

# Early years parental social insight project

*Qualitative findings*



Prepared for:  
**Public Health Wales**

Prepared by:  
**Beaufort Research**



## Contact details

Agency contacts: Fiona McAllister, Adam Blunt, Catrin Davies

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*Qualitative findings*

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### Beaufort Research

2 Museum Place  
Cardiff  
CF10 3BG

(029) 2037 8565

[enquiries@beaufortresearch.co.uk](mailto:enquiries@beaufortresearch.co.uk)

[www.beaufortresearch.co.uk](http://www.beaufortresearch.co.uk)

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## 1. Executive summary and conclusions

### Introduction

Public Health Wales required Beaufort Research to deliver a qualitative parental insight project to explore with parents of 2-7 year olds their perceptions, needs, experiences and influences as parents of young children. The findings will support the development of a better understanding of what the 'best start in life' and 'school readiness' means to parents and help inform Public Health Wales' work on improving health and wellbeing in the early years.

The study consisted of eight focus groups and one top-up mini-group. The sample included a mix of parents across socio-economic groups ABC1 and C2DE<sup>1</sup>. 53 participants attended in total.

Fieldwork took place in April and May 2018, across four locations in Wales and included discussions convened in Welsh.

Unlike quantitative surveys, qualitative investigation is not, by its nature, designed to be statistically representative. It is intended to be illustrative and to provide in-depth understanding around a topic. Therefore, claims cannot be made about the extent to which any conclusions from qualitative content in this report may be generalised to the population.

### Key findings

#### ***Positive associations with being a parent of a 2-7 year old***

Participants highlighted three main themes in relation to the positive aspects of being a parent of a 2-7 year old. The first is the relationship with the child which covered the love and affection experienced as well as humour, doing activities with the children and having fun. A second theme was the rewards in seeing the child develop in terms of character, individuality, curiosity, independence, knowledge and skills. The final theme was appreciating seeing a happy child who in turn helped to raise parents' spirits.

#### ***Participants' concerns and needs as parents of 2-7 year olds***

Managing **children's behaviour** and how to approach **discipline** were very much a top-of-mind association across the groups. Participants appeared to be comfortable using the word 'discipline' or 'disciplining' and sometimes used them spontaneously. There were references to tantrums, 'meltdowns' and, among those with older children in this age group, the emergence of 'attitude', rudeness and answering back. Effectively disciplining a child was therefore often proving problematic for

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<sup>1</sup> Socio-economic grouping is based on the occupation of the head of the household, with each group defined as follows:

AB: Higher and intermediate managerial, administrative and professional occupations

C1: Supervisory, clerical and junior managerial, administrative and professional occupations

C2: Skilled manual workers

DE: Semi-skilled and unskilled manual workers, state pensioners, casual and lowest grade workers, unemployed with state benefits only

parents. There was sometimes uncertainty over what an appropriate approach should be. In a few cases, these issues affected relationships and left parents doubting their own abilities. Physical discipline was only referred to by participants in isolated instances.

**Safety concerns** were present across the focus groups. The type of concern varied depending on the age of the child, with the theme particularly prevalent among those with children aged 4-7. This concern divided into the sub-themes of: safety outside the home as the child wanted more independence; and online safety / gaming and how to manage / monitor use. Access to technology and screen time also emerged as a challenge for those with older children.

An upshot of many of the challenges faced, **managing life and family routines** in general were key challenges. Getting the children ready in the mornings, the stresses associated with managing behaviours, meal times, evenings and sometimes night-time routines all contributed to the sense of finding parenting hard work. Some participants reflected on how they felt like they were missing out on pausing and enjoying sufficient quality time with their children.

Several factors are grouped under the final main theme of **financial and work related concerns**, including providing for the children, finding childcare and paying for it, holding down a job and the impact of returning to work. Part-time education in particular meant that it was difficult for some employed participants to fit work around the nursery hours, adding to the stress of family life. Financial concerns were more likely to be raised among participants from socio-economic grouping C2DE.

Further, less prevalent themes included the **child's development** (e.g. toilet training, speech) and concerns related to **school** (e.g. bullying, the pressures of tests).

### ***Support and information for parents of 2-7 year olds***

**Family and friends** (often the most trusted source) were a key source of support across the groups. They were normally female family members with experience of bringing up children. Friends in similar situations were able to understand how participants were feeling.

Similarly, **online** support and information was widely used and, for some, provided reassurance and a sense of solidarity often via forums (Netmums / Mumsnet) and Google searches. As with family and friends, the ability to share experiences emerged as a beneficial source of support and helped to reduce any feelings of isolation. There was, however, some wariness among participants about the validity of the results from an online search. NHS pages were trusted. There was also reluctance for some to take the step of posting any queries online.

**Health professionals** were mentioned quite regularly, with participants tending to be more positive than negative about these experiences overall. For younger children, **health visitors** featured as a very valuable source of parenting support for some (e.g. on behaviours, habits and referrals). Less frequently raised issues centred on health visitors' availability and occasionally personality clashes.

Experiences with **therapists** (mostly to do with speech) were mainly positive although a lack of availability and unnecessary referrals had caused some anxiety on occasion. Other health professionals participants mentioned included GPs (access issues were sometimes raised), paediatricians and school nurses.

**Flying Start**, where used, was very positively received and considered a valuable source of support. Across the sample, it tended to be associated more with childcare than other services. Those who were ineligible believed the eligibility criteria were unfair. There were only occasional instances where participants stated that they were or had been eligible for Flying Start support but had not used it (e.g. it seemed too daunting or preferring family to look after the child).

There were mixed views among male participants on how supported **fathers** were generally, as parents. A number felt that they were adequately supported via the sources described above. Others, however, did not feel very well supported with the point being made that fathers were expected to be the 'strong' person to support the family. It had not occurred to some fathers to seek support or question whether or not they felt that there was support available to them.

There was awareness of **free nursery provision for 3-4 year olds** in the one location in the study where the offer was being piloted. Those who were using it were delighted with the childcare as it saved them money and, in one example, meant a change of job from night shifts to daytime work which benefited the family as a whole.

### ***School readiness***

Some participants found it difficult to describe what being 'school-ready' might look like. They had not necessarily given the subject any conscious thought, except perhaps for toilet training. On further reflection, the following themes emerged (in addition to toilet training): speech and communication skills; being used to routine; confidence around others and being able to make friends; being prepared for separation (the parent as well); and being ready to learn and listen.

Views tended to be mixed in terms of how prepared participants felt their children were for the next step in education. Those who had been involved with Flying Start or had children in other childcare tended to be quite confident that these experiences were helping to prepare children for the next stage. Also, some participants were not unduly concerned, believing children would develop at their own pace.

Areas of uncertainty about next steps in education included: the child being able to cope with the greater emphasis on reading and writing; separation anxiety; the impact of class sizes; concentration levels and managing the pressure of homework and potential anxiety with tests; being able to deal with bullying; and needing better communication skills.

### ***The best start in life***

This topic was not always an easy one for participants to define. They tended to focus on themes of **happiness, love and fun** in a caring environment. These themes also included happy parents contributing to the child's happiness with arguing kept to a minimum. Financial security was considered a further supporting factor to giving a child the best start in life. Further factors included: the child feeling safe and secure; providing a better childhood than the parent had; a good education; and knowing right from wrong.

### ***Participants' suggested improvements***

Reflecting a key theme from the project, some thought that more support could be provided on **managing behaviours and discipline**. The format used for some Flying Start courses was suggested as one way forward.

Some participants thought that it should be clearer **where to go for support** including what might be available locally and what health professionals might be able to offer. In addition, there were suggestions that support should be communicated in such a way that all parents felt they would benefit from it and would not feel judged.

Further suggestions included: continuing **parent groups** for children over the age of two or three, for example during school holidays so that parents would be able to carry on getting together to 'socialise' and to have somebody to speak to; having a **single, trustworthy source of support** and information (e.g. face to face, by phone or online); providing more proactive advice to parents covering **online safety**; giving **fathers** information and support as a default; and better **access to health professionals**.

### ***Comparisons with parents of 0-2 year olds***

Beaufort carried out a similar study with parents of 0-2 year olds in 2017 and there were a number of areas of consistency in findings. Some themes overlapped in terms of challenges and concerns including coping with the routines of a family and financial and work related issues. Behavioural challenges and discipline were starting to emerge as well.

Sources of support and information were similar overall: friends, family and online were all prevalent. However, reflecting the age of the children, there was more interaction for parents of 0-2 year olds with health professionals as regular sources of support and advice.

The best start in life for both studies involved happiness and supportive parents although with parents of 0-2 year olds there was more emphasis on physical health which was a concern from the outset of the first 1000 days.

### ***Conclusions***

Welsh Government's *Prosperity for All* strategy refers to the importance of 'confident, positive and resilient parenting' as critical for preparing children for life. The strategy's recognition that parenting can be a challenging experience is very much reflected in some of the main findings in this insight study.

Coping with managing a family successfully and everything this entails can on occasion be overwhelming. This project found that top-of-mind associations with parenting 2-7 year olds were often focused on the stress and hard work involved rather than the rewards of parenting.

A key conclusion from the study is the prevalent challenge participants were facing with managing children's behaviour (e.g. tantrums, answering back, not doing as they are told) and discipline. Even when the concept of 'positive parenting' was sometimes recognised, maintaining a positive approach in difficult circumstances was hard. The findings indicate that there is an interest in accessing support in this aspect of parenting; however, no authoritative source of support or information was identified by parents as existing currently.

Similarly, the child's safety when out and about and online for older children was a key issue for participants. Again, the findings suggest that there is currently no main trusted source of support or advice, particularly for online safety, that parents are using.

In addition, the wider context of financial and work related concerns should be borne in mind when considering the challenges parents of 2-7 year olds face. This wider context also encompasses the concept of community and safety. When thinking about the best start in life, apprehension can occur over the potential impact of bringing up children in a community that suffers from anti-social behaviour and drug use, for example.

Challenges with a child's development could be extremely important at an individual level but, as an overall theme, it did not feature as significantly as those described above.

Friends and family remain key sources of (initial) support, along with the convenience and availability of online support. As the children grew older, health professionals featured less among participants' sources they considered for help other than for specific physical conditions.

Exploring the concept of school-readiness found that participants often had not given the idea a great deal of conscious thought as their children grew. On further reflection, participants were able to suggest a range of indicators that a child was ready for school. Even so, support in this area should take into account that it did not appear to be a top-of-mind issue for participants; and may need to begin by emphasising and raising awareness of the importance of school-readiness and its impact on the child and family.

On a related point, there was no mention among participants of existing Welsh Government campaigns or initiatives on parenting (although the delivery of support via Flying Start was familiar to some and deemed very helpful). For example, *Education begins at home*, *Take time* and *Parenting. Give it time* did not arise. Given that online support was quite widely used, consideration should be given to how these, and other resources, could potentially better help to meet parents' needs.

At a community level, instances occurred where parents in the same community knew nothing about groups or courses that others had attended. This suggests more could be done to help promote organisations that provide support at a local level.

There are a number of themes from this project that were also present within the study carried out by Beaufort exploring the First 1000 days with parents of 0-2 years olds and parents-to-be, for example coping with family routines, financial and community related worries, sources of support and associations with the best start in life. In particular, a strand runs through both studies which centres on a concern about being judged by health professionals and sometimes other parents in certain situations. This theme suggests the need for any support on offer to be non-judgmental in tone and positioning if it is to be considered as a genuine alternative to the commonly used support from family and friends.

A further area of overlap, albeit to a different extent, relates to parents' mental health and well-being. In the study with parents of children aged 0-2, mental health issues were regularly raised by parents with very young children. The subject did not receive the same level of emphasis in this study with parents of 2-7 year olds but was still referred to on occasion in relation to the impact that attempting to manage children's behaviours could have on individuals' mental health and well-being.

A final point of similarity between the two projects worth raising is the perception among some fathers that they did not feel especially supported as a dad, versus what was thought to be a range of support more targeted towards mothers. However, both studies found a degree of stated reluctance among fathers to engage with support that might be aimed at them.

More broadly, the overlap between the two insight projects suggests there may be an opportunity for consistency with approaches developed to meet the needs of parents-to-be and parents with children aged 0-7.

## 2. The situation, objectives and approach

### 2.1 The situation

Population health trends in Wales highlight that more could be done to accelerate the improvement of outcomes in the early years to give every child the best start in life, and to reduce inequalities in outcomes between different groups in the population. More recently, evidence about the impact of adverse childhood experiences (ACEs)<sup>2</sup> has demonstrated that exposure to childhood trauma has lasting impacts on health outcomes across the whole life course.

Within Wales the policy and legislative landscape is encouraging a move towards more joined-up working to break intergenerational cycles of disadvantage and ensure inequalities are reduced. In addition to the obligations set out in the *Wellbeing of Future Generations (Wales) Act 2015*, Welsh Government has recently published their strategy *Prosperity for All*<sup>3</sup>, published in September 2017. This identifies the early years as one of five priorities for cross-sector collaboration.

Positive and protective influences in the early years have a positive impact on health and wellbeing outcomes across the life course. *Making a Difference*<sup>4</sup>, published by Public Health Wales (PHW), describes the substantial economic evidence for early intervention in reducing inequalities and improving outcomes.

*Prosperity for All* is Welsh Government's strategy for building a Wales that is prosperous and secure, healthy and active, ambitious and learning, and united and connected. It takes the key commitments in *Taking Wales Forward*<sup>5</sup> and sets out how these are to be delivered by 2021.

In developing the strategy, five areas have been identified as having the greatest potential contribution to long-term prosperity and wellbeing. They reflect the times in people's lives when they may be most in need of support, and when the right help can have a dramatic effect on their life course.

The early years and specifically achieving the best start in life for children from all backgrounds is one of the five areas identified for action in *Prosperity for All*. This is because while there are still significant gaps between the educational performance of different groups of children, there is substantial evidence to suggest that delivering the right support for all children, particularly those from deprived backgrounds, is the best means of breaking the poverty cycle, and raising aspiration and attainment for everyone.

The strategy sets out a vision for greater integration and collaboration between services, with an early intervention and people-centred approach. This includes a commitment 'to build on our current early years programmes and create a more joined-up, responsive system that puts the unique needs of each child at its heart'.

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<sup>2</sup> <http://www.wales.nhs.uk/sitesplus/888/page/88504>

<sup>3</sup> <http://gov.wales/docs/strategies/170919-prosperity-for-all-en.pdf>

<sup>4</sup> <http://www.wales.nhs.uk/sitesplus/888/page/87106>

<sup>5</sup> <http://gov.wales/docs/strategies/160920-taking-wales-forward-en.pdf>

The strategy mentions the importance of ‘confident, positive and resilient parenting’ as being fundamental to preparing children for life and recognises that, while parents have ‘by far the greatest influence on their children ... at times it can be an overwhelming experience’. *Prosperity for All* therefore recognises help and support needs to be available to help parents create supportive and enriching environments for their children.

## 2.2 Objectives

Public Health Wales wished to conduct an insight project among the general public to develop a deeper understanding of parental behaviour, attitudes, needs, experiences and influences between a child’s second and seventh birthday. The findings will support the development of a better understanding of what the ‘best start in life’ and ‘school readiness’ means to parents.

Specific objectives identified for this project are given below:

- Explore what parents find most challenging in their parenting role, and in meeting their aspirations;
- Understand where they turned for support in relation to their parenting role when their child was aged between two and seven years old, the reasons for these choices; and their experiences with these sources of support;
- Elicit any experiences among parents of being referred to specific support services for example when requiring speech and language support;
- Explore parents’ experiences of their children starting school including
  - Whether they felt their child was ready to start school including any challenges faced in their parenting role at this time;
  - Examples of any support or information they received at this time and what information or support they might have like to have received.

