



PROMOTING WELL-BEING

Motivation

Motivation to learn about the world begins in infancy and can be encouraged or suppressed by the experiences that adults provide.

Follow their lead

Babies naturally look towards novel things and away from familiar objects or new ones that are too complex. Notice what they pay attention to and engage with their interests.

Elicit curiosity

When children drop something or throw it, they are trying to see what will happen next. Provide opportunities to interact with new objects and let them lead and learn.

Encourage playful exploration

Play is intrinsically motivating as it presents an opportunity for novel experiences and learning from others, requires active engagement, strengthens social bonds and reduces stress.

Prioritise social interactions

While children can learn from screens, even the best apps cannot replace real-life social interactions.

Challenge just enough

Children will work towards achievable goals but lose motivation when a task is too easy or difficult. Adapt challenges to their current capabilities and provide feedback on their performance.

Give agency

Children are more motivated when they have self-determination and are allowed to choose their own projects or affect how a task gets done.

Provide incentives only when necessary

When children are rewarded for something they enjoy, they may do it only when they know they will be compensated afterwards. Harness natural curiosity rather than promising a reward.

Praise the process, not the outcome

Praising results encourages children to shy away from challenges in fear of failure. Praise children for their effort and help them see falling short as an opportunity to learn and improve.

Adapted from guidance by the Center for the Developing Child at Harvard University, <https://developingchild.harvard.edu>

Mother care

How doulas are providing valuable support to women in Bradford. By **Meredith Jones Russell**

Doulas provide emotional and practical support during pregnancy, birth and the postnatal period.

According to Doula UK, 'While doulas are not there to change outcomes, there is growing evidence that having a birth or postnatal doula brings a number of tangible benefits, from reducing intervention rates to shortening labour and improving the condition of babies at birth.' Other benefits include an increased likelihood of successful breastfeeding and lower rates of postnatal depression.

Emily Bray, a doula in Bristol and Cornwall, says doula support, or 'mothering the mother', can be vital in today's society. 'Women have supported women having babies since the beginning of time,' she says. 'The community surrounding a woman, their "village", would come together to give hands-on help and emotional support. Today, we are living differently; often working longer hours, having children later and with more opportunity to live in different places. A result may be a loss of that "village". The doula community helps women find it again.'

There is, however, a lack of understanding of the doula role (see box) and a shortage of doula support available to disadvantaged

families. 'There should definitely be more community-based doulas or doula programmes, but there are financial and social barriers,' explains Ms Bray. 'Doulas are usually self-employed and paid directly by the client. Some people think doulas are only for a particular type of person, but doulas are really for every woman.'

One area that is providing doulas for disadvantaged families is Bradford, which has high levels of deprivation and unemployment.

AT-RISK FAMILIES

Staffed by volunteer doulas and offered free of charge to women in the city, Bradford Doula service provides support six weeks before and after birth to women who request help or are referred by their midwife, doctor, health visitor, early years staff member or other community organisation. The service provides support including:

- home visits once or twice a week
- attending appointments
- help with developing social networks, such as introducing mothers to local family hubs
- help completing a birth plan
- packing a hospital bag
- attending the birth
- assisting with breastfeeding, bonding and attachment, bathing, etc.
- providing a listening ear for a debrief of birth



The Bradford Doula service is staffed by volunteers and is free

case study: Bradford

'A mother who was new to Bradford from Iran was referred to us by a health visitor who was supporting the family's bid to seek asylum in the UK,' explains Ms Fazil.

'She didn't speak English, so initially we brought in an interpreter. We ran through safeguarding procedures to check the father could take over translation going forward, as interpreters are one of the hardest things for us to source and fund. We take on some doulas who speak other languages, but they are not allowed to interpret for health professionals as it can blur the boundaries.

'The family's journey to the

UK had been very difficult; they had seen a lot of distressing things and were emotionally and mentally in quite a difficult place. Although they had three children, the mother had never given birth in the UK, and she clearly felt very alone and anxious. The doula was able to explain the process to her and calm some of her fears.

