contextual factors.

Authors	Title	Age Range	Key Findings	Relevance to Framework
Parenting (continued)				
Nixon et al (2010)	*Children's perspectives on parenting style and discipline*	N=132; 6–17-year-olds Ireland	Children's descriptions of the parenting role included providing sustenance, protection, emotional and financial support; monitoring and regulating children's behaviour; sharing activities; guiding and teaching; and facilitating children's independence and autonomy. Younger children highlighted sustenance, protection and basic care, and sharing activities as important. Children see the right to play, exercise and food as important rights within the family. Fathers' role as playmates was especially important. Children valued consistency as a key component of effective discipline. Children assigned significance to the quality of child–parent interactions in facilitating the internalisation of parental expectations Children highlighted the negative impact physical discipline could have on children and the parent-child relationship.	Endorses importance of Playful parenting; positive behaviour support; behaviour management; proactive and protective parenting; support for the child's socioemotional skill development (particularly emotion regulation) as well as support for skills for learning cognition and language and autonomy support.
Wellbeing				
OECD 2021	*Play Create and Learn*	N=4,500 5-year-olds England; Estonia	Being able to play, create and have relationships with peers amongst the most important things for children.	Endorses importance of play skills and parents' overall role in supporting mental health – especially supporting children's ability to experience close relationships with others.
Office of National Statistics (2010	*Children's views on well-being and what makes a happy life, UK: 2020*	N=48 10–15-year-olds	Feeling loved and having positive, supportive relationships with family and friends was children's top priority for a happy life Linked to this was the idea that parents and carers should protect and reassure children and should listen to them. Everyday quality time and for parents to pay attention to and "make space" for children was valued.	

Appendix B.4: Peer Reviewers

We are grateful to the following individuals who offered peer review/feedback on the framework and to the Helping Little Minds Thrive Expert Advisory Group

Reviewers

- Professor Marian Bakermans-Kranenburg, ISPA – *University Institute of Psychological, Social and Life Sciences, Portugal; Universidad San Sebastián, sede Valdivia, Chile*
- Michela Biseo, *British Psychotherapy Foundation*
- Emma Cook, *Chief Public Health Nurse Directorate, Department for Health and Social Care*
- Alex Corgier, *Home-Start UK*
- Wook Hamilton, *Parent Infant Foundation*
- Dr Pauline Lee, *Pennine Care NHS Foundation Trust*
- Professor Paul Ramchandani, *PEDAL*
- Becky Saunders, *Foundations*
- Eloise Stevens, *PEDAL*
- Sarah Tyndall, *Chief Public Health Nurse Directorate, Department for Health and Social Care*
- Professor Marinus van IJzendoorn, *Department of Psychiatry, Faculty of Medicine Nursing and Health Sciences of Monash University*
- Dr Caroline White, *Invest in Play*
- Dr Ben Yeo, *Parent Infant Foundation*

Advisory Group

- Dr Kirsten Asmussen, *Foundations*
- Dr Karen Bateson, *Oxford Parent Infant Project*
- Hilda Beauchamp, *Institute of Health Visiting*
- Dr Thomas Engell, *Regional Centre for Child and Adolescent Mental Health, Eastern and Southern Norway*
- Wendy Minhinnett, *Rollercoaster Family Support*
- Dr Courtney Zulauf-McCurdy, *Northwestern University Feinberg School of Medicine*

APPENDIX C

LEVELS OF SUPPORT FOR INFANT AND EARLY MENTAL HEALTH

This table is adapted from Blackpool's Parent-Infant and Early Years Relationship Strategy 2025–2030. It integrates the Thrive Framework and the Healthy Child Programme tiers of support.