## 2.3 Project approach

A qualitative approach was deemed suitable for the study because of the focus of the objectives which required more in-depth understanding and allowing individuals the opportunity to speak in depth. Focus groups also enabled participants to discuss and compare views / experiences openly with one another in reasonably homogenous groups.

The main sample consisted of eight focus groups. Recruitment was carried out using an agreed screening questionnaire and our network of qualitative recruiters in different areas of Wales.

The overall aim of the sample design was to ensure a spread across the early years ages of 2-7; and also to capture views from younger and older parents. Some participants had children across the range of ages relevant for this study. The sample specification was broken down by children’s ages: 2-3; 3-4; 4-5; and 5-7. Two focus groups were convened for each age band.

An additional mini-group was conducted with male participants to increase the number of fathers taking part in the study. The project found that male participants were sometimes difficult to persuade to attend or did not show up on the day of the focus group.

Participants were recruited from socio-economic groups ABC1 (three focus groups) and C2DE (five focus groups). The emphasis was placed on lower socio-economic grouping C2DE to take into account how evidence suggests that delivering the right support for all children, particularly those from deprived backgrounds, is the best means of breaking the poverty cycle. The final sample achieved of 53 participants is described below:

- 36 women and 17 men;
- In terms of age, 14 people aged 16-25; 20 people aged 26-30; and 19 people aged 31-50.

The sample also included seven participants with Black and Minority Ethnic backgrounds and a participant from Eastern Europe. Two focus groups were convened in the medium of Welsh. The project locations were in Gwynedd, Denbighshire, Cardiff and Rhondda Cynon Taf (RCT) which ensured a mix of urban and more rural areas. Some participants had experience of Flying Start support.

Beaufort developed a topic guide in consultation with the client which used as its basis the objectives in section 2.2 of this report and subsequent conversations with the client. The groups were free-flowing conversations and allowed participants to identify spontaneously what was important to them before the prompting of various potential issues and sources of information. Each discussion focused on a particular age band within the 2-7 age range.

Prior to the groups, participants were encouraged to visit a private Facebook page set up by Beaufort. The aim of the page was: to gauge to what extent participants (who were comfortable using Facebook as one of the most widely used social media platforms among adults) would engage online; to allow them to easily post examples of online parenting support they might use; and prompt them to begin considering the main topics for the study. A small number of topics were posted on the page which participants could respond to.

From a positive perspective, this exercise helped participants who posted to think about the project and it gave them a good indication of the areas of interest. Broad themes emerged quite readily which were explored in more detail in the focus groups. We found, however, that participants often required reminders to log on and post and that some did not post. Also, when follow-up posts were added, they tended not to elicit further response. A small number of verbatim comments from the Facebook page are included in the report.

The fieldwork took place in April and May 2018. The groups lasted approximately one and a half hours.

Unlike quantitative surveys, qualitative investigation is not, by its nature, designed to be statistically representative. It is intended to be illustrative and to provide in-depth understanding around a topic. Therefore, claims cannot be made about the extent to which any conclusions from qualitative content in this report may be generalised to the population.

Anonymous verbatim comments made by participants during the groups have been included in italics throughout this report. These comments should not be interpreted as defining the views of all. Instead they give insight into individual views on the themes identified. Comments are provided bilingually where the conversations were in the medium of Welsh. Each comment has an attribution which indicates gender, age band and location. 'F' and 'M' are used to denote a 'female' or 'male' speaker respectively. Attributions in the report are occasionally withheld to protect anonymity. Some parents recruited for specific age groups also had children who fitted into other age groups of interest and therefore sometimes commented on experiences with these children as well.

### 3. Positive associations with being a parent of a 2-7 year old

Participants were encouraged to speak spontaneously about their perceptions of being a parent of 2-7 year old to establish what factors, both positive and less positive, are important to them. This approach would help to provide a more rounded picture in which to place the challenges and concerns they raised.

Before discussing in this report the positive associations with being a parent of young children, it is worth pointing out that immediate spontaneous associations tended to centre on the challenges parents can face. Examples included managing the family, its routines and the impact on the parents ('hectic', 'tiring', 'stressful', 'demanding', 'chaotic', 'never-ending', 'worrying' and 'hard work').

Parents of children aged 5-7 were slightly more likely to include among these associations more positive words and phrases such as 'rewarding', 'entertaining', 'fun' and 'amazing'.

When considering what the good things were about being a parent of a 2-7 year old, a number of themes emerged across the age groups, each of which is discussed below.

#### ***The relationship with the child***

Participants often highlighted the strength of the bond they had with their children and the 'unconditional' love and affection they felt and received. As the children grew older within this age group, participants – and in particular fathers – loved how they were able to interact more with the child in various activities and have fun. A sense of 'friendship' could develop at the older end of this age group as well, enjoying each other's company. It also gave parents the enjoyable 'excuse to bring out your inner child' and permission to be 'silly' with their children, for example when in the playground at the park.

*F: The innocence and the love that you get [is one of the best things]. M: Yeah, it's not often you see enough of that is it? (Child aged 3-4, 16-25, C2DE, RCT)*

*I find you can do all the stuff you wouldn't generally do because it looks bad, because the kids are doing it. . . . Like go and play football in the field in the middle of the day or jump around in a park like a lunatic and just being a kid again with your child. (M, child aged 3-4, 26-50, C2DE, Cardiff)*

*Mae perthynas chdi hefo nhw yn newid dwi'n meddwl, dwi mwy fel ffrind rwan, dwi yn ffrindiau hefo nhw, gwneud pethau hefo nhw a mynd allan am fwyd a stwff, mae o fwy relaxed. (Your relationship changes with them I think, I'm more like a friend now, I'm friends with them, doing stuff with them and going out for food and stuff, it's more relaxed.) (F, child aged 4-5, 16-25, C2DE, Gwynedd)*

In the older age groups, there were occasions where participants appreciated how trips out with the children became more straightforward and rewarding and less

equipment for the children was needed. Walks, bike rides and picnics could be less complicated.

There were also references to enjoying moments of unintended humorous comments or actions from the children (e.g. getting the words of a song wrong).

*Os mae 'na gan ar y radio neu ar y teledu ac maen nhw yn copïo'r gan a gwneud geiriau i fyny. Pethau bach fel 'na [dwi'n mwynhau]. Pethau maen nhw yn hanner i ddysgu ac wedyn yn copïo. (If there is a song on the radio or on the TV and then they copy that song and make words up. It's just little things like that [I enjoy]. Things they half learn and then copy.) (M, child aged 2-3, 26-50, ABC1, Gwynedd)*

On the horizon, however, was the expectation that such moments with the children would be less frequent as they became more independent and as the children became more interested in technology. Cherishing those 'precious moments' was therefore key, according to some participants.

### **Seeing the child develop**

Participants frequently remarked how they found it incredibly rewarding to see their children develop in terms of their character, individuality, curiosity, independence and knowledge. They also liked to see the children's general skills emerge such as talking, having a conversation, drawing a picture or building an entirely new Lego creation. It was a source of wonder for some to see these developments: 'they always surprise you'. Simply watching their children was a delight for some.

*It is great to see [the child] get so happy over realising that that switch turns those lights on. (F, child aged 2-3, 16-25, C2DE, Denbighshire)*

*Pan dwi wedi rhoi'r twins yn gwely, mae partner fi a fi yn troi'r teledu i lawr a gwrando arnyn nhw yn jabran hefo'i gilydd yn llofft... maen lyfli gwrando arnyn nhw. (When I've put the twins to bed my partner and I will turn the TV down and listen to them chatting away to each other in their room. . . . It's lovely listening to them.) (F, child aged 2-3, 26-50, ABC1, Gwynedd)*

*I think probably like everybody's said, just seeing them grow and develop little personalities [is one of the best things]. (F, child aged 5-7, 26-50, ABC1, Cardiff)*

*I love their spectacular imagination and watch and listen to how they make sense of the world around them. Seeing how they get on making friends and socialising. It's all the little yet big things like first tooth, first steps, first word, first day of school, first school concert, riding a bike etc. (F, child aged 4-5, 16-25, C2DE, Gwynedd, Facebook post)*

### ***Seeing a happy child***

In some cases, participants talked about the pleasure they got from their child's happiness which in turn could lift the parent's spirits. Sharing happy occasions like birthdays and Christmas became even more memorable and special as the children grew older.

*Bright, they always make your day brighter don't they? (F, child aged 3-4, 16-25, C2DE, RCT)*

*My best things about being a father is coming home from work to my bright amazing daughter being so bubbly with no worries in the world and how she always remembers the amazing times we have together. (M, child aged 3-4, 16-25, C2DE, Cardiff, Facebook post)*

## 4. Participants' concerns and needs as parents of 2-7 year olds

This section of the report adopts a thematic approach to exploring the challenges, concerns and needs revealed by participants with children aged 2-7. Differences between age groups are highlighted as appropriate.

A thematic approach reflects the reality for some parents who have more than one child and are therefore experiencing different challenges depending on the children's ages.

There are a range of challenges across the 2-7 year old age band, often individual to each participant. However, four broad and prevalent themes emerged, sometimes with variation in emphasis within the age bands:

- Managing children's behaviour and how to approach discipline;
- Safety concerns;
- Managing life and family routines;
- Financial / employment related concerns.

For parents with older children, concerns which related to school and education also emerged.

Several further themes came to light which were less prevalent overall and fit under the umbrella of concerns related to the child's development (e.g. speech, hearing and learning development; toilet training / bedwetting; and social skills). The report will also draw attention to concerns that might only have been a worry for a small number of parents, but were still a significant issue for them. The themes are now discussed below.

### 4.1 Managing children's behaviour and how to approach discipline

Very much a top-of-mind association across the groups, behaviour related issues included a range of scenarios. Among participants with younger children, there were references to dealing with tantrums, 'meltdowns', children crying until they were sick and children potentially causing themselves or others harm during a tantrum (e.g. head-butting a wall or a child trying to hit the parent). These situations resulted in embarrassment if they were experienced while out and about with the child. One parent of a 4-5 year old was beginning to wonder whether her daughter was developing into a slightly unpleasant character. Another participant had noticed his child (4-5) had picked up a couple of swear words which he could only assume was via 'YouTube, the PlayStation, school or play'.

*The last six months it's almost like a switch has flicked inside her head [aged four], . . . she'll punch me and stuff. (M, child aged 3-4, 26-50, C2DE, Cardiff)*

*Ella mod i yn gor-feddwl hyn ia, ond weithio dwi yn poeni bod hi ddim yn hogan fach neis iawn. Mae hi ar y step neu yn ei gwely yn amlach rŵan. (Maybe I'm overthinking this, but I sometimes worry maybe she's not a nice*

*girl. She's on the step or in her bed more often now.) (F, child aged 4-5, 16-25, C2DE, Gwynedd)*

Some parents of younger children referred to how they felt that their children had too much energy that was difficult to handle. Highlighting the issue, a participant referred to family members who were convinced that the child suffered from ADHD. A health visitor subsequently informed her that this was not the case and that, instead, the child needed 'more stimulation' such as time spent reading.

Among parents of older children within this age group, challenging behaviour included children developing 'attitude' and answering back. A number of participants commented how their children did not seem to listen to them when they were telling the child something important. These occurrences were exasperating, frustrating and sometimes made it difficult to achieve the appropriate balance between being a parent and being a friend – knowing where that boundary lay. Across the 2-7 age group, parents were noting how children were starting to test boundaries as their desire for independence increased. Situations with older children could develop into arguments.

*Maen nhw yn ffeindio attitude o rywle! (They find an attitude from somewhere!) (M, child aged 4-5, 16-25, C2DE, Gwynedd)*

*Not listening, that drives me insane. I don't care about him being silly, but him not listening, 'if I tell you to stop, you need to stop', but he doesn't acknowledge it, he's just so excited he's everywhere. (F, child aged 4-5, 26-50, ABC1, Denbighshire)*

*Maen nhw yn dod i oed lle maen nhw yn pwsio boundaries mwy a mwy i weld be fedra nhw gael get away hefo. (They are coming to an age where they are pushing boundaries more and more to see what they can get away with.) (M, child aged 2-3, 26-50, ABC1, Gwynedd)*

For one parent, the problem was more challenging as it was difficult to know how to talk about behavioural issues with her five year old who had 'additional needs'.

*Mae tantrums yn rhywbeth dwi yn ffeindio yn anodd. Mae five year old fi hefo anghenion arbennig felly mae o yn ffeindio fo yn anodd deall pam fod o ddim yn cael rhywbeth neu wneud rhywbeth ac mae'n gallu bod yn anodd ffeindio ffordd age appropriate i egluro fo iddo fo. (Temper tantrums is something I find difficult. My five year old has additional needs and has a hard time understanding why he's not allowed to have, do something and it can be very difficult sometimes to find an age appropriate way to explain it to him.) (F, child aged 4-5, 16-25, C2DE, Gwynedd, Facebook post)*

The influence of other children, for example copying negative behaviours, was thought by some to begin occurring among 2-3 year olds. The result for some parents was a sense of 'frustration' and occasionally 'anger' even though they acknowledged that the children were still learning to deal with their emotions at this age. The child's lack of understanding of consequences added to this challenge, according to some.

*Bad habits, when the kids don't listen to their parents. They'll say, 'Oh, so-and-so doesn't listen to their mother or father'. (M, child aged 5-7, 26-50, ABC1, Cardiff)*

As a consequence, effectively **disciplining** a child was often proving problematic for parents, with the more usual tactics not working. Participants appeared to be comfortable using the word 'discipline' or 'disciplining' and sometimes used it spontaneously (e.g. 'I struggle with disciplining [name]' or 'At the moment, the discipline [is a key challenge]'). However, they tended to refer to the children's behaviour and how to deal with it, rather than specifically using these terms. Other phrases used included 'telling them off', 'setting boundaries', 'putting your foot down' and how 'strict' to be with children.

Examples of such tactics to deal with discipline varied as participants attempted to manage this behaviour. Some approaches like reward charts, stickers and rewards in the form of toys or extra screen time worked but could also be difficult to sustain.

*If she makes her bed, gets washed without fuss, there's like five minutes [screen time] for each thing, so then she gets twenty minutes on the iPad. (F, child aged 5-7, 26-50, ABC1, Cardiff)*

Other methods tried included: a naughty step; sending them to their room; shouting at them; confiscating a favourite toy; a 'punishment list' that the child chose from when they were naughty; threatening to tell the headteacher; threatening to take the child to 'naughty child school' which was a local mental health hospital; and threats of calling the police to take them away. In a final example where the child would not brush his teeth, the parent had invented a character with no teeth. This, together with a threat made once of having to live with this character (about which the parent later felt 'awful'), meant that the child now always brushed his teeth. Using 'empty threats' was also an easy habit to slip into, according to some, especially when other tactics had not worked.

*My son is really naughty at times, I have to deal with it, it is really hard. I put him on the naughty step, doesn't work, send him to his room, doesn't work. So, I've got to ignore him, he has a tantrum and then I walk out of the room and he follows me. (F, child aged 3-4, 16-25, C2DE, Cardiff)*

*You're always shouting or telling them off, or you're trying to put boundaries, and you try to get discipline, they don't listen, they just wander off. (M, child aged 3-4, 26-50, C2DE, Cardiff)*

Such instances involving the child's behaviour and disciplining them could therefore leave participants feeling guilty about the way in which they had dealt with the situation and uncertain what the most appropriate approach should be.