'We also discovered the father had never been present at a birth before. At first, he questioned if it was appropriate, but our doula advised it would be fine to stay, so he witnessed the birth of his child. It was amazing that our doulas were able to make this shared experience happen for them.'

- bringing mother and baby home
- getting mother and baby out and about.

While the project is theoretically open to all women, with only between ten and 12 volunteer doulas available each quarter, priority is given to 'high-risk' families.

'Research indicates that deprivation factors and stresses within the home can have adverse effects on women's mental and physical health in pregnancy,' explains Aliya Fazil, project manager of the Bradford Doula service. 'Doulas can be a consistent face and "professional friend" in a world of uncertainty for families from more disadvantaged groups.

'We tend to take women who are isolated, new to the country, or who have had negative previous birth experiences. We have women who have smoked in pregnancy, have mental health issues, a history of sexual exploitation, abuse or trafficking, a history with social services, children previously removed or child bereavements.'

BOUNDARIES

A doula should not be a replacement for a health professional, stresses Ms Fazil. 'Some health professionals have reservations about doulas as they have experienced problems with doulas overstepping the line into giving clinical advice.'

To prevent this, the Bradford Doula service invites consultants from the Bradford Royal Infirmary to attend its free Level 3 doula

training sessions for volunteers. 'We have very clear boundaries about practical and emotional support, rather than clinical,' says Ms Fazil. 'Doulas provide information rather than give advice, and work closely with community midwives, who often carry out joint visits to better understand the role doulas can play in the process.'

BENEFITS

Since it was set up in 2012, initially funded by the Department of Health through the Goodwin Development Trust, the project has trained more than 60 volunteer doulas and helped 270 families. It now has funding guaranteed until 2020 through Bradford City Clinical Commissioning Group and Better Start Bradford, a National Lottery-funded programme.

The service has helped 84 per cent of its mothers to breastfeed, and achieved a breastfeeding rate at six weeks of 58 per cent, both of which are above Bradford averages.

'Easier labour and a positive birth experience will only benefit the baby and promote an easier transition into its first 1,001 days, where bonding and parent-infant relationships are top of the agenda,' says Ms Fazil.

Every year all the service's families and doulas past and present are invited to a reunion. Ms Fazil says, 'We see mothers returning with completely different body language; more confident and happier than ever before.' ■

→ MORE INFORMATION

- Doula UK, membership association of around 700 UK-registered doulas, <https://doula.org.uk>
- Bradford Doula service, <https://betterstartbradford.org.uk/families-get-involved/our-projects/bradforddoulas>
- Community Doula Birth Program, <https://communitydoulas.org>
- Project Mama, a Bristol charity supporting vulnerable women, <https://projectmama.org>
- Birth Companions, a charity providing support for women in prisons and the community, www.birthcompanions.org.uk



GROW YOUR OWN... ONIONS



Onions are easy to grow from baby onions, which are called sets. While you can buy seeds, sets are less prone to disease and more likely to provide good crops in poorer soils.

- Onions can be planted from February to early April, but organic matter or fertiliser should be added to the soil at least one month before planting. Add a bucket of garden compost or well-rotted manure for every square metre and add 35g of fertiliser.
- Make a hole about 2cm deep in the soil and plant the onion sets around 10cm apart in rows about 30cm apart.
- Gently push the sets into the soil so the tips are just showing. Make sure they are the right way up with the roots at the bottom, and then firm the soil around them.
- Remember to label each row of onions.
- Keep the area weed-free and watch out for birds pulling the onion sets up.
- Water if the weather is dry and give an occasional feed with a general liquid fertiliser. Stop watering and feeding when the onions swell in mid-summer.
- Wait for the leaves to die down in the summer. Onions can be harvested once the foliage has started to turn yellow and topple over.
- Lift the bulbs before the foliage has completely died down.
- Leave the lifted bulbs to dry.
- When they are fully dry, the onions are ready for storing.

Adapted from Royal Horticultural Society advice, www.rhs.org.uk