THE SPACE IN BETWEEN | BRIEF FOR PARTNERS

The science and frameworks behind The Space In Between

A universal-stream parenting programme under the Thrive Framework. Michaela Viragova, MPhil FMBPsS, founder. October 2026.

Where it sits

The Space In Between is a 32-week, guided, online parenting psychoeducation programme (not therapy) for small cohorts of 8 to 10 parents, in three phases. In the Thrive Framework it belongs to the **universal stream**: prevention and promotion for parents, with Getting Advice-style information, and no referral or diagnosis needed.

Thriving | **Getting Advice** | Getting Help | Getting More Help | Getting Risk Support

The programme is not Thrive-accredited, and neither Thrive nor the Fonagy Review endorses it. It is designed to fit their direction: prevention, early support, and a "no wrong front door".

The frameworks, and where they appear in the programme

Framework	What recent research says	Where it is in the programme
Attachment and the parent-child relationship	A 2025 systematic review of 40 studies (16 manualised programmes) found better caregiver-infant relationship outcomes in 32 (80%). The strongest evidence was for clinician-led programmes (Wittkowski et al.).	**Phase 1, Safety and Connection (weeks 1 to 10).** Warmth, responsiveness and repair. Step: Connect.
Parental mentalising	Seeing a child as a person with their own thoughts and feelings is linked with better parenting and attachment security. Evidence is mostly correlational, with small to moderate effects (Sharp and Fonagy 2008; Stuhrmann et al. 2022).	**The Observe step, in every phase.** "What might my child be feeling, and what do I notice in myself?"
Social cognition, including after preterm birth	A review of 79 studies (birth to 5 years) found reduced social attention in the first year and weaker social-cognition task scores in the preschool years, with no single preterm profile. Attention, language and family circumstances explain much of the difference (Dean et al. 2021).	**Phase 2, Play, Social Skills and Belonging (weeks 11 to 22).** Child-led play and gentle language. Differences are described as a different rhythm, never a deficit.
Parental anxiety and depression	Parent wellbeing and parenting quality go together, and parenting support has the best evidence of help for children. Findings are largely observational, and many children do well (Child Encyclopedia 2024; LaMonica et al. 2025).	**Stay and Relax steps, across the programme.** Parent regulation. Parents who need treatment are signposted to their GP or health visitor.

In short: the research supports the idea of helping parents notice their child's inner world (Observe), steady their own state (Stay, Relax) and respond warmly (Connect). It does not yet show that a group parent-education programme improves child outcomes. Outcomes are to be tested in a pilot.

Declaration of interests. The author is founder of The Space In Between, an independent programme that charges £70 per month (the waitlist is free), and works in NHS strategic roles in Kent and Medway. the-space-in-between.netlify.app

The programme at a glance

Phase 1, Safety and Connection (weeks 1 to 10) | Phase 2, Play, Social Skills and Belonging (weeks 11 to 22) | Phase 3, Self-Esteem, Identity and Resilience (weeks 23 to 32). Phase 3 builds on the relationship work above; no separate framework is reviewed in this brief. Across all phases: Observe and Stay, Relax; a weekly guided group call; check-ins at the start and end of each phase.

Grounded in the author's own research

Paper	Focus	In the programme
Viragova et al. 2024, J Affect Disord 372:512-522. doi:10.1016/j.jad.2024.12.035	479 mother-child pairs. At 18 months, over-reactive parenting modified the link between maternal depressive symptoms and toddlers' emotional regulation. The authors call for stable, supportive environments.	Stay and Relax
Preprint 2026, maternal warmth in term- and preterm-born toddlers	Warmth, maternal depressive symptoms and deprivation by birth group. Not yet peer reviewed.	Connect; preterm-aware framing
Brain Behav Immun 2025	Early-life inflammation, parenting factors and toddler neurocognitive outcomes.	Whole-child, not blame-based, view
Paediatr Child Health 2021, with O'Curry	Persistent crying in infancy as early communication.	Observe

How it fits the UK service picture

Framework	What it says	How the programme relates
NICE CG192, antenatal and postnatal mental health (2014, updated 2020)	Supports the parent's caring role; assesses the mother-baby relationship at postnatal contacts; sets treatment pathways for depression and anxiety.	Complements it: universal, early and relationship-focused. It is not treatment, and signposts to the GP, health visitor or perinatal services.
NHS perinatal mental health	Specialist community care extended from 12 to 24 months after birth; 42 Maternal Mental Health Services; specialist services are for moderate, severe or complex needs.	Offers early support for parents below specialist thresholds, working alongside rather than instead of these services.
Best Start Family Hubs (England, from April 2026)	A hub in every council area; £500m for 2026 to 2029; up to 1,000 hubs and 2,000 network sites by 2028. Kent decision 25/00109 (Feb 2026) accepted a provisional £15,354,500.	A possible universal offer to families in hubs and network sites. The programme is open to conversation with hubs, PCNs and health visiting.

Limits, and what happens next

Limits

- The strongest attachment evidence is for clinician-led programmes, not group parent education.
- Much of the parental mentalising and parental mental health research is correlational.
- No evidence yet that this programme changes outcomes.

Next steps

- Pilot cohort with start and end of phase check-ins.
- Agree outcomes with partners; share anonymised, aggregate results.
- Clear safeguarding and signposting pathway agreed before launch.
- Not a crisis or diagnostic service: urgent help via GP, NHS 111 or 999.

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