*Ydw i yn neud o yn iawn? Ydw i i fod i weiddi? Anodd peidio weithiau. (Are you doing it right? Am I meant to shout? It's hard not to sometimes). (F, child aged 2-3, 26-50, ABC1, Gwynedd)*

*[You want to] nip it in the bud, but how? It is easier said than done. (M, child aged 3-4, 16-25, C2DE, RCT)*

*Ydw i yn rhoi row iddi ormod neu ydw i ddim yn rhoi row iddi ddigon? Maen anodd cael y balans weithiau. Ti ddim yn gwybod lle ti wedi mynd yn wrong. (Am I telling her off too much or am I not telling her off enough? It's hard to have the balance sometimes. You don't know where you've gone wrong.) (F, child aged 4-5, 16-25, C2DE, Gwynedd)*

Some had tried a calmer response, avoiding losing their temper and talking to the child about why the behaviour was wrong, with mixed results. A male participant, for example, had noticed how his partner was on the receiving end of the 'attitude' from the child more than he was. His approach was to try to talk calmly to the child after an argument to discuss why the child should not behave in that way.

*F: Dwi ddim yn ffraeo hefo hi gymaint, dwi yn ista hi lawr a deud 'Di mam ddim yn hapus hefo be ti newydd neud' ac mae hynna i weld yn taro adra mwy. F: Dwi yn gofyn yn neis wedyn deud na, ac wedyn dwi yn gwylltio ac yn y diwedd dwi yn neud o drostyn nhw achos maen haws. (F: I won't argue with her so much I sit her down and I say 'mam isn't happy with what you've just done' and that seems to hit home more then. . . . F: I'll ask nicely, then they say no, and then I'll start getting angry and in the end I'll just do it for them because it's easier.) (F, child aged 4-5, 16-25, C2DE, Gwynedd)*

Parents with children over seven years old on occasion remarked that the children had grown out of these 'phases', or expected them to do so in due course based on experience. Even so, it was still difficult for some participants to know whether or not they were doing the right thing with discipline.

Participants with younger children sometimes commented that it was easier to give in when a child was having a tantrum. To illustrate the point, a participant recalled how her daughter was having a tantrum about wanting a snack, while the parent was busy changing a sibling's nappy. The parent admitted that she gave in and allowed the child to have some sweets so that she could then focus on getting the nappy changed. There was agreement among other participants with 2-3 year olds that children at this age would pester them for sugary snacks until the parent gave in to 'keep them quiet'.

*I just say 'yes' when he's yelling. (F, child aged 2-3, 16-25, C2DE, Denbighshire)*

*My youngest with chocolate, all day every day, just chocolate, chocolate, chocolate and eventually you're just like 'have a chocolate and go away'. (M, child aged 3-4, 16-25, C2DE, RCT)*

Issues with behaviour sometimes had a knock-on effect for the parents' relationship: one parent would say 'no' to a situation but then be contradicted by the other parent; or with parents having a difference of opinion on how to discipline the child, resulting in 'tension'. A father recounted how, if he told his daughter off, she would then go and see her mother to try to play the parents off against each other, which was hard

to handle. The stress of the circumstances was then exacerbated with, on occasion, parents arguing about how best to deal with the child's behaviour.

From a father's perspective, a couple of participants commented how they spent only a small amount of time with the child during the week whereas the mother was with them for much longer. If the mother had been dealing with a behavioural issue or was stressed with chores, the father would take on the role of the 'good guy' for the limited time he had with the child in the evening. Female participants on occasion recognised this scenario as well and how they could be cast as the disciplinarian.

Developing this point, a number of mothers complained about the impact of different approaches to parenting between them and the child's father. It tended to result in the mother being seen as the one giving out orders while the father was the one relaxing the boundaries and having fun – 'we're the enemy'. A couple of fathers admitted that the disciplining was something they left to the mothers, stating that they were better at managing the situations. These behaviour related incidents sometimes had a negative impact on the parents' relationship, on younger siblings and on parents' mental health and wellbeing. Reflecting on 'emotionally draining' flare-ups left some participants questioning their abilities as parents.

*Dwi yn drist weithiau hefyd achos ti yn meddwl lle ydw i wedi mynd yn wrong? Ti yn amau dy hun fel rhiant. Weithiau dwi yn meddwl pam wyt ti wedi troi allan fel yma? Pam mae o yn bod fel yna? (I'm sad sometimes as well because you think where have I gone wrong? You doubt yourself as a parent. Sometimes I think why have you turned out like this? Why is he being like that? [Others agree.]) (F, child aged 4-5, 16-25, C2DE, Gwynedd)*

*I get really upset sometimes, if I've had a bad day with him and I've told him off, and we've gone to bed on bad terms. Many times I've cried and I've said to my partner, 'am I doing something wrong?', and you start to question everything, like have I done something to make him like this, have we over spoiled him? (F, child aged 4-5, 26-50, ABC1, Denbighshire)*

Participants occasionally commented on physical discipline. Views were mixed in one group with some participants entirely against physical discipline. A different perspective was taken by a number of other participants that it would be appropriate to do if the child was putting herself in danger. In one case, a parent indicated that children were less well behaved now that smacking was thought to be frowned upon. He revealed how his son would laugh at him if he tried to be stern with him.

*F: I think that's why our kids push it a bit now, because you can't smack them, can you? F: If it's something dangerous, yes you can. . . . I rather he had a smack than than get squished [by a car]. (Child aged 2-3, 16-25, C2DE, Denbighshire)*

*They know now you won't hit them and stuff, and we didn't know that, we thought we were going to get clubbed. . . . If we were really bad, we used to get a slap. (M, child aged 3-4, 26-50, C2DE, Cardiff)*

A mother who was struggling with a child's behaviour acknowledged that she did consider a 'tap on the hand or bottom' but would have felt too guilty taking this approach. She was unsure what to do next or where to turn for support other than speaking with a few friends.

*You can give them a tap on the hand, or a tap on the bottom, but then you feel bad then, because you hear all this stuff 'you're a bad person if you do that'. It's knowing where to go really. (F, child aged 3-4, 16-25, C2DE, RCT)*

In a final observation on physical discipline, a male participant felt as parents they should be stricter with the child and disciplining them but his partner, who preferred talking issues through, always won the argument. His two older children, when they were younger, were believed to be much better behaved than the five to seven year old because they had occasionally had a 'slap on the legs' if they were 'really cheeky'. A couple of other parents concurred, believing the Welsh Government, with proposed legislation to remove the defence of reasonable punishment, was attempting to 'criminalise' parents for disciplining their children; and then subsequently having to spend large amounts on dealing with children with behavioural issues.

*M: Me and my wife have got completely different opinions on disciplining a child. I always lose. She is all for talking you know? But at some point, you have got to, right, enough is enough. F: I have always said, though, having a smack on the arse is completely different from a beating. (Child aged 5-7, 26-50, RCT)*

Other behavioural related issues encountered where parents sometimes struggled included:

- Encouraging children to **eat a healthier and wider range of foods**; and not trying new food even though the children would eat it at school. In addition, appropriate portion size was an area of uncertainty for a couple of participants. On a related note, a parent was finding it difficult to encourage her child to eat anything. He often had an 'excuse' of a stomach ache or headache or not liking the food. The parent did not know why this was happening and had not considered asking anyone for help. In a final case, a participant recounted the difficulties she faced with her child and eating: sometimes he would eat but then 'starve himself' the next day. It was proving to be a 'nightmare' for the parent;

*I don't even know as a four- or five-year-old how much they should be eating, how big a portion? (F, child aged 4-5, 26-50, ABC1, Denbighshire)*

*F: I've tried blending [vegetables] and then those vegetable fish fingers but he sees them, he won't. F: I've got to pick it out of his Pot Noodle and stuff. (F, child aged 3-4, 16-25, C2DE, Cardiff)*

- Managing **sibling interactions** and emotions like jealousy. One parent recalled how the new-born baby had 'brought' a present for the sibling which the participant thought had helped with the relationship. (An expectant parent in the group appreciated having this advice.) Another, however, had struggled with her older child craving attention with the arrival of a new-born baby. Giving both

children what in the parent's eyes was enough attention was challenging. There was a degree of sadness that the relationship with the older child did not feel as close as it once was, because of the new baby;

- Attempting to get a child into **bed in the evenings**, or encouraging them to **sleep through the night**, was a 'struggle' for some participants of younger children. A mother of a 4-5 year old described how she ended up being too lenient because she herself was so tired, allowing the child to sleep in the parent's bed virtually every night. In one case, a parent revealed how their 3-4 year old child was 'up and down like a hundred times a night'. This in turn made the parent tired and exhausted to the extent that 'I don't know what it feels like to not be tired'. It was a situation to 'just battle through'. Another participant had received advice to let the child cry but his partner would not allow it;
- Struggling to **break a child's habit** with wanting a bottle at night, with using a dummy or requiring a parent to lie down with them until the child fell asleep;
- Resisting **pester-power**, for example for sweets and chocolate when shopping, was a challenge acknowledged by some parents. In other cases with older children, pester-power related to gadgets and devices in order to be able to fit into social groups and play the games they believed their peers were playing.

*I'm only just started seeing with my six-year-old now when they start saying about games and stuff. He's only just now starting to realise they've got Xboxes and we haven't. (M, child aged 3-4, 26-50, C2DE, Cardiff)*

## 4.2 Concerns relating to safety

Safety concerns were present across the focus groups. The type of concern varied depending on the age of the child and the theme was particularly prevalent among those with children aged 4-7.

### **Safety outside the home**

There was a general concern about children's safety when they were outside the home: playing / letting them out of their sight, road safety, entrusting the child to other adults' care and losing a child. As an example, a couple of parents had momentarily lost a child (e.g. when shopping) with one participant severely shaken when 'I lost one of the girls on the pier in Llandudno. I was so traumatised. We went straight home'.

*I am actually frightened to death of anyone actually taking them [others agree]. . . . I have had nightmares about that. (F, child aged 3-4, 16-25, C2DE, RCT)*

*I have a real hard time getting my four year old to listen to me especially when out and about for his own safety. (F, child aged 3-4, 16-25, C2DE, RCT, Facebook post)*

For parents with 4-7 year olds, safety was more likely to be a top-of-mind concern. Some parents were finding that their children wanted more independence at this age. A participant commented that because she lived close to the park, her daughter was keen to go out and play there on her own. The mother did allow this from time to

time but was uneasy about it. She also could not rely on an older brother to keep an eye on his sister. Contributing to this theme, some parents were worried about their children's safety and fast traffic outside the house. There was a degree of uncertainty voiced by one or two participants over the age at which they should allow their children more independence. A few participants admitted that there was no real rational reason for their worry and that it was something that they were 'battling with'.

*My six-year-old, he is starting to ask if he can go out and play, and he's got bikes, and he's got scooters and stuff, but now he's at an age when I'm worried – is that still too young? I can't keep an eye on you, or who you'll be hanging around with. (F, child aged 5-7, 26-50, ABC1, Cardiff)*

There were also fears over what the consequences might be of the children socialising with older children when out playing e.g. picking up swear words and bad language or seeing older children smoking cannabis.

### **Online safety and gaming**

Managing access to the internet was raised as a key concern among parents of 4-7 year olds. The children were thought to be very 'switched on' with using technology and managing what they viewed online was sometimes considered difficult. Some participants gave the impression that they themselves were not very aware of or familiar with how to use parental controls or set safe options on devices. For a small number of participants with younger children, online safety was also beginning to emerge as a concern as children quickly learned how to operate phones and tablets.

*Dwi yn poeni lot ar y funud am bethau fel, maen nhw rili licio PlayStation, iPads, YouTube a pethau fel 'na. Online safety mwy na ddim byd dwi yn poeni am dan. (I'm very worried at the moment about things like, they are into PlayStations, iPads, YouTube and things like that. Online safety more than anything is what I'm worried about.) (F, child aged 4-5, 16-25, C2DE, Gwynedd)*

*It's not going to be long before they know more than us [with technology] and when we put on like security stuff, they turn them back off. (M, child aged 3-4, 26-50, C2DE, Cardiff)*

*There have been a few times where I've walked in and heard things that my daughter's watching on YouTube, and it's shocking. (F, child aged 5-7, 26-50, ABC1, Cardiff)*

A number of examples were given to illustrate the point:

- A parent explained how the children aged six and four would access YouTube to watch videos on topics like how to make slime. However, she was always concerned that they could 'click on something else';
- When round at a friend's house a participant became aware that her daughter, with her friend, were watching a caesarean section on YouTube;

- A parent recounted how her child had become frightened watching certain children's videos on YouTube. So she had steered him towards the Xbox instead. The Xbox also afforded the parent precious time at home to complete chores. However the child was now 'obsessed' with the device and wanted to play it constantly. This led to arguments with the child.

*He was watching things that were quite frightening for him, even though they were child friendly, so I said well we'll stop, we'll delete YouTube so he didn't want the iPad then, so we said right we've got Lego games here, we've got the Xbox, so we let him play on the Xbox and now he's obsessed with it, so it's gone from one thing to the other. (F, child aged 4-5, 26-50, ABC1, Denbighshire)*

There were also a small number of instances raised where participants had been concerned over the content of console games children had played:

- In one case, a parent had been called into school and given a warning because the child and friends had been pretending to shoot other children at school. It transpired that the child had played an older brother's console war game. Social services also reportedly visited the participant's home as a result;
- Another parent had faced a similar issue with her ex-partner (the child's father), buying the child a console game rated 18. The mother had no idea about it but was warned about its content by a friend she was chatting to after the child mentioned it to the friend;
- A parent had overheard her son switch from talking online in Welsh (his everyday language) to talking in English to people while playing Fortnite. The parent became worried about who the child was talking to and so had banned the game from the home.

### **Access to technology and screen time**

Sometimes linking in with online safety were concerns about children accessing technology and the amount of screen time they had. There were references to children being 'stuck on the iPad', 'constantly watching' TV and becoming 'addicted' to screens: 'my girl was evil when she was on [devices]. So I stopped them', one parent revealed. Screen time limits were in place according to some participants, for example giving the child an hour's access. Another tactic was to give the children the device when it was low on battery so that it would run out after a short time.

Parents voiced concern over what the impact might be on their children of regular screen time but still appeared to find it difficult to manage. The children would 'sneak' back onto devices, for example. Those with other children in the house on occasion felt that it was even harder to manage, with older siblings having more access to devices and technology. A couple of parents did admit that they were regularly on their phone when at home which probably did not set a great example.

*I limited it to an hour, after they come home from school. So, they can just wind down. (F, child aged 3-4, 16-25, C2DE, RCT)*

*If they're concentrating on games all the time, then when they're listening to someone speaking or teaching them in class, even when I try and speak, I*

*just get ignored. . . . Sort of half past six, seven o'clock, but it doesn't ever happen. I try to stop it at that time, but it goes on until about nine o'clock. (M, child aged 5-7, 26-50, ABC1, Cardiff)*

Limiting screen time could end in arguments which some parents acknowledged they preferred to avoid. When not on an iPad or Xbox, for example, the children would pester them to be allowed to use the parents' phone to play games or look at pictures and family videos.

*Hefo technoleg, y peth cyntaf mae hi isio neud ar ôl iddi gyrraedd adra ydy gwyllo television, dim byd arall. So mae hi yn constantly gwyllo Netflix a pethau fel 'na. Wedyn mae hi yn mynd i gwely, deffro, mynd i'r ysgol a gwneud o i gyd eto... Os dwi yn gwyllo TV mae hi isio ffon fi wedyn fel bod hi yn gallu gwyllo f oar hwnna. (With technology, when she gets home the first thing she wants to do is watch television, nothing else. So she's constantly watching Netflix and stuff like that. Then she goes to bed wakes up, goes to school and does it all again. . . . If I want the TV she'll want my phone then so she can watch it on that.) (M, child aged 4-5, 16-25, C2DE, Gwynedd)*

Managing screen time could become even more difficult for some parents when the children were visiting family's and friends' houses. For one participant this meant 'nanny' letting the child (aged 4-5) use the Xbox at her house which prompted tantrums about using the one at home.