Community	**Thriving** Statutory visits from midwifery and health visiting practitioners who are aware of the importance of caregiving and the parent-infant/parent-child relationship who can discuss well-being and mental health with all families. This can also be considered early mental health promotion.
Universal	**Getting advice** Families access advice and support from the universal workforce. The workforce may be supported through training, consultation and supervision from specialist teams such as specialised parent and infant relationship teams.
Targeted	**Getting help** Families who would benefit from brief, low-level interventions to support their caregiving and the parent-infant/parent child relationship. This includes support offered through Family Hubs or by an IAPT trained Infant and Early Years Practitioner. This may also include short-term support offered by specialised parent and infant relationship teams such as an evidence-based relationship interventions.
Specialist	**Getting more help** More intensive interventions and/or multiple interventions offered by specialist services such as specialised parent and infant relationship teams and 0–5 Child and Adolescent Mental Health Services. For women presenting with moderate to severe and/or complex mental health difficulties, Specialist Perinatal Mental Health Teams may provide interventions. These services may also provide supervision for practitioners working with families who require this level of care, e.g., practitioners based in NHS Talking Therapies. For caregivers presenting with low to moderate mental health issues, that would not meet the criteria for a formal referral to the specialist perinatal team, there may be liaison, advice and guidance and potential signposting offered via Family Hub Specialist Perinatal Mental Health Team clinics.
Risk	**Getting risk support** Families that may not be in a position to take up support from specialist services, but the professionals working with them (including social workers) are likely to benefit from consultation and support from specialist teams.

REFERENCES

1. Hogg S, Moody J. *Understanding and supporting mental health in infancy and early childhood – a toolkit to support local action in the UK*. [Internet]. UNICEF UK; 2023 [cited 2025 Oct 27]. Available from: https://www.unicef.org.uk/campaign-with-us/early-moments-matter/early-childhood-mental-health-toolkit/

2. Centre on the Developing Child, Harvard University. *Establishing a level foundation for life: Mental health begins in early childhood* [Internet]. Cambridge (MA): Harvard University; 2024 [cited 2025 Oct 27]. 32 p. Available from: https://developingchild.harvard.edu/wp-content/uploads/2024/10/Establishing-a-Level-Foundation-for-Life-Mental-Health-Begins-in-Early-Childhood.pdf

3. Bakermans-Kranenburg, M. J., & van Ijzendoorn, M. H. (2025). Attachment in pediatrics: No such thing as a child. In *APA handbook of pediatric psychology, developmental-behavioral pediatrics, and developmental science: Developmental science and developmental origins of risk and resilience in childhood and adolescence (Vol. 1)*. (pp. 205–226).

4. Cooke JE, Deneault A-A, Devereux C, Eirich R, Fearon RMP, Madigan S. Parental sensitivity and child behavioral problems: A meta-analytic review. *Child Dev.* 2022 Sep;93(5):1231–48.

5. Deneault, A.-A., Duschinsky, R., Van IJzendoorn, M. H., Roisman, G. I., Ly, A., Fearon, P. & Madigan, S. (2023). *Does child-mother attachment predict and mediate language and cognitive outcomes? A series of meta-analyses.* Developmental Review.

6. Groh, A. M., Fearon, R. M. P., IJzendoorn, M. H. van, Bakermans, M. J., & Roisman, G. I. (2017). Attachment in the early life course: Meta-analytic evidence for its role in socioemotional development. *Child Development Perspectives*, 11(1), 70–76.

7. Hamilton W, Langley T, Yeo B. *Who is holding the baby? The development of parent-infant teams in the UK* [Internet]. London: Parent-Infant Foundation; 2025 Jun [cited 2025 Oct 27]. (Report). Available from: https://parentinfantfoundation.org.uk/wp-content/uploads/2025/06/PIF-Who-is-holding-the-baby-FINALV2.pdf

8. Association for Infant Mental Health (UK). *Infant Mental Health Competency Framework*. London: AIMH UK; 2022. Available from: https://aimh.uk/wp-content/uploads/2022/11/IMHCF-PDF-Download.pdf

9. Oppenheim C, Milton C. *Changing patterns of poverty in early childhood* [Internet]. London: Nuffield Foundation; 2021 Sep 14 [cited 2025 Oct 27]. Available from: https://www.nuffieldfoundation.org/publications/changing-patterns-of-poverty-in-early-childhood

10. Van IJzendoorn, M. H., & Bakermans-Kranenburg, M. (2024). *Matters of significance: Replication, translation, and academic freedom in developmental science* (p. 259). London, UK: UCL Press.

11. Law J, Charlton J, Asmussen K. *Language as a child wellbeing indicator* [Internet]. London: Early Intervention Foundation; 2017 Sep [cited 2025 Oct 27]. 56 p. Available from: https://www.eif.org.uk/files/pdf/language-child-wellbeing-indicator.pdf

12. Bornstein MH. Parenting and child mental health: a cross-cultural perspective. *World Psychiatry*. 2013 Oct;12(3):258–65.