### **4.3 Managing life and family routines**

For many participants, a key challenge highlighted was fulfilling the routines of family life as a parent of a 2-7 year old. This issue was reflected in the top-of-mind word associations with parenting for this age group (see section 3, above). They talked about getting the children up and ready in the mornings, the stresses associated with managing behaviours, meal times, evening and sometimes night-time routines, all of which contributed to the sense of finding parenting hard work. The children, for example, wanting to get involved with household tasks became 'a hassle': 'every task is half an hour longer than it should be - brushing the floor, they want to do it, . . . or they want to mix the eggs, or they want to Hoover'.

*It's like coming from your main day job, and coming back, it's like another job at home as well. . . . I work in a restaurant, so I have to wake up at quarter to six in the morning; come home at half past six in the evening. (M, child aged 5-7, 26-50, ABC1, Cardiff)*

Considering this issue prompted some participants to reflect on how they were missing out on pausing and enjoying sufficient quality time with their children, particularly if a single parent. The lack of time participants could set aside for themselves and, where relevant, their partner was also noted on occasion. Furthermore, ensuring each child had equal, quality time with the parents was a significant challenge for some.

*Ti yn sylweddoli bod bywyd mor fast hefo gwaith a pethau a ti yn ista yn ôl a meddwl ddylia fi enjoio hyn fwy. Dwi yn teimlo mod i yn brysio, cmon i bath,*

*cmon i gwely. Wedyn ti yn ista yn ôl a meddwl mi wnaeth yna bethau neis ddigwydd heddiw a nes i frysio drwyddo fo. (You realise that life is so fast with work and stuff and you sit back and think I should enjoy this more. I feel like I'm rushing things, come on bath, come on bed. And you sit back and think a nice thing happened today and I rushed through it.) (F, child aged 2-3, 26-50, ABC1, Gwynedd)*

*Because I work and am a single mum as well, it's always finishing work, having to do the school run straight away, then come home, cook tea, walk the dog, clean – just that, every single day is stressful. (F, child aged 5-7, 26-50, ABC1, Cardiff)*

#### **4.4 Financial / employment related concerns**

Several factors are grouped under the broad themes of financial and work related concerns, including: providing for the children, finding childcare and paying for it, holding down a job and the impact of returning to work. Financial concerns were more likely to be raised among participants from socio-economic grouping C2DE.

A general, ongoing worry existed among participants regarding managing on a limited income and being able to provide for the children. There was reference to the cost of school uniforms, school dinners, sponsorship forms, and having to buy outfits or items to do with occasions that the nursery or school was marking. In addition, some parents did not want their children to 'feel left out' if they were not wearing the same kit as other children. Participants sometimes felt guilty that they were unable to provide for their children in the way that more affluent parents could. 'Christmas on Facebook', therefore, was a time that a few participants dreaded.

*£2.40 a day [per school dinner], for me that works out at a fiver a day. Then I've got my oldest boy, so if he's on dinners then that's £7.50 a day. With one of us working, it's expensive. (F, child aged 3-4, 16-25, C2DE, Cardiff)*

Part-time education (children aged 3-4) in particular meant that it was difficult for some employed participants to fit work around the nursery hours, adding to the stress of family life. Highlighting this situation, a mother had had to hand in her notice to meet their childcare needs even though family and friends had tried to help with caring duties. Another participant revealed how she had split up with her partner and how he was now showing little interest in caring responsibilities. She eventually had no option but to resign from her job to look after the children.

*[My ex-partner] moved in with his parents; he wouldn't bother with [the children]. So I was like, right, I can't come into work today because I haven't got childcare. He hasn't come to pick them up. They were like 'right, well, we can't keep doing this'. . . . I'm sorry, but I am going to have to give it up. (F, child aged 3-4, 16-25, C2DE, RCT)*

Similarly, a couple of fathers who worked shifts felt that the child's two and half hours in nursery gave them very little time to get anything done before collection. Another had reduced the days he worked in order to be able to meet childcare needs. The significant reduction to the household income was proving to be very challenging but

he was keen to share caring duties evenly with his partner. The prospect of children starting full-time education, therefore, was expected to be more convenient for parents and a valuable cost saving. However, some still struggled with childcare once the children were in full-time education.

*I've dropped my hours down to 30 hours now [from 60 hours to meet childcare needs], so my pay packet was literally slashed in half. I went from twelve pounds an hour to nine pounds an hour [having changed jobs]. (M, child aged 3-4, 26-50, C2DE, Cardiff)*

Paying for childcare itself was a challenge for some and, according to their calculations, resulted in a few parents deciding it would not be worth their while returning to work. The cost of childcare had prompted one single parent to look at starting up her own business instead. It would also mean that she could be more flexible with her working hours and be there for school runs and after school.

A small number who were considering returning to work were concerned about not being there for the children when they finish school, having to rely on family or childcare instead; and also lacking any real experience to be able to find a job. Separation anxiety also came into play, with parents on occasion concerned about 'just leaving' the child. Indeed, a mother had attended a 'back-to-work' interview but admitted that she could not leave the child with others. In a further example of financial concerns and work, one participant had given up his job to look after the children and his partner who was ill but found making ends meet very difficult. Finding affordable, suitable wrap-around childcare added to the challenges this issue presented.

*When she had her mental health breakdown, a social worker phoned me and said 'you've got to get home now' and I went home and they were like 'you've got to quit your job or we're taking the kids' so I was like fine, I phoned my boss and said 'I'm not coming back'. . . . The Government say you complain but before you get the [free] school dinners and things like that you've got 28 weeks of paying it before you can claim. (M, child aged 3-4, 16-25, C2DE)*

*I can't do it. I went for a back-to-work interview the other day, and they were like 'put them in childcare' and I was like 'no'. I'd be afraid because you don't know them, you don't know their backgrounds, even if they've got a certificate, you hear all these stories on TV. (F, child aged 3-4, 16-25, C2DE, RCT)*

#### **4.5 The child's development**

No single prevalent theme emerged across the groups in relation to children's development. The concerns raised tended to cover physical and learning development and milestones associated with young children's development (e.g. toilet training and speech).

##### ***Toilet training***

Challenges with toilet or 'potty' training were more likely to be raised by those with children aged 2-4 although it did feature across the age groups to varying degrees. Parents of children aged 2-3 tended to state that their children were still in nappies or

else were in nappies at night. Challenges included: finding that a child aged 2-3 had made good progress but then had refused to use the potty anymore; and discovering that a grandparent, when caring for the child, put the infant back into nappies when the parent was looking to avoid using them.

*He'll do it straight for a week then he'll just refuse. He was doing it last week, but now he just refuses. (F, child aged 2-3, 16-25, C2DE, Denbighshire)*

Progressing the training to include removing nappies at night was proving more difficult for some participants. However, parents of children aged 2-3 were not unduly concerned about the situation at this stage, given the children's age, although how or when to go about it was not always clear.

Some participants of 3-4 year olds acknowledged that their children were still in nappies, wore them at night, or that they were only recently toilet trained. Although some were concerned, others at this age thought the child would grow out of it in due course. It was mentioned that plenty of children at school were still in nappies. The point was therefore made that it was 'a bit early to worry too much'.

*F: I'm not interested yet, he's only four. F: No, I weren't going to rush, I weren't bothered and even his teachers at school said it's fine, she said loads of children are still in nappies. (Child aged 3-4, 16-25, C2DE, Cardiff)*

Some parents of 3-4 year olds were, however, finding the situation stressful. In one example, the parent explained how the child would wet the bed at night and wondered if it was a tactic to be able to sleep in the parent's bed. Another individual explained how she could not move her three year old child on from wanting to wear a nappy when needing a poo which became very awkward.

From a day-time perspective, a father with primary caring duties for the child found that his son did not wet himself at home but did so at school most days, which resulted in several trips a week to the school to change him. He felt that 'the school don't really offer any assistance at all' and found the situation stressful: 'it's kind of a nightmare'.

The same participant had consulted a health visitor about when to start toilet training his son, to which the reported response was to wait until the child seemed ready. He felt that this resulted in a delay that in turn meant the child was still struggling with it in school. He wished he had started the process earlier. Another participant agreed that it had been left a little late to toilet train. She had been informed that the child needed to be out of nappies before starting school, with only a few weeks before the child began part-time education. The parent described how she then 'panicked' and put pressure on the child to be toilet trained which made the matter worse: 'I felt bad pushing it'.

*Because he's my first, obviously I've never done toilet training and I asked my health visitor when he was two about it and she said 'oh don't do anything until he starts showing signs', but he didn't start showing signs until he was three, so now he's in school it's a bit late. (M, child aged 3-4, 16-25, C2DE)*

Among parents of children aged 4-7 there were occasional instances of anxiety over the issue of toilet training and bed wetting. According to one parent, she was upset that her son still had 'problems going to the toilet'. The child had told her that 'little children don't want to play with me because I smell' which she found 'heart-breaking'. Another participant concurred and was still sometimes called to the school to change her five year old son. She had consulted the GP about a related health problem which had meant it was safer to go back to using pull-up nappies.

*Mae'r ysgol yn hopeless yn helpu, felly dwi wedi gorfod rhoi o yn ôl mewn pull-ups rwan achos fyswn i yn cael galwad ffôn yn deud fod o wedi baeddu ei hun ac roedd o wedi bod yna fo drwy'r dydd. (The school is hopeless with helping, so I've put him back in pull-ups now because I would get phone calls saying he had soiled himself and he had been in it all day.) (F, child aged 4-5, 16-25, C2DE, Gwynedd)*

### **Speech and hearing issues**

There were a number of examples across the groups where participants talked spontaneously about the issues they faced with their child's speech and, less often, hearing. Overall, participants indicated that support was available in these situations although in a few cases, parents were unsure who to turn to or whether they should be seeking support.

A small number of participants with children aged 2-3 raised speech or hearing as concerns. According to one parent, 'my youngest doesn't speak at all and he's two'. Another participant commented how a slightly older sibling tended to 'speak for the youngest one' which was thought to have resulted in a delay in the child's speech development. In a further case, the issue was believed to be linked to a hearing impairment. (Experiences with referrals, of which these development issues were the most common in the sample, are discussed in section 5.3.) There were occasions, however, where participants with children aged 2-3 years old were unconcerned about their child's speech development, believing that it would happen at the child's own pace.

*He says 'mamma' and that's about it. But then my eldest will tell me what he wants, she'll come and say he wants a bottle. (F, child aged 2-3, 16-25, C2DE, Denbighshire)*

Among participants with older children at home, a participant originally from overseas explained that his child (aged 3-4) did not speak English very well. As a result it was a challenge for the child beginning nursery and affected the child's confidence. Similarly, issues with speech development had resulted in another parent noticing how his child was struggling to keep up with children the same age.

*Because it is a new experience for us, it is our first child and also, he still doesn't speak English fluently, so he has struggled with the language. He didn't speak a word. . . . I am worried about him not having the confidence, because you know, he is not good at expressing his feelings at the school right now. (M, child aged 3-4, 16-25, C2DE, Cardiff)*

The stage at which to seek help with speech issues was not always very clear to participants. Illustrating this point, a parent did not think her child was making great progress with his speech. The school had suggested speech therapy but the participant had decided to wait to see if the situation improved, thinking that it was probably down to the child being 'lazy'. Several months on, speech was still an issue so she was now considering seeking professional help

### **Additional development related issues**

Reading skills, breaking habits, and developing motor skills were occasionally raised among participants as further parental concerns, discussed below.

**Reading and writing skills** tended not to be a top-of-mind concern for participants. There were only occasional mentions from parents of older children within the 2-7 age band. In a few instances, parents of 3-4 year olds viewed reading and writing as skills to be developed in school rather than at home. Some also believed that children at this age should not be pushed to learn words.

*M: Not at that age, you need to send them to school first. . . . F: He's only in nursery and they're sending words home. Let him be my baby a bit longer. (Child aged 3-4, 16-25, C2DE, RCT)*

Echoing this view, a parent of a five year old thought that children were being put under too much pressure at school to learn to read and write. He believed that the child would pick it up in good time. Others in the group agreed that 'it would happen when they're ready'.

In contrast, a handful of participants with children aged 4-5 years old were beginning to be worried about their children's reading and / or writing ability for a variety of reasons. To help her child with reading, one parent stated how she had been hiding the picture which described the word on the page but was then told by school not to do this. She did not feel clear on what she should be doing and why. Another participant had been told that his son was ahead with his reading but the parent found that the child did not understand what he was reading. In another example on this theme, a parent felt that his daughter was struggling to keep up with others in the class and worried about the situation becoming worse. The school had mentioned the possibility of offering some help but none had been forthcoming.

*Dwi yn poeni am dana fo achos mae 'na blant eraill yn y dosbarth sydd dipyn o flaen hi hefo darllen... dwi yn poeni bod nhw yn gweld y rhai sydd yn gallu darllen yn well a wedyn rhoi mwy o sylw i nhw wedyn yn lle focusio ar y rhai sydd ddim cystal. (I do worry about it because there are other children in the class who are much further ahead of her with reading. . . . I worry that they see others being able to read better and then they give them more attention then, rather than focusing on the ones who aren't as good.) (M, child aged 4-5, 16-25, C2DE, Gwynedd)*

Although not a prevalent issue, a child's struggle with **social skills** was still something participants felt strongly about from time to time. These participants found it emotionally difficult to cope with hearing that a child was not making any friends or

no-one had played with them. Anxiety could also occur when a child was not invited to a party or simply not knowing how the child was faring socially at school.

Further examples included:

- Twins who had been borne prematurely. The parent had always been anxious about how the children were treated by their peers because they were smaller and behind in their development. Now aged three, it continued to be a worry in nursery;
- A child's ability to carry out activities like colouring – this participant was concerned that their second child (aged 3) could not do what the older child had done at the same age in terms of writing and colouring;
- The motor skills of a 3-4 year old, for one participant. The child was displaying late development but the health visitor's view was that the child would be 'fine'. The parent, originally from the Middle East, was not reassured by this approach which was also reportedly taken by a GP he consulted;

#### 4.6 Concerns related to school

Certain worries that participants of older children (within the 2-7 years old age band) voiced were linked to school and education, some of which overlap with the themes above. These parental issues consisted of:

- Worrying about the potential for bullying at school;
- Not feeling that the school did enough to feed back on how the child was getting on (for example making friends);
- Trouble supporting the child with their homework. According to a couple of participants, the way in which children were being taught meant that the parents were unfamiliar with the methods. One parent had approached the teacher to ask if the school could show parents these different methods so that they could help with homework more effectively;
- A concern that there appeared to be less emphasis in school on writing correctly; these participants with children aged 5-7 felt that it was still an essential skill to have for future prospects;
- The pressure children were thought to face when sitting tests. One father, for example, was convinced that his six year old son would 'fall apart' as soon as he became aware that he would be taking a test;

*He's too young (5-7). We need to know how he's doing at reading and writing, but they have years and groups to monitor it. Why don't they just write down 'he's at this level, he's at that level'? Why tell him to do tests? (M, child aged 3-4, 26-50, C2DE, Cardiff)*

- Noticing a child (aged 4-5) beginning to be body conscious, saying that they look fat;
- The child (aged 4-5) beginning to use swear words;
- The challenges of getting the child into the primary school of choice;

- The general competitive nature between parents at school, spending money on outfits and costumes for particular events.

The report will now focus on the sources of support and information participants used when faced with these challenges and concerns; and their perceptions of these sources.

## 5. Support and information for parents of 2-7 year olds

This section of the report is organised by the sources of information used by parents of children aged 2-7. Within the discussion on each source, participants' perceptions and experiences of the sources are covered. Perceived shortfalls in support provision are highlighted where they were identified. The main sources mentioned are:

- Family and friends;
- Online;
- Health professionals;
- School / nursery.

Some participants had experience of Flying Start as a source of support and information. These views are also discussed in this section.

When discussing the sources they **trusted the most**, or those they would consult initially, participants tended to focus on family and friends and online forums (e.g. for reassurance over an issue). These sources represented those who had been through the process, had the relevant experience and were reportedly less likely to be judgmental.

*You don't feel judged by your family. If you go to a doctor or you go to a different person, you automatically feel judged if you have something to say. You feel judged by what they're going to say back to you. (F, child aged 3-4, 16-25, C2DE, RCT)*

According to some with children aged 2-3, health professionals and NHS online pages were also trusted for anything 'health related'. Some participants with children starting education also very much trusted nursery staff. GPs tended to be trusted as well for health issues, but with the caveat of the difficulties of making an appointment in the first place.

Less trusted in a few instances were certain health visitors, according to some parents. A one-off negative experience, or a sense of feeling judged, were sometimes the cause of this wider distrust and generalisation. A number of participants referred to perceived 'reliability' issues (e.g. with appointments) with health visitors in the past which had coloured their view of these health professionals as trusted sources of support that they could approach. Even as these points were being made, however, others sometimes countered that they had very positive experiences of health visitors. Participants concluded that it was very much down to the individual personality of the health professional.

### 5.1 Family and friends

Across the sample, family members with parenting experience, in particular mum / mother-in-law, a sister / sister-in-law, a 'nan', were an important source of information and support for any issues or queries participants had in relation to looking after their 2-7 year olds. Family members were also able to give the parent

some respite by helping with caring duties as well as acting as a sympathetic ear. They were regularly highlighted as primary sources of support and advice.

*My sisters-in-law because there's thirteen kids on that side of the family, so there's a lot of people with kids who I can ask these questions [about tantrums], and they do just say kind of ignore it, that they're after attention. (F, child aged 2-3, 16-25, C2DE, Denbighshire)*

*I don't really know where to go to ask. So, if I ever need anything I just go to family really. (M, child aged 3-4, 16-25, C2DE, Cardiff)*

In one example, a father described how his mother looked after the two young children once a week which provided him with a much needed rest. His partner was suffering with depression so he had taken on the main caring duties. A couple of other participants echoed the significant impact of other family members helping out on a routine basis.

Occasionally, however, there were participants who did not have family members they could call on for support or advice; or else they found family members to be 'too judgmental' of their parenting skills. There was also a suspicion that older family members would probably be imparting outdated parenting advice. They therefore relied more on other sources of support such as **friends** with experience or, if a father, their partner. Indeed one participant described how friends had supported her as a teenage parent and helped to bring the child up.

*I prefer my friends because they're more relaxed about giving you information. (F, child aged 3-4, 16-25, C2DE, RCT)*

*F: I feel like [family] judge you a bit more than friends. F: Yeah, they give you the wrong advice, like 'oh this is what I did 30 years ago'. (F, child aged 4-5, 26-50, ABC1, Denbighshire)*

Friends with children a similar age were felt to understand the challenges parents faced, including the emotionally difficult situations with the children. This reassurance for a small number of participants was considered very valuable: 'it's not just me, I'm not crazy'. Taking this support further, one participant explained how she now tried to organise a 'mums' night' once every couple of months where they could get together, talk about their feelings as a parent and have a 'whinge'. She found it very therapeutic. The ability to share experiences emerged as a beneficial source of support, whether with a group of friends in a similar situation or online (discussed below). This helped with reassurance, 'confidence' and reduced any feelings of isolation.

*I find that friends that have children the same age is so much easier, because they understand when you look at them and say, 'I can't take anymore', and they're like, 'no I can't either but we're going to do it'. (F, child aged 4-5, 26-50, ABC1, Denbighshire)*

## 5.2 Online sources of information

The internet was widely used among participants to help with parenting queries, for example covering health issues and problems with behaviour. Google, with its convenience and availability, was a common starting point across the age groups in the study and tended to lead participants to health websites such as NHS Choices or online forums.

*Just ask anything from 'my kid's got a temperature, do I need an ambulance?', to 'what do you do to win tantrums?'. (F, child aged 2-3, 16-25, C2DE, Denbighshire)*

*Dwi jest yn sbio ar y tri cyntaf [search engine results]. Dwi yn edrych ar forums, dwi ddim yn gwybod be maen nhw ond dwi yn licio darllen be mae pobl normal yn deud. (I just look at the first three [search engine results]. I'm looking at forums, I don't know what they are but I like reading what normal people say.) (F, child aged 2-3, 26-50, ABC1, Gwynedd)*

There was some wariness among participants about the validity of the results from an online search ('you always do' use it, even though 'I know I shouldn't'). This caution had prompted one participant to try to only use sites recommended by the local GP surgery website. Some others concurred that official NHS online content could be trusted, with one participant summing up NHS Choices as 'the Bible' when it came to checking health symptoms.

Mumsnet / Netmums (some participants were unsure which they used) were a regular source of parenting support, according to participants across the groups. Sometimes reached via Google, participants liked the sites for the breadth of information and advice they contained. The ability to search for topics already discussed usually resulted in the question being answered already, which helped one parent to avoid the fear of being judged by others on their post. A further benefit of the sites, according to some, was the sense of solidarity and reassurance in reading about other parents finding themselves in similar, difficult situations with their children's behaviour or development. Other parents on Mumsnet were thought to be quick to respond with helpful replies when a post was added. One parent of a 4-5 year old described how she would sometimes go online if she was experiencing sleep problems with the children and be reassured that she was not alone with this issue.

*It's like being able to put something up like, 'help! I can't potty train my three-year-old lad!' Then there's loads of replies and help and support. (F, child aged 3-4, 16-25, C2DE, Cardiff)*

*Ffrind wnaeth reommnedio fo i fi achos roedd hi arna fo. Ti yn gallu siarad am unrhyw beth arna fo. Rhaglenni TV a bob dim. Be dwi yn licio wneud ydi, pan di'r plant yn cau cysgu a dwi yn gorfod codi ar ben fy hun, fyswn i yn siarad hefo rhwyun ar hwnna wedyn fyswn i ddim yn teimlo ar ben fy hun wedyn. (A friend recommended it because she was on it. You can talk about anything on there. TV shows and stuff. What I liked to do was, when children wouldn't sleep and I would have to get up on my own, I would then speak to*

*someone on that. I wouldn't feel on my own then.) (F, child aged 4-5, 16-25, C2DE, Gwynedd)*

However, there were occasions where participants were uncertain about the advice given by other posters on forums like Mumsnet because of the seemingly contradictory suggestions put forward. Furthermore, a couple of participants thought the forums could become 'quite nasty', so were wary of using them to post questions.

Social media, mainly Facebook, was a useful source of information and advice for some participants, either via formal, branded pages (e.g. the Nubs, Bumps & Everything In Between Facebook page) or occasionally via a local parenting group online. Another Facebook group used was 'Cardiff Mummy says' which covers a range of areas including blogs and things to do. The Facebook page for the 'Unmumsy mum' was very reassuring for a few participants: group members posted, for example, amusing pictures or exchanged tips on parenting. The example was also given of how some Facebook groups offered parents the opportunity to message the page's administrator who would then post queries anonymously.

*They've got a list of admins [for the Facebook group] and you can message them, and they'll post for you privately so the other people in the group don't actually know it's you who asking that question. . . . I find that good because there are loads of people in there that I know, and I wouldn't actually want them to know that about me. (F, child aged 3-4, 16-25, C2DE, RCT)*

Even so, there were some participants who did not want to post on social media support pages for fear of being judged by others. Some were wary of posting anything on Facebook for friends to read in case they were mocked and not taken seriously. In addition, they did not want to reveal any parenting issues to such a wide audience.

Very occasionally, participants mentioned apps that helped them as parents. There was reference to: the Seesaw app that, according to one participant, the school used to communicate with parents and help reduce separation anxiety; and the Hoop app which provided information on places to visit with the children.

Additional online sources of support mentioned on a mostly individual basis included:

- Babycentre: this participant liked how the parents who had initially formed part of a forum based on the child's birthday were still in contact online three years later;
- Channel Mum was liked for its range of support ('they've got midwives, nurses, everything'), advice and blogs;
- Pinterest for things to do with the children (e.g. science activities); and for advice on bedwetting;
- YouTube for useful tips on how to approach disciplining children, or information on what to do with children who did not want to go to bed and would be up in the night.

### 5.3 Health professionals

Among parents with younger children, health visitors were more likely than other health professionals to be mentioned as sources of support and information. Less often, participants mentioned GPs, speech therapists and in a few cases nursery nurses, paediatricians, 'hearing specialists', school nurses and a sleep therapist when discussing experiences with health professionals. According to participants, referrals to health professionals were made by health visitors, nurseries, schools, GPs and Flying Start staff.

#### 5.3.1 Health visitors and nursery nurses

Some participants reported very positive experiences when they had received parenting support from health visitors. They were described as 'very helpful', 'down to earth, they're like you' and keen to make themselves available – 'brilliant' support as one participant summed up. Participants had approached health visitors about bad behaviour, tantrums, discipline, speech issues, sleep issues, breaking habits and constipation. In a couple of examples, a health visitor had organised for a nursery nurse to visit the family to help with the child's development or behaviour. This support had been appreciated.

*I always go to my health visitor, I am lucky, she is really good. (F, child aged 3-4, 16-25, C2DE, Cardiff)*

*Ges i lot o help gan yr health visitors [with tantrums]: cyngor, leaflets ac mi wnaeth o nhw helpu lot hefo coping methods a pethau fel yna. (I had a lot of help from the health visitors [with tantrums]: advice, leaflets and they helped a lot with coping methods and stuff.) (F, child aged 4-5, 16-25, C2DE, Gwynedd)*

Highlighting a positive experience, a participant recalled how she had talked to her health visitor about a child's tantrums and bad behaviour. The health visitor had organised for a nursery nurse to visit the family every two weeks to work with the child, carrying out 'activities'. The participant was pleased with the swiftness of the response and the progress the child made. The nursery nurse did not come across as judgmental. Instead, according to the participant, she supported and reassured the parent that she was using appropriate techniques to deal with the situation. On hearing about this positive experience, another participant in the focus group admitted that it had caused her to rethink the idea of approaching a health professional for help. She had previously thought she could manage on her own and 'just get on with it'.

*One time he hit me in front of [the nursery nurse] and she showed me how to deal with it and showed me charts and things. She didn't try and take over the way I was parenting. She agreed with the way I was doing it and she just helped me with other things. . . . She was lovely, and she was so supportive. (F, child aged 3-4, 16-25, C2DE, RCT)*

Some participants welcomed how health visitors had promptly referred them to other health professionals who had proved helpful (e.g. speech therapists, a sleep therapist and a paediatrician).

In another example of positive support from health visitors, a parent explained how the health professional had reassured her that her 2-3 year old child did not have ADHD but instead needed more effective mental stimulation to challenge him more. This change had a positive impact on the child and improved his behaviour.

Further examples of positive experiences with health visitors and parenting skills included a health visitor providing a very effective tactic to wean the child off wanting a bottle. The participant explained how the health professional suggested buying with the child a 'special' beaker just for the child. According to the parent, the child now 'thinks he's the king' with his own special beaker that no-one else can use.

Occasionally, participants referred to less positive experiences with health visitors in relation to parenting. These issues included:

- Availability - rarely seeing a health visitor and not knowing where to turn for help, in terms of health professionals. There was also some uncertainty voiced by one participant over who the current health visitor was, with staff having been off on maternity leave;

*F: That's what I mean like where do we go? F: Last time I've seen her was when Sam was five or six months old - I've never seen her since. (Child aged 2-3, 16-25, C2DE, Denbighshire)*

- A participant who had found a health visitor 'patronising' over the parent's use of a bottle of milk for the child aged 3-4;
- A health visitor's response to concerns about the child's development – this father felt that the health visitor should have taken the parents' distress more seriously rather than deciding that it was nothing to worry about;
- In the past having had a health visitor with whom there was no rapport whatsoever; or a health visitor who, a participant felt, was constantly criticising her efforts as a teenage parent. This participant had hidden and cried when the health visitor came to visit and did not answer the door.

### **5.3.2 Other health professionals used for support**

#### **Therapists**

Support from speech and hearing therapists, when accessed, was appreciated by participants. A participant described how, before having the support, he could not understand what his son was trying to say but now he could 'say sentences and names' which was a dramatic improvement. Similarly, a participant whose child had special educational needs valued the ongoing support of a speech therapist attached to the school. Another had welcomed the speed with which the child had been fitted with a hearing aid, after a referral from nursery.

*One of mine was referred for speech but I agree with what you [another participant] said there, after they've done six sessions or whatever it is, they come along quite well. (M, child aged 3-4, 16-25, C2DE, RCT)*

*We thought he was ignoring us and he was about four I think at the time, the nursery highlighted it and said, 'we think there's something wrong with his hearing'. Again, he got referred, I must be lucky, he got a hearing aid within two months. (F, child aged 3-4, 16-25, C2DE, Cardiff)*

However, there were instances where parents voiced concerns about the system – accessing therapy and reduction in provision. To illustrate the case, a participant was worried that his three year old son's progress with speech would now slip because the number of appointments had been reduced. Similarly, another parent described how her daughter had had 'speech and language' support through school from a visiting speech therapist. However, this support had stopped which left the parent unhappy with the situation. The participant had been informed that there were insufficient therapists to cover the school and funding had been cut. Her daughter was now falling further behind with her learning and the situation was proving stressful for the parents.

*Siarad achos mae hogyn bach ni wedi bod yn cael speech therapy am bedwar mis ac maen nhw newydd ddweud fod o ddim yn cael o am chew mis arall. Felly dwi yn poeni os ydi o yn mynd i gario ymlaen datblygu fel mae o wedi yn y pedwar mis olaf. (Talking [is a concern] because our little boy has been having speech therapy for four months, and they've just said he won't get it now for another six months. So I'm worried if he's going to carry on developing as he has been in the last four months). (M, child aged 2-3, 26-50, ABC1, Gwynedd)*

*She doesn't participate. . . . She's a bit lost because she doesn't understand what's going on in the class in a group. . . . She hasn't got no help at all at the moment. (F, child aged 5-7, 26-50, ABC1, Cardiff)*

The need for what transpired to be an unnecessary referral for speech therapy had caused distress to parents in two separate instances. In one such case, the school had recommended to a father that his son (aged four) would benefit from speech therapy. At the first appointment, the therapist informed the parent that he had nothing to worry about and that the child simply needed more time. This prognosis proved to be true, leaving the parent annoyed with the school for having caused the parents anxiety. In the other case, the therapist had concluded that the child's speech was fine and was a result of the child being the youngest in the class (aged 4-5).

*I saw the speech therapist, she said 'listen to me, he's coming up five years of age. Tell the school they don't know what they're on about. Give him a chance'. Those were her exact words to me, and they didn't like it at the school, and I think speech again, they force too quickly. (M, child aged 3-4, 16-25, C2DE, RCT)*

On a similar note, a child aged 2-3 who talked at home but would not say a word to staff at Flying Start was referred to a speech therapist. He began talking 'straight away' with the therapist, who did not think that Flying Start was supporting the child appropriately.

## **GPs**

GPs drew mixed responses as a source of support for parents. With a health related issue, the GP was sometimes an initial port of call but some felt reluctant make an appointment unless it was something 'serious'. They did not want to waste a GP's time as well as their own time trying to make an appointment with a GP they might not have seen before.

Occasional positive experiences with GPs were raised, such as swift referrals for a child to see a paediatrician for sensory issues or for a physical condition with the child's legs.

Less positive experiences with GPs were occasionally mentioned as well. In relation to a 2-3 year old child struggling to settle at night, a GP had recommended to the parent that the door of the child's bedroom should be shut at night. However, the participant was concerned about the thin walls and complaining neighbours. She also disagreed with the GP's advice, feeling that the child would be getting up or crying for a reason so should be able to leave the room.

## **Support from other health professionals**

A range of mostly individual positive and sometimes less positive points were made about experiences with other health professionals. Positive experiences of referrals to a **paediatrician** included:

- For hearing and sight issues which had been helpful;
- To address a child's problem with bow-leggedness. The parent was pleased with the swiftness of the process and ongoing support to solve the condition;
- Helping with the child's continued issue with constipation.