13. Bornstein MH, Zlotnik D. *Parenting Styles and their Effects*. In: Haith MM, Benson JB, editors. Encyclopedia of Infant and Early Childhood Development [Internet]. San Diego: Academic Press; 2008 [cited 2025 Oct 27]. p. 496–509. Available from: https://www.sciencedirect.com/science/article/pii/B9780123708779001183

14. Steele H, van IJzendoorn MH, Bakermans-Kranenburg MJ, Boyce WT, Dozier M, Fox NA, et al. *How Do Events and Relationships in Childhood Set the Stage for Peace at Personal and Social Levels?* 2014 Nov 21 [cited 2025 Oct 27]; Available from: https://direct.mit.edu/books/edited-volume/3682/chapter/122698/How-Do-Events-and-Relationships-in-Childhood-Set

15. Gibson JL, McNally SM. Play in the education and care of young autistic children. In: Nikiforidou Z, Anderson B, Robles-Melendez W, editors. *Resilience and Wellbeing in Young Children, Their Families and Communities: Exploring Diverse Contexts, Circumstances and Populations*. London: Routledge; 2024. [cited 2025 Oct 27]. p. 147–58. Available from: https://www.taylorfrancis.com/chapters/edit/10.4324/9781003345664-12/play-education-care-young-autistic-children-jenny-louise-gibson-sin%C3%A9ad-m%C3%A1ire-mcnally

16. O'Nions E, Happé F, Viding E, Gould J, Noens I. Demand avoidance is not necessarily defiance. *Lancet Child Adolesc Health*. 2018 Jul;2(7):e14.

17. World Health Organization, UNICEF, World Bank Group. *Nurturing Care Framework for Early Childhood Development: A framework for helping children survive and thrive to transform health and human potential* [Internet]. Geneva: WHO; 2018 [cited 2025 Oct 27]. Available from: https://apps.who.int/iris/bitstream/handle/10665/272603/9789241514064-eng.pdf

18. *Foundations for Life: What works to support parent-child interaction in the early years?* [Internet]. Early Intervention Foundation. 2018 [cited 2025 Oct 27]. Available from: https://www.eif.org.uk/report/foundations-for-life-what-works-to-support-parent-child-interaction-in-the-early-years

19. Rodríguez-Carrillo J, Mérida-Serrano R, González-Alfaya ME. 'A teacher's hug can make you feel better': listening to U.S. children's voices on high-quality early childhood teaching. *Eur Early Child Educ Res J*. 2020 Jul 3;28(4):504–518.

20. O'Toole L, Stokes T, Forde D, Ward C, Kelleher F, McCartney S, Doherty A, Winter F. *A consultation with babies, toddlers and young children to inform the updating of Aistear, the Early Childhood Curriculum Framework: Phase 2* [Internet]. Dublin: National Council for Curriculum and Assessment (NCCA); 2024 [cited 2025 Oct 27]. 167 p. Available from: https://ncca.ie/media/0tuhu0s1/phase2_consultation-with-babies-toddlers-and-young-children.pdf

21. Harrison LJ, Sumsion J, Bradley B, Letsch K, Salamon A. *Flourishing on the margins: a study of babies and belonging in an Australian Aboriginal community childcare centre*. In: Murray J, Gray C, editors. Perspectives from Young Children on the Margins. Abingdon: Routledge; 2019. [cited 2025 Oct 27]. p. 17–33. Available from: https://www.taylorfrancis.com/chapters/edit/10.4324/9780429428128-2/flourishing-margins-study-babies-belonging-australian-aboriginal-community-childcare-centre-linda-harrison-jennifer-sumsion-ben-bradley-karen-letsch-andi-salamon

22. O'Farrelly C, Booth A, Tatlow-Golden M, Barker B. Reconstructing readiness: Young children's priorities for their early school adjustment. *Early Child Res Q*. 2020 Jan 1;50:3–16.

www.pedalhub.net

Centre for Research on play in Education,
Development & Learning (PEDAL)
Faculty of Education
University of Cambridge
184 Hills Road
Cambridge CB2 8PQ

Email: pedal@educ.cam.ac.uk

UNIVERSITY OF CAMBRIDGE
Faculty of Education

PLAY IN EDUCATION DEVELOPMENT AND LEARNING