A mix of experiences emerged of support from the **school nurse** including:

- With identifying and giving advice on issues with children's hearing and sight. One parent explained that her son had recently had his hearing tested by a school nurse. The same participant had also received help from the school nurse for her six year old because of his clumsiness. Prescription glasses had led to a reduction in incidents such as 'tripping over his feet'. Similarly, other participants had received advice on their children's vision;
- With a child's constipation and toilet training (aged 4-5);

*I had help from my health visitor and the school nurse to try and get him to go to the toilet or to sit on the potty because he wouldn't do either so I had a lot of help from them. They were fantastic to be fair. They gave him stickers and suggestions for charts and rewards and they weren't just good with me they were good with him as well. They would talk to him like an individual. (F, child aged 4-5, 16-25, C2DE, Gwynedd)*

- In contrast to the point above, where the parent and child (aged 4-5) had reportedly received little help with constipation and toilet training. The advice from the school nurse was to wait to see if the problem improved. The parent had not seen any improvement and wished she was getting the support the other participant (above) had described.

#### **5.4 Support from school / nursery**

In addition to the mentions above to referrals, nurseries and schools also provided support on behaviour related issues, according to some participants. Additional positive examples of parenting support from schools are described below:

- In one case a parent of a 3-4 year old kept in touch with the school about the child's behaviour because of an incident where another parent had said the child had been fighting. Similarly, a school had introduced a behaviour book with which the participant recorded behaviours at home while the teacher did the same at school. It seemed to be working as the child was keen to please the teacher and did not want be thought of as poorly behaved;
- In another example, a parent had mentioned to the school teacher that she was having difficulty with the child visiting the dentist. The teacher had subsequently covered it as a topic in class, which the parent appreciated.
- A teaching assistant was giving one parent's child intensive support to deal with behavioural issues. The participant kept a diary of incidents that she was then able to share and discuss with the teaching assistant, who was 'fantastic';
- One parent revealed the distressing difficulties she faced with her child (aged 4-5) who regularly refused to eat. The school were offering one to one support at lunchtime to encourage him to eat;
- A small number of participants referred to using the school's Hwb platform for help with writing: 'They do all creative writing and stuff on there, you don't have to pay'. Some felt quite supported in this respect, stating how 'the schools are doing lots for the kids';

Less positively:

- A parent did not think school teachers had been very sympathetic or supportive towards her son's constipation issue despite receiving letters from a paediatrician and specialist. One teacher's reported response was that staff could not 'force' the child to go to the toilet.

#### **5.5 Flying Start – perceptions and support**

##### ***Experiences of using Flying Start***

Users of Flying Start support and services were mostly very positive about their experiences. The free childcare associated with Flying Start, for example, was very much welcomed. It helped with managing routines and also financially, for example increasing working hours.

*Dwi wedi cymryd job arall rŵan achos hyn. Fyswn i ddim wedi cymryd y job fel arall, achos fysa fo ddim wedi bod werth o i mi fynd yn ôl i gwaith. (I've taken another job now because of it. I wouldn't have taken the job otherwise because it wouldn't have been worth me going to work without that). (F, child aged 2-3, 26-50, ABC1, Gwynedd)*

Further support, programmes and activities where used were also very much appreciated, for example baby massage, 'groups', courses / discussions about a child's emotions and about nutrition. These participants described how their health visitor had alerted them to Flying Start and that since using the service, the parents received letters or phone calls about upcoming support that they may want to use. The way in which staff at Flying Start were thought to focus on development and learning as well as play was considered very valuable as well. More regular health visitor visits were welcomed, as part of Flying Start. Overall benefits to the child's development were noted: it was deemed by some to help with separation anxiety for the child because they became used to being away from the parent before starting school.

*[A course on] emotions, do you know if your child comes home with a picture? If you're on your phone, you'll be like 'yeah that's nice'. They're telling you well no put your phone down, think how they feel for you not looking at it. (F, child aged 2-3, 16-25, C2DE, Denbighshire)*

*[Dywedon nhw wrthyf fi] 'mae hi yn gallu gwneud hyn, mae hi'n gallu cau ei chot, mae hi yn deal empathy' ac wedyn ti yn meddwl wow!... Oeddwn i fel doeddwn i ddim yn gwybod bod hi yn gallu gwneud hynna. Roeddwn i yn teimlo cywilydd mod i ddim yn gwybod hynna. ([They told me] 'she can do this, she can do up her coat, she shows empathy' and then you think wow! . . . I was like I didn't know she could do that. I was embarrassed that I didn't know she could do that.) (F, child aged 2-3, 26-50, ABC1, Gwynedd)*

One example of a useful session was a 'seven-week course' on nutrition and encouraging the child to eat healthily. Other courses had highlighted to parents the benefits of doing more with the children, such as helping with homework and dealing with behaviours that can cause great stress. Another example included how Flying Start had helped to quickly toilet train a child when the parent had not been making any progress with the task.

Overall, there appeared to be a degree of limited awareness of the services on offer from Flying Start, with a number of participants only associating it with childcare (e.g. in RCT). There was also sometimes a belief that free childcare for 3-4 year olds (when prompted) was something to do with Flying Start.

Perceptions of Flying Start are also covered later in the report when discussing the theme of children being 'school-ready'.

### **Reasons for not using Flying Start when eligible**

There were only occasional instances where participants stated that they were or had been eligible for Flying Start support but had not used it. One participant, who only associated it with childcare, commented that she needed the support over

longer hours (working and studying till 6pm) but thought that she was limited to 'booking her in for only two and a half hours'. This participant also acknowledged that she had not spent much time investigating what might be available through Flying Start. On a similar topic, another parent who thought she was eligible associated it with childcare and preferred her family members to look after the child.

The prospect of attending a group or course associated with Flying Start was daunting on occasion and had deterred a couple of participants from going along. There was a fear of being judged and a reluctance to be separated from the child. A teenage mum had been worried about using childcare and the services on offer from a separation point of view but, having done so, was thankful for the difference it made for the child and parent.

*I was only sixteen, so I was really worried, I was nervous to send him off, but I'm so glad I sent him [to Flying Start]; it was the best thing I ever did for him. (F, child aged 3-4, 16-25, C2DE, RCT)*

Having been invited to a course on children and discipline, a participant had chosen not to attend because she assumed it was aimed at parents who 'don't look after their children' and were 'dodgy' or 'skanky'. She regretted the decision after hearing from another group participant that the course had been 'awesome' and had found it helpful in terms of providing tactics for remaining calm as the parent.

*Ti yn mynd i feddwl bod y bobl sydd yn mynd yna wedi cael ei gorfodi i fynd... dyna sydd yn dy feddwl di, ydi'r rhieni yma wedi bod yn hitio eu plant? (You're going to think that people going there have been forced to go. . . . That's what's in your head though, have these parents been hitting their children?) (M, child aged 2-3, 26-50, ABC1, Gwynedd)*

### **Views among those ineligible for Flying Start**

Those who did not think they were eligible for Flying Start would have appreciated being able to use the support on offer from the service. Eligibility criteria, however, were deemed unfair because it was based on 'a postcode lottery' rather than need. As a result, some felt 'excluded' despite living in what they believed was as deprived an area as those who were eligible. One participant who was aware of neighbours who qualified for Flying Start found herself in a challenging situation with childcare after an accident. The nature of the accident made it difficult to care for the child. She explained how she approached Flying Start but was refused any help.

*Doeddwn i ddim yn yr ardal Dechrau'n Deg sydd yn frustrating achos oedd fy nhŷ fi jest tu allan... Rhywun yng Nghaerdydd sydd yn penderfynu dwi'n meddwl. (I wasn't in the Flying Start area which was frustrating because my house was just outside. . . . Someone in Cardiff decides I think.) (F, child aged 2-3, 26-50, ABC1, Gwynedd)*

*It should really go to people who really need it rather than where they live. (M, child aged 3-4, 16-25, C2DE, Cardiff)*

## 5.6 Further sources of information and support used

The remaining sources of information and support described below did not emerge as key themes overall.

### ***Free nursery provision for working parents of 3-4 year olds***

Some participants in Gwynedd were aware of the opportunity to have 30 hours of free childcare a week. They were delighted to have this service, describing it as 'brilliant' and 'fantastic' because of how it helped them out financially and with routines. One participant was 'dancing around the kitchen when I found out'. In addition, the free childcare, when combined with Flying Start support, made a significant difference to a small number of participants. They were pleased that parents were being supported with working.

*M: Mae o yn grêt- mae o yn arbed lot o bres i ni. M: Mae o yn brill ac mae o yn helpu pawb. (M: That is great - that saves us a lot of money. M: That's brill that helps everyone.) (Child aged 2-3, 26-50, ABC1, Gwynedd)*

In addition to saving money, the offer had resulted in a positive impact on one family: the participant's partner had been able to change jobs from night shifts to day shifts. It suited the family, and gave the parent a more positive work-life balance.

*Mae gwraig fi yn gweithio nights... er mwyn lleihau costau gwarchod. Drwy wneud mae o wedi galluogi hi newid ei swydd fel bod hi yn gweithio Dydd Llun i Ddydd Gwener 9 tan 5. Felly mae o yn grêt. (My wife always works nights, . . . in order to try to reduce the childminder costs. By doing it, it's allowed her to change her job so she now works Monday to Friday 9 to 5. So it's great.) (M, child aged 2-3, 26-50, ABC1, Gwynedd)*

Reflecting the piloting of the free childcare offer, there was little awareness of the provision elsewhere in the focus groups, with the remaining study locations falling outside the pilot areas. As mentioned above, some believed that free childcare for 3-4 year olds was only available via Flying Start. Another participant with a three year old had been able to access free childcare because of how his wife was 'struggling' as a parent and the family's low income. The parent was uncertain about the source of this free support.

*In the nursery we put them in the first eight weeks were free because my wife was struggling, because at the time I was doing something like sixty hours. (M, child aged 3-4, 26-50, C2DE, Cardiff)*

Other source of support and information mentioned included:

- **Playgroups, parent / toddler groups**, for example at the local church. A couple of participants in one focus group had attended a toddler session run locally but funding subsequently ran out. They therefore decided to try to continue running the group themselves because they had found it so supportive. Encouraging attendance was hard, however, even with their local contacts and using social media. Elsewhere, staff at a free community childcare group had provided

'reassuring' support and advice for one participant, for example, on dealing with a child's tantrums.

*It was just so comforting, you would go in there sometimes, and you would say that they were on one today and they would be like 'Oh, what is the matter?' and they would be like 'It is just an age thing'. (M, child aged 3-4, 16-25, C2DE, Cardiff)*

- **TV programmes** on parenting were occasionally highlighted as helpful when they covered children's behaviour (e.g. 'Nanny 911');
- A local '**children's centre**' ('part of the nursery', possibly run by the Council according to one participant) was a source of valuable information and support, for example on what to do regarding a concern about the child's hearing;
- A local **church charity**, referred via Social Services, whose volunteers would come out to visit the participant and help with tasks such as taking the child to the park because of the parent's health condition;
- A participant had recently completed a course for parents provided by a **national charity** covering online safety. The parent had found it immensely helpful and reassuring. An older family member had originally been referred to the charity and the participant had heard about the course through the family's subsequent contact with the charity. If the parent had not had the initial referral, she would not have known about the course;
- A **national charity** which helps vulnerable young people get their lives on track was supporting a single parent with developing her own business idea. The local Job Centre was also providing support;
- **Communities First**, where help was thought to be on offer with getting back into work. One participant was 'hoping to get onto some beauty and hairdressing courses'.

Most participants were unaware of the **Family Information Service**. In an isolated case, a participant involved with a parent / toddler group commented that she thought a representative from Family Information Services had been scheduled to visit the group on a particular date but did not show up. Participants were also largely unfamiliar with **Families First**. One parent thought she had used Families First support in the past when she was struggling with childcare.

## 5.7 Support and information for fathers

There were mixed views among male participants on how supported fathers were generally, as parents. A number felt that they were supported via the sources described above (although not necessarily targeted as fathers). Some, in particular in Gwynedd, thought they were catered for as parents of two to three year olds. Family, friends, the internet and health professionals were all available if they had queries.

*M: Os da ni yn poeni am rywbeth mae 'na bob tro rhywun i ofyn i. M: Dwi ddim yn teimlo fod gen i broblem hefo gwybod lle i fynd i gael atebion. (M: If we are worried about something there's always someone to ask. M: I don't feel I have*

*an issue of not knowing where to get the answer.) (M, child aged 2-3, 26-50, ABC1, Gwynedd)*

Some male participants, however, did not feel very well supported as dads. The idea of being the only dad in a parent group, for example, was very off-putting. Female participants sometimes concurred with these views, citing the breadth of mum-focused groups and content online. Thinking further back to the birth of their children, some fathers recalled plenty of information being given to their partners but little that appeared to be directed at them.

*Not at all [supported] really. There's nothing. Especially as we live outside of a Flying Start area, we didn't really have anything whatsoever, really. (M, child aged 3-4, 16-25, C2DE, Cardiff)*

*Wel, pan mae dynes yn disgwyl babi mae hi'n cael leaflets a Bounty pack a stwff fel yna. Does 'na ddim byd ar gyfer y tad i brepario chdi. Dwi yn gwybod os fysa chdi yn gofyn bysa chdi yn cael o, ond di o ddim ar gael fel mae o ar gael i ferched. (Well, when a woman is expecting a baby they are given leaflets and Bounty packs and stuff like that. There is nothing for the dad to prepare you. I know if you asked for it you would get it but it's not on offer the same as it is for women.) (M, child aged 4-5, 16-25, C2DE, Gwynedd)*

Parental support did seem, understandably in their view, more geared towards the mother. Even so, the father still had to be the 'strong' person to support the family, according to some. One father likened himself to 'an upside down pyramid . . . and I'm holding up everything else above me'. Another father agreed with this view as did several female participants who thought that fathers had to contend with being the rock in the family despite how they might be feeling when family life was challenging. Some female participants recognised this situation or felt that their partners were 'too headstrong' and preferred to try to do deal with things themselves.

*There is more dads' stuff so I think there is more help out there. . . . But it is still geared around mum. As much as it is very difficult for mothers, which I do understand. I find that it's quite difficult for the dad as well because he's got to be strong for the mum and the child at the same time. (M, child aged 4-5, 26-50, ABC1, Denbighshire)*

*M: You definitely don't get the same support, there's no question. F: It's because you're expected to be the supporter, really. M: The second job starts when you come home. (M, child aged 5-7, 26-50, ABC1, Cardiff)*

A couple of other fathers (with a mix of different aged children at home) commented how they did not see it as their role to be too involved with day to day care of the children ('her mum deals with all that'). They also sometimes acknowledged that support for fathers was not something they had looked for or felt that they were missing out on. They would simply ask the mother if they had any concerns or needed advice: 'You just rely on your wife really' as one participant concluded. Similarly, a small number of fathers stated that it was slightly different for them as they were working full-time: they were unable to have as much interaction or as many caring duties with the child as they would like.

*Dwi yn gadael y tŷ am saith, dwi yn gwaith tan bedwar wedyn da ni yn cael te, cawod ac wedyn maen amser gwely. (I leave the house at seven, in work till four then we have tea, shower and then it's time for bed.) (M, child aged 4-5, 16-25, C2DE, Gwynedd)*

*I still feel, rightly or wrongly, I still think it is a female thing isn't it? We're very much in the background looking in, I always felt that. (M, child aged 3-4, 26-50, C2DE, Cardiff)*

*M: I'm quite happy as I am. M: Got to say I don't think I'd have had a clue if I hadn't been guided [by family], I've got to be honest. (M, child aged 3-4, 16-25, C2DE, RCT)*

Some did feel it was harder for fathers to take any time off for caring duties; or that where there was an entitlement it could be given begrudgingly by an employer (e.g. to attend a health appointment with the child). Female participants on occasion agreed with this point, recounting similar experiences for their partners when trying to take time off work for the children.

It had not occurred to some fathers to seek support or question whether or not they felt that there was support available to them. This view included one participant who was experiencing difficulties with his partner's health and also with his child's toilet training issues at school. However, the same participant subsequently acknowledged that he had been invited to a 'dad's discussion' locally but did not go along. He was not sure why he chose not to attend. A female participant recognised this reluctance with her own partner who had not wanted to go along to the same group either.

*Because I said to my kid's father, 'oh this is happening [dad's discussion], do you want to go?' And I won't repeat his response. (F, child aged 3-4, 16-25, C2DE, RCT)*

In one exception, a father recalled how useful he had found Mumsnet when the child was a particularly fussy eater. He had appreciated the advice and suggestions received from other site users to encourage his child to eat more than chicken nuggets. The prospect of visiting a site called Mumsnet, however, was too much for a couple of other fathers who felt they would have found it 'too awkward'. If it was 'Parentnet', they surmised, they might consider visiting the site.

*Mumsnet or anything, that's a really, really good one. I've been on that lots of times for stuff like when my first one wouldn't eat certain things, they'd only like chicken nuggets, and you'd go on Mumsnet and they'd say, 'oh try this recipe' and that was really good. (M, child aged 3-4, 26-50, C2DE, Cardiff)*

### **Online options**

From time to time, fathers in the study did not identify themselves as great users of social media. A similar reluctance was noted towards the idea of being able to exchange queries and experiences with other fathers online.

According to one father, however, online support was a more realistic option than anything specifically organised for dads. He simply could not envisage himself meeting up with others to talk about parenting. The participant could, on the other hand, see fathers discussing topics within existing social circles when meeting up on occasions such as children's sports or in the pub.

*I think online is more suited for dads definitely because being a dad it's kind of more, I wouldn't say anti-social but you're trying to get to the answer, that's all you want to do. But I suppose the social side of things, they'll chat in football they'll chat in rugby or they'll chat in the pub. . . . But groups, meeting up, nothing like that. (M, child aged 4-5, 26-50, ABC1, Denbighshire)*

### **Local groups**

Although put forward as a possible idea among participants, some fathers seemed uncomfortable with the idea of being able to talk to other fathers locally who might have faced similar issues as a parent or simply as a source of support. A father in the study recalled a friend struggling to talk to him about how his daughter was being bullied. The friend had come across as very 'embarrassed' with the scenario and had been close to tears.

*I think maybe little local groups and things like that, try and break down the barrier so that men don't... But you could always argue that men might feel embarrassed about it, going to speak to your mate and saying 'look, my daughter's wetting the bed' as well. (M, child aged 3-4, 26-50, C2DE, Cardiff)*

## 6. School readiness

Part of the focus group discussions explored perceptions of children being ‘school-ready’ and what this meant to participants. Related discussion areas also touched on what the best start in life looks like to parents and what participants were proud of as parents.

### 6.1 The concept of being ‘school-ready’

Some participants found it difficult to consider what ‘school-ready’ meant to them in terms of preparing their children for starting school, not having given the subject any conscious thought, except perhaps for toilet training. Parents occasionally commented that they talked to their child about going to ‘big school’ and what a great time they would have there, even if the mother had mixed emotions about the next step.

*You just prepare them, don't you, you go, 'you're going to the big girls' school, you're going to do all these lovely things', and inside, you're like, don't go! I'm not ready for that. (F, child aged 5-7, 26-50, ABC1, Cardiff)*

On further prompting and reflection, the areas outlined below emerged as associations among parents with children being ‘school-ready’ at a broad level. There was also a view among some participants that childcare / crèche / Flying Start were key in preparing the children for education by addressing several of the points below:

- The child being toilet trained;

*I don't think he was really ready for school because of the potty training, and I think it set him back a bit now. (M, child aged 3-4, 16-25, C2DE)*

- The child having speech and communication skills;
- The child becoming used to routine;
- The child becoming more confident in herself and around others, being able to socialise and make friends and not being lonely at school;

*Generally just being able to have confidence and talk to the teachers as well as look after themselves. (M, child aged 3-4, 26-50, C2DE, Cardiff)*

- The child and parent being prepared for separation (Flying Start was considered very helpful in this respect) and the child displaying a greater degree of independence. Some female participants acknowledged that they were more likely to struggle with separation anxiety than the children in the longer term;

*[I'm worried about] her crying all day because she's clingy. (F, child aged 3-4, 16-25, C2DE, Cardiff)*

*You are lost, when they go, especially when it's your last one. (F, child aged 5-7, 26-50, ABC1, Cardiff)*

- The child being ready to learn and listen – ‘take stuff in’; a sign may be a child who is excited to go to school;

*He was raring to go to nursery, he was always first in, he wanted to do everything. (F, child aged 3-4, 16-25, C2DE, Cardiff)*

*Mae o bach tu ôl beth bynnag ac mae o angen help ychwanegol ond maen nhw yn gwrthod rhoi'r help yna iddo fo. (He is a bit behind anyway and he needs the extra help but they are refusing to give him the help.) (F, child aged 4-5, 16-25, C2DE, Gwynedd)*

- The child being weaned off a dummy;
- The child being able to eat all her food within the allotted time at school. For this parent, the child currently took a while to finish a meal;
- Occasionally, parents included ‘basic numeracy’ or counting skills and knowing the alphabet as an attribute that would help a child to be school-ready.

The point at which participants began to think about the prospect of school varied. Some thought it was when the child was around two years old or when the children first began childcare or Cylch Meithrin / nursery – ‘when you start a routine’. This period coincided, for some, with the time they began using Flying Start services. Others associated it with when the children were three or four and heading towards full-time education. The need to apply for places was a further prompt for some to start thinking about school.

## 6.2 The readiness of their own children for the next step

### 2-3 year olds

Views tended to be mixed in terms of how prepared participants felt their children were for the next step into part-time education and full-time education. Those who had been involved with Flying Start in particular were fairly confident that the support they had used was helping to prepare children for the next stage and were appreciative of this help and its impact on the child’s development. It was thought to include periodic visits to the school so that the children would be familiar with the surroundings when they started nursery. A number also commented that Flying Start focused on toilet training as a key preparation for the move into nursery.

*F: Yn enwedig hefo Dechrau'n Deg achos oedd 'na fwy o discipline yn fanna. Roedden nhw yn canolbwyntio mwy ar wneud rhyw dasg a oedden nhw yn gorfod dilyn y dasg a stwff. Obviously mae o dal reit relaxed ond mae o yn bendant yn neud gwahaniaeth. M: Maen nhw yn fwy hyderus pan maen nhw yn mynd i'r ysgol wedyn. (F: Especially with the Flying Start because there was more discipline there. They were more focused on doing a task and they had to follow a task and stuff. Obviously it's still quite relaxed but it's definitely made a difference. M: Yeah they are more confident when they are going to school then.) (Child aged 2-3, 36-50, ABC1, Gwynedd)*

Further highlighting how Flying Start helped children to be school-ready, some participants commented how the child learned to play with other children and learned

socialising skills. It also meant that the child was not at home for so long, where boredom could develop, and became used to being away from parents and home.

Similarly, others who had children in childcare felt that the experience would help them to prepare for starting part-time education, for example helping to bring one child 'out of her shell', according to the participant.

Others, however, were not so confident about their children being school-ready. In one example, a participant was worried about how her son would react being apart from her, expecting him to be 'an emotional wreck'. It did not feel right to her that she would be leaving her son all day in the near future. Looking back on this period, a parent did not think his child had been ready for nursery because of the child's lack of language skills.

*I think that is important [language skills]. My son didn't have that when he started. . . . He was an early starter at Flying Start. He didn't have those skills and so you are reliant on other people to give him the attention and I think it is too early, personally. (M, child aged 3-4, 16-25, C2DE, RCT)*

### **3-4 year olds**

Some participants in RCT gave the impression that they were not unduly concerned about their children being 'school-ready'. There were references to feeling that young children were pushed too early in learning to read and write and that they would develop at their own pace. Looking ahead to the next step, however, one parent in the same group was concerned about the child being able to cope with the greater emphasis on reading and writing – 'proper work' as she called it. These contrasting views are illustrated by the two comments below.

*To be honest, it wouldn't bother me if he didn't go [to school] until he was five, because I still think they're babies and they learn in the house. (F, child aged 3-4, 16-25, C2DE, RCT)*

*It worries me though. He's going to start doing proper work, like they start doing proper reading and writing, like. . . . He can write his name, but I don't know [if he's ready]. (F, child aged 3-4, 16-25, C2DE, RCT)*

Flying Start, parent / toddler groups, playgroups and nursery were believed to provide useful support and environments for children to become ready for the next step. These experiences helped to introduce children to others their age and helped with their ability to interact positively with them, according to some participants.

*[Nursery] it gives them a taster, and although they come home exhausted, it does prepare them for when they go to school. (F, child aged 3-4, 16-25, C2DE, Cardiff)*

Preparing the child for a longer day away from home was also an important element of being school-ready, for some. In one example, a participant was paying for extra childcare to not only help with working hours but also to try to prepare a child for a

full day at school. He felt that the child was quite young for his age and might struggle with a full day in reception.

*It's getting him used to that long day, that's the biggest worry and that's why we're paying extra now for him to have this wrap-around care stroke lunch club, so he's used to that longer day. So instead of 9-11.30 it's now 9-3 which is obviously going to be his school hours. (M, child aged 3-4, 26-50, C2DE, Cardiff)*

Looking forwards, some parents voiced their own anxieties concerning the next step in education, including: how much they would miss the child and a sense of guilt; the more limited quality time they would be able to have with the child; class sizes and whether or not their child would receive enough attention.

*Just missing him. He'd been here all the time. Is he all right while he's there? Is he missing you? . . . Because he's in school I feel that he thinks I don't want to spend time with him anymore. (M, child aged 3-4, 16-25, C2DE, RCT)*

#### **4-5 year olds**

Although nursery and childminders were believed to have provided useful support and environments for children to become ready for the next step, views still tended to be mixed on how prepared parents thought their children had been for reception. Those with Flying Start experience, for example, felt that the children had been prepared, as described above. In another case, a parent had been invited to attend a course run by a national charity which focused on being 'school-ready or something'. With some less positive experiences, it was a case of the child not being in a class with children they knew and the child consequently finding it overwhelming.

*You get two and a half hours a day free to go [with Flying Start], but that seems to help. Both mine went and that seemed to help them develop ready for school. (Child aged 4-5, 26-50, ABC1, Denbighshire)*

Reflecting on this topic further, a mother recalled how with her first child she was constantly looking ahead to the next milestone in their development and the next step in education. With her second child, the participant described herself as being more 'laid-back' because she felt guilty that she had pressured her first child to achieve these milestones.

In terms of how prepared parents themselves were, one participant had wanted to place her child in a Welsh-medium primary school but was too concerned about being able to support the child with homework and school life. In another example a father had overruled the mother's wishes to apply to a Welsh-medium school because, as a non-Welsh speaker, he wanted to be able to help with homework. The father had since left the relationship.

There were occasions where parents of 4-5 year olds felt that their child would need to develop further for the step up to the next year in education. They referred to the child's ability to concentrate, managing the pressure of homework and potential anxiety with tests. The move from reception to Year 1 was considered by some to be

‘a big jump’ to more ‘formal’ schooling. One parent described how she was ‘dreading’ this move.

*Concentration I would say with my boy [is still a key issue], because he's easily distracted [others agree]. (M, child aged 4-5, 26-50, ABC1, Denbighshire)*

*The workload as well, there is a lot of pressure on them and I don't agree with the tests that they do. . . . Charlie's got no concentration at all so it's quite hard to get him to sit down and do it. (F, child aged 4-5, 26-50, ABC1, Denbighshire)*

*Listening and behaving much more [are important], because there's much more sitting down at a desk, isn't there [in Years 1 and 2]? (M, child aged 3-4, 26-50, C2DE, Cardiff)*

### **5-7 year olds**

Parents of 5-7 year olds also referred back to the benefits of their children experiencing childcare or Flying Start as part of their preparation for school. Considering what lay ahead for their children at the age of 5-7, a number of doubts arose where participants felt that perhaps their children (and very occasionally they as parents) might not be quite ready. These included:

- Being able to deal with bullying. Indeed, some reported how they were ‘dreading’ the move into junior school because of concerns about bullying. One or two parents remembered their own childhood experiences of bullying, or an older child’s unhappy time in junior school, and did not want their children to go through the same issues. Another recounted how a friend’s daughter had been bullied on social media. As a result, this parent had talked to his daughter about it advised that she should defend herself if she has to – ‘give back what you get’;
- How to cope with an increased workload;
- The pressure of assessments;
- Needing more developed comprehension and communication skills;
- As a parent, not being able to help with Welsh-medium homework as language skills requirements became more sophisticated.

In one group, a number of participants were concerned about the age at which sex education began in school. They did not think their children needed to know about it so early.

*M: It's the Government that makes them do this, you see, it's the Government. It's not the teachers, it's the Government that's running out this policy, and I think definitely, those kids are too young. . . . [The teacher] was like, ‘Well, some girls are pregnant at 11’, and I was like, ‘not in my world they're not’. (M, child aged 5-7, 26-50, ABC1, Cardiff)*

### 6.3 The best start in life

When exploring what the best start in life for children looked like to parents, the topic was not always an easy one for participants to define. They tended to focus on themes of happiness, love and fun in a caring environment. These themes also included happy parents as contributing to the child's happiness with arguing kept to a minimum. An absence of money worries was occasionally highlighted as a further contributing factor. Single parents of younger children on occasion commented that support in the home was also important for the best start in life but that it was difficult as a single parent to cope with chores and managing the children.

*F: A happy home. . . . A happy mum. F: Having enough money to get through the day. Nothing kind of causes arguments more than money troubles. (F, child aged 2-3, 16-25, C2DE, Denbighshire)*

*F: Just being a happy child. F: Enjoying their childhood. . . . And a happy family – happy family, happy kids. (F, child aged 3-4, 16-25, C2DE, Cardiff)*

Safety was considered by some to be a further key factor for the best start in life: the child feeling safe and secure. Looking further ahead, some parents were anxious about the prospect of their child growing up in an area with anti-social behaviour, the possibility of bullying or falling in with the 'wrong crowd' and drug use. The best start in life therefore meant growing up in a community minded area that felt safe; this factor was occasionally associated with being able to buy a 'nice house in a nice area' which seemed unobtainable. There was also a desire among participants for their children to have more success in life than their parents did, in terms of having the best start. This sometimes acted as a powerful motivating factor and linked in with participants who were attempting to be more financially secure to support the family more effectively. As examples, one participant was returning to full-time education while another had decided to set up her own business.

*The more I try to work the more I'll end up paying in childcare. I'm stuck in a routine now knowing I will never be able to leave anything for my kids. (M, child aged 3-4, 26-50, C2DE, Cardiff)*

*I started life off on the dole, homeless, and it was shit. I wish I had an education. (F, 16-25, C2DE)*

*It's making sure that they stay on the right path. You don't know what they're doing when they're not in your sight. (F, child aged 5-7, 26-50, ABC1, Cardiff)*

Having a good education and the child doing well at school were given more emphasis among participants when thinking about slightly older children. In addition to education, developing a good set of morals was a further attribute associated with the best start in life as children grew up. Examples included attempting to instil in the children the same values that parents had experienced when they were growing up. A note of wariness was sounded, however, when some parents talked about their child's educational development. They wanted to ensure that their children did not feel unduly pressured as they progressed through primary school, with increasing levels of homework and assessments. They wanted them to remain keen to learn. A

couple of participants also hoped that they would be able to take time to support their children with their education.

*I think it's down to us to just watch and keep an eye, that they're not doing too much, just reassuring them. If you have done your best, that is all right, you haven't got to do more than your best. (M, child aged 3-4, 16-25, C2DE, RCT)*

*I don't mind how bright they are as long as they've got manners and they are pleasant to people. When it comes to the school and how they grade them, that doesn't... As long as they're trying. (F, child aged 3-4, 16-25, C2DE, Cardiff)*

Despite these efforts, a few parents of four to five year olds admitted that they had begun to worry about their child's behaviour (e.g. answering back, rudeness). They were concerned that these traits may develop further as the child grew older, with potentially more significant consequences.

*Os mae o fel yma rwan be mae o yn mynd i fod fel pan mae o yn 13, 14? Dwi yn teimlo yn anxious weithiau, mae anxiety fi yn mynd i fyny weithiau pan dwi yn meddwl am y peth ond does 'na ddim byd fedri di neud tan maen nhw yn yr oed yna beth bynnag. (If he's like this now what's he going to be like when he's 13, 14? I feel anxious sometimes, my anxiety does go up sometimes when I think about it but there isn't anything you can do till they are in that age anyway.) (F, child aged 4-5, 16-25, C2DE, Gwynedd)*

As the children grew older, some parents hoped that their children would continue to be reassured that they could always rely on their parents for support with any issues that might arise: 'knowing that they know that they've got you there as support as well'.

Further elements mentioned as a key part of having the best start in life that were less prevalent included:

- The child being healthy;
- Parents feeling that they had done their best for their children and leading by example in terms of manners, respect and knowing right from wrong;

*As long as they are happy and healthy, and you have done the best you can, you can't do any more can you? (F, child aged 4-5, 26-50, ABC1, Denbighshire)*

- The child being able to socialise and make friends. One parent highlighted this point with her concerns about her son's ability to make friends in the future because of his learning disability;

*Di anabledd Osian ddim yn broblem [mae o yn ffeindio hi'n anodd siarad] ond dwi yn poeni pan mae o yn hyn mi fydden nhw yn excludio fo achos bod nhw ddim yn ei ddeall o. Ar y funud di o ddim yn broblem ond dwi yn poeni am y dyfodol. (Osian's disabilities aren't a problem [he struggles to talk] but I'm worried when they are older they'll start excluding him because they won't*

*understand him. At the moment it's not an issue but I'm worried for the future.)  
(F, child aged 4-5, 16-25, C2DE, Gwynedd)*

- Children being given the opportunity to try different activities;
- Children valuing what they have.

Participants were briefly prompted with a summary description from **Welsh Government** of what the best start in life means:

*'Everyone having the opportunity to reach their full potential and lead a healthy, prosperous and fulfilling life, enabling them to participate fully in their communities and contribute to the future economic success of Wales.'*

Participants on the whole agreed with its themes but, according to a few, the language contained 'too many big words'. Some thought it lacked reference to how important it was for children to enjoy that stage of their lives rather than focusing on the future and the impact.

*Di o ddim yn dweud llawer am y plant yn bod yn blant ac yn mwynhau chwarae a dysgu, mwynhau bywyd. Dwi yn gwybod ei fod o yn deud 'lead fulfilling lives' ond di o ddim yn adlewyrchu'r joy yn yr oed yna. (It doesn't say much about children enjoying being children and enjoying playing and learning, enjoying life. I know it says lead fulfilling lives but it doesn't really reflect the joy at that age.) (F, child aged 2-3, 26-50, ABC1, Gwynedd)*

Some particularly liked the idea of children being able to 'reach their full potential' although the sentiments in the paragraph occasionally rang hollow for participants. There were references to over-full school classes and a stifling of 'individuality' as a result.

*They're overlooking individuality they are, by funding cuts and cramming classes. It's great saying all these things, but in implementing them a class of 44, 50 kids, it's impossible. (M, child aged 3-4, 16-25, C2DE, RCT)*

There was occasional uncertainty over the last statement on 'future economic success', with a couple of parents interpreting it as generating money for the Government. In addition, it was described by a small number of participants as being 'a bit broad' and that a 'community' focus should be incorporated as well.

#### **6.4 Pride as parents**

Examples of parents' proudest achievements as parents included:

- The journey the family had been on in terms of having the children, having a home, managing as a parent, and developing routines and relationships. Managing to cope and feeling more grown-up as a result was a particular source of pride for one participant who was a young teenager when the first child was born. She felt that she had 'proved everyone wrong' as a capable parent;

*People look down don't they [on a young teenage mum], when I was having Hannah, so no, I'm really proud of her. . . . All my friends helped, so it was good. (F, child aged 2-3, 16-25, C2DE)*

- Seeing children grow, their individuality and their general development including when they are entertaining, learn a new skill or achieve something new;

*F: Just watching them grow up and develop. M: everything really. (Child aged 3-4, 16-25, C2DE, Cardiff)*

- A degree of pride among parents in having been able to provide a more positive childhood than that experienced by the participant;

*My mum didn't really care and stuff like that. . . . I'm kind of proud of giving them a better upbringing than I had and trying to do regular things out and about. (M, child aged 3-4, 26-50, C2DE, Cardiff)*

- Being recognised for doing a good job as a parent by others who compliment the parent on their children;

*Pobl eraill, pan ti yn mynd i crèche i nôl nhw, pan ti yn cael y staff yn dweud pethau neis am dy blant di. (That other people, when you go to crèche to pick them up, that the staff say nice things about your children.) (M, child aged 2-3, 26-50, ABC1, Gwynedd)*

*The best is seeing it from someone else, though, you know when someone says, 'is that your son? Oh, he's a lovely boy'. (F, child aged 5-7, 26-50, ABC1, Cardiff)*

- Healthy, happy children;
- The children displaying a positive behaviour like kindness;

*Dwi yn licio pan mae hi yn neud rhywbeth neis ar gyfer pobl eraill. Dwi'n deud 'mae mam yn hapus rwan'. (I like it when she does nice things for other people. I say 'mam is happy now'.) (F, child aged 4-5, 16-25, C2DE, Gwynedd)*

## 7. Suggested improvements to providing support

During the course of the discussions, participants sometimes gave their own suggestions for how support and information could be improved for parents with children aged 2-7.

Reflecting a key theme from the project, some thought that more support could be provided on **managing behaviours and discipline**. When recalling very positive experiences of Flying Start courses, for example, some thought a similar approach could be used to the ones they had experienced. Parents met in one room to discuss the subject, with the children in another room with registered childminders. Such groups also provided a sense of solidarity for parents who found that it helped to talk to others about it. There were sometimes calls for such support to be made available to all those who need it, rather than necessarily limiting it to those eligible for Flying Start.

*There's not many [groups]. When I had Kyle, there was groups every single day. But when I had Tom, there's hardly anything now. . . . Something like this, round a table [would help]. (F, child aged 2-3, 16-25, C2DE, Denbighshire)*

On a related point, some participants thought that it should be clearer **where to go for support**, including what was available locally and what help health professionals might be able to offer. In addition, there were suggestions that support should be communicated in such a way that all parents felt they would benefit from the session (e.g. a local group on children's behaviour): 'make it clear that you won't be judged'. One parent, who had avoided a parenting class on discipline, commented that 'it sounds like it could have been ideal for me', on hearing about the session.

*It wasn't advertised very well, and that was about helping you with how to talk to your children and discipline your children and stuff and I'm quite gutted I missed it; but stuff like that would be better. But I don't like, I get scared of people judging my parenting. (F, child aged 3-4, 16-25, C2DE, RCT)*

*You have to go searching [to work out what's available locally]. And if you've got a couple of kids it's hard. You sit down in the evening, if you are not sitting down till nine o'clock, to try and find these groups - it's hard work. (F, child aged 3-4, 16-25, C2DE, Cardiff)*

Thinking more generally about support groups, the suggestion was made for continuing parent groups for children over the age of two or three, for example during school holidays. Parents would be able to carry on getting together to 'socialise' and to have somebody to speak to. In one more rural area in Denbighshire, there were not thought to be many places parents could go with the children to socialise. Developing this point further, there was felt to be a need for more activities available locally in rural areas (e.g. soft-play), rather than having to travel to the nearest large town by public transport. Activities would need to be affordable as well.

Having a **single, trustworthy source** to consult was suggested on occasion. According to one group of participants, a one-stop-shop for support and signposting

would be valued. There were instances where participants reiterated their point that they did not feel they could visit the GP unless it was something 'serious', not wanting to be seen as wasting the health professionals' time. Linking in with knowing where to go for support, there was an additional idea for a dedicated 24 hour helpline for parents to seek help including when they are feeling particularly stressed: 'I'm not saying you have to have a midwife, a nurse, or a psychiatrist on the other line, but just somebody you could speak to if you really needed to'.

Alternatively, as suggested in another group, a website could be developed that reflected the kind of support that health visitors provided, not just the medical coverage of NHS choices: 'If there was something you could access and see what level they are at and what needs to be done'.

*F: Cael rhywbeth yna fel pan ti yn poeni am bethau- siarad, y beth hefo ei chlyw hi doeddwn i ddim yn gwybod be i wneud. M: Un port of call. F: Rhywle fedri di jest picio mewn i i ofyn i bobl am bethau... da ni ddim yn hyderus i fynd at y GP. (F: Have something there so when you do worry about stuff, speech, the thing with the hearing I don't know what to do. M: One port of call. F: Somewhere you can just pop in and ask people stuff. . . . We aren't confident going to the GP.) (Child aged 2-3, 26-50, ABC1, Gwynedd)*

Focusing specifically on **safety**, participants in a few cases thought more could be done to proactively advise parents on online safety. A parent had first-hand experience of the potential dangers of children being online and did not think enough was being done to help parents prevent such incidents from occurring (the parent had since received support from authorities and charities). She did not want her child aged 4-5 to face the same dangers as those her older child had experienced.

*Dwi ddim yn meddwl fedri di neud o ddigon rili. Dwi yn gwybod bod gen ti school liaison officers a stwff sydd yn mynd rownd yn cynnig sesiynau gyda'r nos ar gyfer rhieni yn yr ysgol. Dwi yn meddwl bod o yn case o os ti yn gwybod am danna fo ti yn gofyn i fynd arno fo. (I don't think you can do it enough really. I know you have school liaison officers and stuff that go round offering sessions in the evenings for parents in schools. I think it's a case of if you know about it to ask if you can go on it.)*

Further, infrequent suggestions included the following:

### **Health professional related**

- Better access to health specialists, for example in relation to GPs and speech therapists. A participant had encountered issues seeking help with her son's speech with delays in appointments being set and problems trying to speak to anyone about where her son was in the system;

*I've been leaving really awful voicemails and that's not like me, but then I'll get a voicemail back to say, 'oh yeah, yeah, we're getting on top of it, we're getting on top of it'. But nothing ever really comes of it. (F, child aged 4-5, 26-50, ABC1, Denbighshire)*

- Ensuring health professionals providing parenting support had children themselves; more support from the health visitor with a child's toilet training; and giving fathers information on the various sources of information and support they could access as parents.

### **School related improvements**

Participants with children aged 5-7 occasionally added school related improvements in terms of the support available, for example:

- In relation to toilet training, for the teacher to ask the child on a regular basis if she needs the toilet; and to provide more support generally;

*Mae lot o blant yn stryglo i fynd i'r toilet felly dwi yn meddwl bod yr ysgol angen monitor pethau mwy. Neu helpu hefo fo... mae o fel does ganddyn nhw ddim plan. (A lot of children were struggling with going to the toilet so I think the school needs to monitor things more. Or help with it. . . . It's like they don't have a plan.) (F, child aged 4-5, 16-25, C2DE, Gwynedd)*

- Information for parents on how to deal with bullying should it occur;
- Schools to be more proactive in updating parents on how their children are doing in class;
- Schools to proactively support parents in supporting their children with their homework, for example on new methods used in maths;
- To have known sooner how much testing would take place, so that a participant's son could be moved back a year and develop at a pace that suited him.

Two final points from among participants' suggested improvements were:

- In relation to fathers, provide support via existing channels (e.g. social, sport related) rather than dedicated groups for which fathers voiced some reservations. Give fathers information and support as a default, rather than rely on them to seek it, which some admitted they were unlikely to do;
- More support generally for parents who want to return to work.

## 8. Conclusions

Welsh Government's *Prosperity for All* strategy refers to the importance of 'confident, positive and resilient parenting' as critical for preparing children for life. The strategy's recognition that parenting can be a challenging experience is very much reflected in some of the main findings in this insight study.

Coping with managing a family successfully and everything this entails can on occasion be overwhelming. This project found that top-of-mind associations with parenting 2-7 year olds were often focused on the stress and hard work involved rather than the rewards of parenting.

A key conclusion from the study is the prevalent challenge participants were facing with managing children's behaviour (e.g. tantrums, answering back, not doing as they are told) and discipline. Even when the concept of 'positive parenting' was sometimes recognised, maintaining a positive approach in difficult circumstances was hard. The findings indicate that there is an interest in accessing support in this aspect of parenting; however, no authoritative source of support or information was identified by parents as existing currently.

Similarly, the child's safety when out and about and online for older children was a key issue for participants. Again, the findings suggest that there is currently no main trusted source of support or advice, particularly for online safety, that parents are using.

In addition, the wider context of financial and work related concerns should be borne in mind when considering the challenges parents of 2-7 year olds face. This wider context also encompasses the concept of community and safety. When thinking about the best start in life, apprehension can occur over the potential impact of bringing up children in a community that suffers from anti-social behaviour and drug use, for example.

Challenges with a child's development could be extremely important at an individual level but, as an overall theme, it did not feature as significantly as those described above.

Friends and family remain key sources of (initial) support, along with the convenience and availability of online support. As the children grew older, health professionals featured less among participants' sources they considered for help other than for specific physical conditions.

Exploring the concept of school-readiness found that participants often had not given the idea a great deal of conscious thought as their children grew. On further reflection, participants were able to suggest a range of indicators that a child was ready for school. Even so, support in this area should take into account that it did not appear to be a top-of-mind issue for participants; and may need to begin by emphasising and raising awareness of the importance of school-readiness and its impact on the child and family.

On a related point, there was no mention among participants of existing Welsh Government campaigns or initiatives on parenting (although the delivery of support via Flying Start was familiar to some and deemed very helpful). For example, *Education begins at home*, *Take time* and *Parenting. Give it time* did not arise. Given that online support was quite widely used, consideration should be given to how these, and other resources, could potentially better help to meet parents' needs.

At a community level, instances occurred where parents in the same community knew nothing about groups or courses that others had attended. This suggests more could be done to help promote organisations that provide support at a local level.

There are a number of themes from this project that were also present within the study carried out by Beaufort exploring the First 1000 days with parents of 0-2 years olds and parents-to-be, for example coping with family routines, financial and community related worries, sources of support and associations with the best start in life. In particular, a strand runs through both studies which centres on a concern about being judged by health professionals and sometimes other parents in certain situations. This theme suggests the need for any support on offer to be non-judgmental in tone and positioning if it is to be considered as a genuine alternative to the commonly used support from family and friends.

A further area of overlap, albeit to a different extent, relates to parents' mental health and well-being. In the study with parents of children aged 0-2, mental health issues were regularly raised by parents with very young children. The subject did not receive the same level of emphasis in this study with parents of 2-7 year olds but was still referred to on occasion in relation to the impact that attempting to manage children's behaviours could have on individuals' mental health and well-being.

A final point of similarity between the two projects worth raising is the perception among some fathers that they did not feel especially supported as a dad, versus what was thought to be a range of support more targeted towards mothers. However, both studies found a degree of stated reluctance among fathers to engage with support that might be aimed at them.

More broadly, the overlap between the two insight projects suggests there may be an opportunity for consistency with approaches developed to meet the needs of parents-to-be and parents with children aged 0-7.